

health care professionals, doctors, dentists, nurses, and emergency personnel who are also in the frontlines in the fight against domestic violence. Many health professionals are unaware or unsure about the symptoms, treatment, and the means of preventing domestic violence, and many unknowingly send victims home with abusive husbands and boyfriends.

That is why I have introduced the Domestic Violence Identification and Referral Act, which is H.R. 884, which will amend the Public Health Service Act to give a preference in awarding Federal grants to those schools, medical, dental, nursing, and allied professionals that provide significant training in identifying, treating, and referring victims of domestic violence.

The gentleman from Vermont [Mr. SANDERS] and I have introduced the Victims of Abuse Insurance Protection Act, H.R. 1117, that would outlaw discrimination in all forms of insurance: Health, life, homeowners, auto, and liability. Although the Kennedy-Kassebaum health care reform bill included language prohibiting insurers from denying coverage to victims of domestic violence, companies can still charge domestic violence victims prohibitively higher rates; in effect, ban them from affordable health insurance coverage.

□ 1845

H.R. 1117 would also protect the confidentiality of victims records. I urge my colleagues to join us in cosponsoring these bills.

There is more we could say, but I have many of my distinguished colleagues, and I appreciate their being here, who do also want to speak.

Mr. Speaker, I yield the balance of my time to the gentlewoman from Connecticut [Mrs. JOHNSON].

MORE ON WOMEN'S HEALTH

The SPEAKER pro tempore [Mr. ROGERS]. Under the Speaker's announced policy of January 7, 1997, the gentlewoman from Connecticut [Mrs. JOHNSON] is recognized for the balance of the time as the designee of the majority leader.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield to the gentlewoman from New York [Ms. SLAUGHTER], my colleague in this special order.

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

Mr. Speaker, there are a wide range of both triumphs and shortcomings in women's health that could be discussed this evening. On the one hand, a woman's life expectancy has increased from 48 years in 1900 to 79 years today. But on the other hand, many devastating women's health disorders still remain a mystery and research is desperately needed to find effective diagnostics, treatments, cures and preventive medicine.

Women are now regularly included in clinical studies after having been ex-

cluded for decades. There is now an Office of Women's Health at the Public Health Service with corresponding offices at other agencies like NIH, the CDC, FDA, and the Health Resources and Services Administration and the Agency for Health Care Policy and Research.

Breast cancer survival rates are up for women for the first time ever. And genes have been identified that are linked to early onset breast and cervical cancers as well as a number of other disorders that affect women like Alzheimer's disease. Estrogen replacement therapy has provided relief for millions of women from the harsher symptoms of menopause as well as osteoporosis and other age-related disorders.

The NIH is conducting major women's health initiative designed to study and to track women health in a large population over decades. This research will yield invaluable information about the normal aging process and its pitfalls for women. All of those things have happened since 1990, as my colleague, the gentlewoman from Maryland [Mrs. MORELLA] pointed out, when we first set up the Office of Women's Health.

But there are some shortcomings still in the health of women in the country. They suffer from a variety of gender-specific disorders that we do not really understand yet and which, in many cases, are receiving insufficient attention from the medical and research establishments.

Each year breast cancer strikes 182,000 American women and kills 44,000. We still do not know why breast cancer occurs, how to cure it or how to prevent it. We do not even know whether it is for different ages and groups of cancer types and the mammography machine which we have had for the past number of years is all we still have. We need to do more.

About 12,000 babies are born each year with fetal alcohol syndrome, a disorder that is completely preventable if women just abstain from alcohol during pregnancy, and yet we have just learned that the rate of pregnant women drinking alcohol is on the increase, showing a great need for education. About 4,000 pregnancies are affected by disorders like spina bifida or hydrocephalus, which are almost totally preventable if the woman consumes adequate levels of folic acid. Again, another need for education.

One-quarter million women die each year of heart attacks and strokes. Many of them could have reduced their risk by making dietary changes, quitting smoking, getting more exercise and, I might add, getting the kind of medical care that they need. Some of the bills that the gentlewoman from Maryland [Mrs. MORELLA] mentioned are very important, and I am sure all of us will sponsor and work for them very hard, because there are a number of things that we need to do to move along the issue of women's health.

One bill that I have introduced is the genetic information nondiscrimination bill, because I want to make sure that as the human genome mapping continues that no one man, woman or child in America is discriminated against when it comes to health insurance. Our bill just says that the insurance company cannot cancel, deny, refuse to renew or change the terms or the premiums or the condition of health insurance coverage based on genetic information.

And most importantly, it says that your genetic information belongs to you. And without your specific written concept, no one may use it.

H.R. 306, the bill number, has 96 cosponsors and has been endorsed by over 60 respected health organizations, included the American Cancer Society, the American Heart Association, the National Breast Cancer Coalition, and the Jewish Women's Community.

Congress should not be forcing women into making the Hobson's choice between learning valuable genetic information that they must have and their risk of losing their insurance or remaining ignorant and keeping the coverage.

We will also be introducing information on education efforts for DES or diethylstilbestrol, which was given to pregnant women during the 1970's so that they could have a healthy, bouncing baby. DES was given to pregnant women in the United States long after the Department of Agriculture had denied its use for cattle because they knew that it caused reproductive damage. Yet women in the country continued to be damaged.

We are seeing that their children and again into a second generation now have often been damaged by DES, and we need to have more of an understanding about DES and similar synthetic estrogens because amazing impacts and discoveries are being made on the effects of estrogen on women's health. It also authorizes a national education effort to identify DES-exposed women and their children and their grandchildren and educate them about the continuing health needs and the risks.

I have also introduced an Eating Disorders Prevention and Education Act, which I think is terribly important. We are very concerned about young women who are very unlikely to have a good diet because of their concern about their weight. Girls as young as 8 are dieting. This is a national disgrace that interferes with their normal development and their continued health. We have to make sure that young women understand that milk and dairy products will not make them fat but will indeed help to give them the calcium to lay down a good bone mass.

In conclusion, women's health should not be taking a back seat anymore. We compose over half the Nation's population and a large number of us are workers and taxpayers. And we want some of our taxpayer dollars to be used in the health of women in the country.

We want to make sure that we continue to be part of the clinical trials. We do not want to be left out anymore.

As the great statesman Benjamin Disraeli said, The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.

We should remember those words.

I would also like to quote Hippocrates, who once wrote, "Healing is a matter of time, but it is sometimes also a matter of opportunity."

Today we have more opportunities than ever to heal the diseases and the disorders that affect human beings. We must grasp these opportunities and act.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield to the gentlewoman from Florida [Ms. ROS-LEHTINEN].

Ms. ROS-LEHTINEN. Mr. Speaker, I would first like to recognize and acknowledge the wonderful support that all of the women Members of Congress have received from the gentlewoman from Connecticut [Mrs. JOHNSON] and the Delegate from the District of Columbia [Ms. NORTON]. They have done a spectacular job of leading the charge on behalf of women in the United States, and we congratulate them for their leadership not only on women's health care that we are discussing tonight but on a myriad of issues as well.

I would like to briefly address the problem of women's health care as it relates in my community to Hispanic women. Hispanic women are of particular importance to the health care system not only as recipients of care themselves but as the member of the family most likely to deal with health care providers on behalf of children and the elderly. The health care system must learn how to deliver medical care to women that are in tune with their cultural realities.

It must be pointed out that Hispanic women are part of one of the fastest growing populations in the United States and, as such, deserve special attention by those who deliver health care. There are already 27 million people of Hispanic origin in our country, and in my area of south Florida there are nearly 1 million Hispanics. A doctor who is unaware of the cultural framework of her patient will find her job that much harder. A doctor is unaware of how cancer is viewed by some Hispanic women, for example, and may have trouble arriving at the correct diagnosis and then have to deal with the complications that follow delayed detection.

The Hispanic female population is not monolithic. The differences run the gamut from different countries of origin to different regions of those countries, from different educational levels to various lengths of time in this country. It is important that we address the health care needs and the concerns of Hispanic women and to develop plans that will work in harmony with our cultural traditions.

Hispanic women, for example, are less likely to enjoy the full benefits of

our Nation's health care system. Part of this stems from the fact that 22 percent of Hispanic women are uninsured as compared to 13 percent of non-Hispanic women. As a result of underinsurance and for various cultural reasons, many Hispanic women are unlikely to receive preventative health care. For example, 39 percent of Hispanic women did not have a pap smear last year as opposed to 27 percent of the general female population who also did not have a pap smear. And 46 percent of Hispanic women did not undergo a pelvic exam last year as compared to 30 percent of the general female population who did not have such an exam.

Mr. Speaker, to eliminate this disparity in preventative care, we need to develop a comprehensive strategy to educate both the medical profession as well as the underserved Hispanic women to deal with medical and cultural realities. I urge the medical profession, our government and the entire spectrum of health care providers to focus on this rapidly growing population and find new ways to reach out and provide preventative care. I congratulate once again the gentlewoman from Connecticut [Mrs. JOHNSON] and the gentlewoman from the District of Columbia [Ms. NORTON] for leading the charge on behalf of all women everywhere.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield to the gentlewoman from California [Ms. WOOLSEY].

Ms. WOOLSEY. Mr. Speaker, I am proud to be here today as a member of the Congressional Women's Caucus to talk about women's health. As we in Congress look for ways to improve the health of our children and the long-term well-being of our Nation, women's health is the place to start.

Last week President Clinton held a conference on early childhood development. We saw new scientific research from that conference that showed us that a child's future brain development depends greatly on his or her first years of life. We know that nurtured and healthy babies become children who are educated and adults who are productive.

But, Mr. Speaker, we must take it one step further. If we are going to have healthy children, we must have healthy mothers. A healthy mom is one who has access to proper nutrition and prenatal care. The WIC program, the special supplemental nutrition program for women, infants, and children, has provided critical nutritional assistance to needy pregnant women and, later, their children for the last 23 years. And now it is time for us to renew our commitment to this important program.

Mr. Speaker, WIC works. Pregnant women on Medicaid who participate in WIC have improved dietary intake and weight gain. They are more likely to receive prenatal care. Mothers on WIC have children with better learning abilities and higher rates of immunization. And WIC reduces both the number

of low birth weight babies and the infant mortality rate.

Mr. Speaker, WIC works. It works because it is cost-effective. By providing nutritional assistance to pregnant women and their babies, we can prevent more serious and costly health problems associated with premature and low birth weight babies.

Studies have found that for each dollar spent on pregnant women in the WIC program, we save up to \$3.50 in Medicaid, SSI, and other program expenditures.

But like so many other programs that help women and children, WIC is in danger. Congress underfunded WIC last year, so this year hundreds of thousands of poor women and children risk being thrown out of the program.

Just last week, Mr. Speaker, the Committee on Appropriations denied the administration's request for \$78 million in supplemental appropriations. Instead, the committee appropriated only half of this amount, leaving 180,000 poor women and children at risk of losing nutritional assistance.

Mr. Speaker, it is simply outrageous that the budget axe is poised above pregnant women, mothers and infants.

□ 1900

Next week the House will vote on the supplemental appropriations bill. We must restore this cruel cut. And as we shape next year's budget, let us not forget the success of the WIC Program. It is time to expand WIC to include all eligible women and children; all of those who are not now covered in the program.

Above all, Mr. Speaker, we must renew our commitment to the WIC Program and to the women, infants, and children that it serves. If we want a healthy America, we must have healthy mothers and then we will have healthy, productive children. Now is the time to act. Later may be too late.

Mr. Speaker, I thank my colleague from Connecticut for having this event tonight.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentlewoman.

It is a great pleasure to have so many women here on the floor of the House to participate in this special order on women's health, and I want to recognize now my colleague from New York, SUE KELLY.

Mrs. KELLY. First, Mr. Speaker, I want to recognize the gentlewoman from Connecticut, NANCY JOHNSON, and the gentlewoman from the District of Columbia, ELEANOR NORTON, for creating a true bipartisan group concerned and focused on women's health.

Mr. Speaker, I want to take a few moments to discuss the Women's Health and Cancer Rights Act, H.R. 616. This legislation, which I introduced in February, along with my colleagues, the gentlewoman from New York, Ms. MOLINARI, and the gentleman from New Jersey, FRANK LOBIONDO, is a comprehensive measure that focuses on women and breast cancer; those who

fear it, those who live with it, and in memory of those who have died as a result of it.

As we all have heard, through new reports or personal experience, some women who must undergo mastectomies, lumpectomies or lymph node dissections for the treatment of breast cancer are rushed through their recovery from these procedures on an outpatient basis at the insistence of their health plan or insurance company in order to cut costs. Other insurance companies cut costs by denying coverage for reconstructive surgery because they have deemed such procedures as cosmetic. Ironically, they do not deny reconstructive surgery for an ear lost to cancer.

The Women's Health and Cancer Rights Act guarantees coverage for inpatient hospital care following a mastectomy, lumpectomy or lymph node dissection based on a doctor's judgment, and requires coverage for breast reconstructive procedures, including symmetrical reconstruction.

In addition, this bill requires coverage of second opinions when any cancer tests come back either negative or positive, giving patients the benefit of a second opinion. This important provision will not only help ensure that false negatives are detected but also give men and women greater peace of mind.

Several key organizations have endorsed this legislation, organizations that agree we have a responsibility to protect the doctor-patient relationship, ensuring that the medical needs of patients are fully addressed. In fact, I would like to thank the American Cancer Society, the American Medical Association, the National Breast Cancer Coalition, the Center for Patient Advocacy, the Susan G. Komen Foundation, and many, many others for their support of this bill.

Some critics claim this measure is nothing more than a mandate leading to government-controlled health care. Usually those critics believe that all health care should be individually based and should utilize medical savings accounts and other initiatives that maximize individual control over cost. I agree with these ideas, but they are not in place.

There is also a misconception that this legislation requires 48 hours of inpatient care. It does not. The length of stay under this bill is simply determined by the physician and the patient, as it should be.

Developing a system of health care which maximizes an individual's control over the health care available is the goal that I in particular strongly support, and so do these organizations. Such a system uses free market principles to ensure that the health care we receive is of the highest quality.

However, I realize that while this is a goal we strive for, we are not there yet. Most Americans do not have access to multiple health care plans from which to choose. Until they have this choice,

it is going to be necessary for Congress to enact targeted reforms, such as the Women's Health and Cancer Rights Act, reforms that safeguard quality care while at the same time avoiding overly broad regulations and mandates.

I am for market-based health care, but I am not willing to stand by idly while approximately 44,000 women die of breast cancer every year. They will this year, they did last year. This is a figure which is comparable to the number of men and women who died in all of the Vietnam war.

Mr. Speaker, the Women's Health and Cancer Rights Act aims to give women with breast cancer a fighting chance and the dignity to endure the fight.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield to the gentlewoman from Florida, my colleague, Congresswoman MEEK.

Mrs. MEEK of Florida. Mr. Speaker, I thank my cochair, the gentlewoman from Connecticut, NANCY JOHNSON. It is also my privilege, Mr. Speaker, to thank the Women's Caucus for having us here today to discuss important facets of women's health.

In our focus today on issues of concern in women's health, I want to shine the spotlight on a very silent national killer of women, lupus, L-U-P-U-S. A lot of people have never heard of that term, but it is a silent killer of women.

Lupus is a serious, complex inflammatory autoimmune disease. It affects women nine times more often than men. Between 1.4 to 2 million Americans have been diagnosed with this terrible disease called lupus. Many more cases go undiagnosed, since the symptoms of this disease come and go. Lupus also mimics many other illnesses.

Although lupus may occur at any age and in either sex, 90 percent of those affected are women. During the child-bearing years, lupus strikes women 10 to 15 times more often than men. In addition, lupus is more prevalent in African-Americans, Latinos, Native Americans and Asians. There is a disproportionate effect upon African-American women.

Among African-American women, the disease occurs with three times the frequency of occurrence in white women. An estimated 1 in 250 African-American women between the ages of 15 and 65 develops the disease. So it attacks women in their prime of life, this terrible disease that people have trouble remembering the name of, lupus, L-U-P-U-S.

What exactly is lupus and how does it affect those who suffer from it? Lupus causes inflammation of various parts of the body, especially the skin, joints, blood and kidneys. Many women many times think they have arthritis or some kind of rheumatism.

Our body's immune system normally protects the body against viruses, bacteria and other foreign materials. However, in one who is suffering from lupus, the immune system loses its

ability to tell the difference between foreign substances and its own cells and tissues. The immune system then makes antibodies that turns them against itself. So the immune system, which is supposed to be a protector, becomes the attacker in the instance of lupus.

Many victims of this disease in the early years suffer debilitating pain, particularly in the joints. They suffer fatigue. Many of them do not know what is wrong with them. Doctors have a lot of trouble diagnosing this disease. It is very hard for a woman in her prime years to maintain employment and to lead a normal life if she has lupus.

Although lupus can range in severity from mild to life-threatening, it can be fatal if not detected and treated early. Thousands of women die each year, Mr. Speaker, and many of them who are stricken do not have the financial means for treatment which can help control this terrible disease called lupus.

Lupus is not infectious. It is not rare. It is not cancerous. It is also not well known. Lupus is not well known. In fact, it is more prevalent than AIDS, sickle cell anemia, cerebral palsy, multiple sclerosis and cystic fibrosis combined.

Perhaps the most discouraging aspect of lupus for sufferers, family members and friends is the fact that there is yet no cure for lupus. That is why research is needed so badly for this disease which catches women in the prime years of their life.

Lupus is devastating not only to the victims but to family members as well. They must watch helplessly while the victim slowly and painfully succumbs to this terrible disease. I know this from firsthand experience, Mr. Speaker, having lost a sister and a very close friend to this disease, lupus.

Because of my involvement in various lupus organizations, I have also heard firsthand the heartbreaking stories of other women and their families across this Nation. I recently received a letter from a mother of a 42-year-old woman who had heard of the lupus bill that I introduced in the 104th Congress. This woman, who I will call Jane, was finally diagnosed with lupus in 1993 after repeatedly being tested for AIDS, repeatedly being treated for arthritis, bursitis, allergies, and other ailments.

Although Jane was fortunate to encounter a doctor who specialized in disease control during a near death hospital stay, the aftermath of this discovery has been devastating. Since beginning treatment for lupus, both of Jane's hips have deteriorated to the extent that she is on crutches and is waiting for total hip replacement. This young woman.

Her medication and doctor visits cost over \$900 per month. Jane is a chemist. She was laid off last year when the company she worked for downsized and was bought out by another company which denied her medical insurance

coverage because she has lupus. Many times, Mr. Speaker, the medication for lupus works against the system as badly as lupus itself.

Jane now receives Social Security benefits of only a fraction of her former \$30,000 per year salary and is unable to meet her debts, buy food and pay for medication. Jane wants to work and she wants to get well, but she is no longer able to care for herself. Her mother and other family members must bear the hardship which this terrible disease, lupus, which is not well-known, has brought on Jane's life.

This is not an isolated situation. Many cases are worse, because the women who are victims of lupus have no family many times or friends to turn to for support.

Something must be done, and I appeal to our appropriations panels and also to authorizing committees and to the Women's Caucus. If they have a very strong interest in women's health, something must be done on a national level to help lupus patients.

To that end, Mr. Speaker, I have introduced H.R. 1111. It is a bipartisan bill, the Lupus Research and Care Amendments of 1997 to the Public Health Service Act. My bill has two main focuses.

First, the bill authorizes expanded and intensified research activities at the National Institutes of Health and other national research institutes and agencies. We must find a cure for lupus. This will provide for increased resources to determine reasons why so many women get lupus, especially African-American women, Latinos and Asians.

The bill also covers research on the causes of the disease, its frequency, and the differences among sexes, racial, and ethnic groups.

My bill also provides funding for the development of improved screening techniques, clinical research and development on new treatments, and information and education for health care professionals and the public.

The amount allocated to lupus research by NIH in fiscal year 1997 amounted to \$34 million. We are very happy about that, but that \$34 million is less than one-half of 1 percent of the National Institutes of Health budget. My bill proposes raising this allocation to \$50 million more for fiscal year 1998. And the Women's Caucus is supporting this because, after all, one of their most major emphasis is on women's health.

The second part of my bill calls for the establishment of a grant program to provide for projects to set up, operate and coordinate effective and cost-effective systems for getting essential services to lupus sufferers and their families.

Mr. Speaker, American women are at high risk for this deadly and debilitating disease. Increased professional awareness and improved diagnostic techniques and evaluation methods can contribute to early diagnosis and treat-

ment of lupus. We must step up this research to find a cure and treatment for this silent killer and for this silent disease.

Mr. Speaker, I urge my colleagues to join the Women's Caucus in saving the lives and advancing the health of American women by not only cosponsoring my bill, the Lupus Research and Care Amendments of 1997, but to support and step up the emphasis on research and development of all of these killers of women.

□ 1915

Mrs. JOHNSON of Connecticut. Mr. Speaker, in view of the fact that we have quite a few speakers, I am going to limit my remarks rather more than I had intended. I do want to thank my colleagues from both sides of the aisle for their participation tonight. It is impressive, the work that Congress has done in the area of women's health in recent years, and much of it has been the direct result of the focus on that issue that the bipartisan caucus of women Members of Congress has generated.

I want to talk briefly tonight about two things. I want to talk about Medicare and women's health, and I want to talk about smoking and women's health.

It is true, and terrible, that Medicare is an illness program. It provides health care after you get ill. Medicare by law is not a preventive health program, and that is something that I believe this Congress is going to address. We have been holding hearings on preventive health, we have been generating information about which preventive tests are important to both women and men on Medicare, and I believe this year we are going to finally pass a package of preventive health services that will improve Medicare dramatically and meet the needs of both men and women far more effectively than the current program.

For women, it will mean annual mammograms. It will also mean passage of a bill I introduced recently reauthorizing the Mammogram Quality Standards Act, which will assure that those mammograms will continue to be done by well-trained people with high quality equipment, read and interpreted by able physicians. It will also, I hope, mean that we will have national standards for testing bone density to help women prevent osteoporosis and all of the crippling fragility that results from loss of bone density.

It will also mean, I hope, that we will pass a bill that the gentlewoman from New York [Ms. SLAUGHTER] has introduced this year, and she spoke about it earlier, that will guarantee that women who have had genetic indicators that they are inclined to get breast cancer or some other disease will not be discriminated against by insurers.

We made a giant step forward on this subject last year when an amendment I

introduced passed and was part of the Medicare legislation of the last Congress that said that women could not be discriminated against because they had genetic tests indicating a tendency toward cancer. That was an important step, but the more extensive bill that my colleague the gentlewoman from New York [Ms. SLAUGHTER] has introduced goes on to the issues of privacy, ownership of your medical data that are terribly, terribly important as we move into the new era of genetic science and health.

Lastly, I believe that we will this year pass inclusion of women in clinical trials. It is indeed the Congresswomen's caucus that first passed legislation assuring that the National Institutes of Health would include women in all of their health research trials.

It is truly remarkable that we ran the first long-term trial looking at heart disease on a population entirely of males, and so we came out of that multi-year project knowing a lot about heart disease in men and knowing literally nothing about the course of that disease in women, only to find out later that the course of that disease in women is really quite different, as we have found out in HIV and a number of other areas. It is not only unfair to our seniors that they do not have access to some of the remarkable treatments available through our cancer clinical trials program, but it is also a disadvantage to the Nation not to know how those medications that are being tested, those procedures that are being tested affect both men and women in their senior years. This Nation needs far better health research data than our current clinical trials program provides, and it is my hope that in this session we will see Medicare expanded to provide coverage for cancer treatments in clinical trials.

Let me talk briefly also about smoking, because smoking is really the most preventable cause of death and disability and tobacco use studies have indicated is far more detrimental to women than to men. Women are far more susceptible than men to tobacco-related disease. Lung cancer has surpassed breast cancer as the leading cause of cancer death among women. Recent research suggests that women may be more susceptible than men to the development of lung cancer. Several recent reports also provide strong evidence of an association between smoking and osteoporosis. In addition, research shows a dangerous link between smoking and the use of oral contraceptives.

So while tobacco use directly increases a person's risk of lung cancer, heart disease, stroke and diseases of the blood vessels, it holds many additional perils for women. Furthermore, each day 3,000 kids become regular smokers. That is more than 1 million a year. One third of them will die from tobacco-related disease. While smoking is declining in adults, teenage girls are the fastest growing group of smokers.

Smoking by mothers during pregnancy can adversely affect the supply of oxygen and nutrients to the fetus and has been shown to increase the risk of low birth weight, miscarriage, still birth, premature birth and death in the first few weeks of life. Maternal smoking during and after pregnancy has been estimated to be responsible for one-quarter of the risk of sudden infant death syndrome, or crib death, and parents who smoke around their children put them at increased risk for developing bronchitis, pneumonia, ear infections and asthma. Children exposed to smoke may also be at increased risk for cancer in their adult years. Smoking does cause illness. It causes illness in adults, illness in children, and it is particularly lethal to women.

Let me conclude by saying that this is a Congress that not only will address some important women's health issues, it is also, I believe, the Congress that will move forward on providing coverage for children whose parents work for employers who do not provide insurance or for some other reason are without insurance. It is a crime for this Nation to leave children uncovered for simple diseases like ear infections, much less their parents exposed to the paralyzing catastrophic costs of the hospitalization of a child without coverage.

Mr. Speaker, I yield to my friend and a new Member of Congress the gentlewoman from the Virgin Islands [Ms. CHRISTIAN-GREEN].

Ms. CHRISTIAN-GREEN. I thank the gentlewoman from Connecticut for yielding.

Mr. Speaker, as the first female physician to serve in this body, I find a special cause in women's health and I would like to thank my colleagues in the Congressional Caucus on Women's Issues and our chairs, the gentlewoman from the District of Columbia [Ms. NORTON] and the gentlewoman from Connecticut [Mrs. JOHNSON], and my colleague the gentlewoman from Maryland [Mrs. MORELLA] for organizing this special order.

Mr. Speaker, women make up more than 50 percent of our Nation's population. Further, we are the primary caregivers for our husbands, children and aging parents. Consequently, we as a country have a great stake in the health of our women. To paraphrase a well-known saying, as the health of women goes, so goes the health of our country.

Traditionally, the issue of women's health had not been a political or a legislative priority. However, because of the insistence of women from different walks of life that our stories be heard, that our statistics be included in research, that the problems which specifically affect us be studied and addressed, and because of the leadership of the Caucus on Women's Issues, thank God this is changing.

There are many important issues, such as AIDS, heart disease, cancer, diabetes and violence, each in themselves

deserving of our focus. However, today I choose to address one of the root causes underlying some of the dire statistics that diseases such as these represent, problems such as poverty, poor or inadequate education, lack of opportunity and limited access to health care. Central to all of these is the issue of women's access to health insurance.

According to the Institute for Women's Policy Research, 12 million women of working age between the ages of 18 and 64 have no insurance of any kind. As a result, many of these women have little or no access to our health care delivery system which is predicated on having insurance or Medicaid. The Institute for Women's Policy Research further says that women traditionally obtain health insurance indirectly through their husband's jobs. But more of these women are falling through the cracks as more men have jobs that do not provide health insurance and, in addition, many women do not marry, are divorced, widowed or have a spouse that has retired or lost his job. Studies also show that only 37 percent of women have access to insurance through their own jobs. Five million young women under age 30 have no insurance whatsoever, even though 70 percent of all births are to women in this age group. Single mothers are also more likely to be uninsured despite the presence of Medicaid.

It is a sad reality that even today for women, health insurance and as a consequence health care is available only to those who can afford to pay. With this in mind, it is imperative that we take a hard look at the needs of women with regard to health insurance. In this Congress, the cause of children's health care will be addressed, but we cannot stop there. Rich or poor, we as women must know that our needs and the needs of our families will be met when illness, accident or old age befalls us.

Mr. Speaker, quality health care should not be an option. It must be an available choice, not only for women but for all the people of this Nation. Universal health coverage and universal access to health care for all must remain our goal.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield back the balance of my time.

WOMEN'S HEALTH ISSUES

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

Ms. NORTON. Mr. Speaker, I want to thank the gentlewoman from Connecticut [Mrs. JOHNSON] for her work with me as co-chair of the Caucus and for helping to organize this very important special order which has gone so well with its great variety.

Mr. Speaker, I yield to the gentlewoman from California [Ms. SANCHEZ].

Ms. SANCHEZ. Mr. Speaker, I rise today to discuss a serious problem that

affects all our communities, but which is rarely addressed, that of teen pregnancy. Teen pregnancy burdens us all. When teenage girls give birth, their future prospects decline dramatically. Teen mothers are less likely to complete school, they are more likely to be single mothers, and they are more likely to depend on welfare and government support. Teen pregnancy is not only a serious problem, it is a growing problem. Over half a million teenage girls become pregnant each year in our country. California has the highest amount of teen births. It was over 70,000 last year. Four thousand of those teens are young girls from Orange County, my county. My home town of Anaheim has seen the highest number of teen births for all of Orange County.

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That is why I am so concerned about the young women in my district, and I call upon my colleagues to take a thoughtful look at teen pregnancy in their communities.

The United States has the highest rate of teen pregnancy in the industrialized world. Is this because our kids are more sexually active? No; it is because other nations treat teen pregnancy as a public health issue. We define it as a moral or social problem. Let us treat teen pregnancy like the health problem which it is, and let us practice preventive medicine. Reducing teen pregnancy will then prevent abortion and reduce high school dropout rates and the number of women who depend on welfare.

Teen pregnancy is preventable. It is a possible but challenging task. We need a multifaceted approach in our communities, one that addresses not only reproductive health and abstinence but also self-esteem and responsible decisionmaking. Kids need role models, and they need to have the opportunity to be involved in extracurricular activities.

That is why I will be joining the efforts of local organizations in my communities to help combat the rising rate of teen pregnancy in Orange County. I encourage all of my colleagues to take a local approach to solving a national problem.

Ms. NORTON. Mr. Speaker, I yield to the gentlewoman from California [Mrs. TAUSCHER].

Mrs. TAUSCHER. Mr. Speaker, I thank the gentlewoman from the District of Columbia for yielding to me. Mr. Speaker, I rise today to speak about a subject of great importance to the women and families of the 10th Congressional District of California which I am honored to represent. That subject is the need for vital funding for research into the causes, treatments, and cures for breast cancer through the National Cancer Institute of the National Institutes of Health. This is an issue I have been focusing on for many years. In 1992 I was honored to be a founding board member of the Breast Cancer Fund in San Francisco, and I