really believe that this is a very important issue for American women to be paying attention to.

Mr. Speaker, this year the President is requesting $338.9 million for the National Cancer Institute's breast cancer program, and I urge all the Members of Congress to support this needed funding. Later this spring, the National Breast Cancer Coalition will be presenting Congress and the President with 2.6 million signatures from the constituents from all over America, urging us to work together to support 2.6 billion for cancer research between now and the year 2000. I believe this is a powerful statement about the commitment of the people of the Nation to fighting this disease. The increase in funding this year will allow the National Institutes of Health to continue its work in basic research, prevention, treatment, and community outreach as well as to initiate any studies.

Mr. Speaker, I remain committed to working with my colleagues, the President, and the National Cancer Institute to defeat this killer of American women.

Ms. NORTON. Mr. Speaker, I thank the gentlewoman for her remarks.

Mr. Speaker, it is no accident that we have focused on women's health. This is the 20th anniversary of the women's congressional caucus. In those 20 years we have probably had our greatest success by focusing on women's health. So we come forward this evening in order to press again this issue.

The women's caucus and women members and other members have essentially over the past 20 years made what can only be called great discoveries when it comes to neglected women's health issues. The inclusion of women in clinical trials, for example, was a historic step forward.

During the 105th Congress the congressional women's caucus is going to have a legislative agenda which we will be publicizing in the next several weeks. The reason for that legislative agenda is to measure ourselves and to measure this Congress against real goals. Had we not done that, then the gains we have made, for example with respect to women's conditions like osteoporosis or cervical cancer, simply could not have been made. When we began to work on research in cervical cancer, for example, it was a dreaded disease. Once you got it, nobody knew what to do about it, and now half the cases can be caught and cured.

We might well get the most out of this special order if we could get the agreement of the House and the Senate to pass what I can only call an easy bill. That would be the Mammography Quality Standards Reauthorization Act, or H.R. 1289, that has, of course, been mentioned in this special order this evening, but I mention it as we close out the evening because it is a fitting bill to be the first significant bill affecting women, women's health, passed this year. It is simply a reauthorization of a bill that would assure that mammograms are performed under safe circumstances and conditions. It is fitting also because we have just gone through the storm with the doubt and uncertainty that was there over mammography for women in their forties that has been cleared up. We now know that women in their forties should have mammograms at least every other year, if not every year. We come forward this evening, therefore, to remind ourselves not only of what we have accomplished in 20 years bringing women's concerns to the House, but to vigilantly keep ourselves focused on what is yet to be done.

WOMEN'S HEALTH ISSUES

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

Mr. ROEMER. Mr. Speaker, I would just like to hopefully wrap up this very successful special order on women's health issues and congratulate my classmate, the gentlewoman from the District of Columbia [Ms. NORTON], and the gentlewoman from Connecticut [Mrs. JOHNSON] for a very, very successful hour of discussion on very critical matters of women's health.

I would like to be the last speaker on that particular issue and talk about an issue that is very important to me as a Congressman, as a father, as a taxpayer, as somebody that believes in a woman's health issue known as the WIC program.

What is the WIC Program? It is the Women, Infants and Children Program, and it is a program that has always enjoyed wide bipartisan support. Republicans and Democrats alike have supported this program because it accomplishes some very important things.

First, it reduces low birth weight in babies. Second, it reduces the infant mortality rates, death rates for babies born prematurely. Third, it reduces child anemia. And last, it has been directly linked to improving cognitive development for children.

Now why am I as a Member of Congress concerned about this? I am concerned, Mr. Speaker, because milk prices have increased this year and last, and the caseload experience and the caseload numbers have increased in the WIC Programs in an alarming rate. So the White House has very, very wisely asked for a $76 million increase to take care of this increase in milk prices and caseload.

Mr. Speaker, just recently in a Committee on Appropriations markup, the Republicans cut this $76 million increase in half, cut $36 million out of the WIC Program. Now at a time, Mr. Speaker, when we are learning from Newsweek and Time Magazine, on the front covers of these magazines, that everything we can do when that child is in the womb, the fetus, or when that child is between 1 and 5 is critical to help these children to learn and grow and that this is the most critical time for a child to maybe pick up a new language and learn intellectual skills and cognitive development.

We are talking about cutting this program by $36 million. What does a $36 million cut result in?

It results in 180,000 children not getting access to this good program. One hundred and eighty thousand children. Now I do not think that is smart.

I support balancing the budget, and I am willing to cut a space station that does not work, I am willing to cut Star Wars in half, but I am not willing to cut children and women out of the WIC Program. Why? The General Accounting Office has said not only is this the best thing for children and young mothers, but for every dollar we invest in the WIC Program, we save $3.50 on Social Security disability payments and on Medicaid and on other government programs.

So, if we cut $36 million and cut 180,000 children out of this program, we are probably going to cost the taxpayer $120 million later on down the line in increased costs.

So I strongly urge this body to adopt an amendment and put this $36 million back into the WIC Program this week when we consider the emergency supplemental program and continue to do what the White House urged us to do last week in their conference on early childhood development. Let us invest in our children. Let us not just talk about an America that puts their children and their families first. Let us put our money where our mouth is. Let us make sure that the WIC Program is adequately funded.

Mr. Speaker, I would just say in conclusion that I am strongly committed to this program, I am strongly committed to making sure that our children have access, all children across America, and I would just say that I am honored to be the last speaker on this special order on women's health and delighted that it went so well.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise tonight to speak about an issue of vital importance to the women of this Nation—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. An estimated 2.6 million women in the United States are living with breast cancer. Currently, there are 1.8 million women in this country who have been diagnosed with breast cancer and 1 million more who do not yet know that they have the disease. It was estimated that in 1996, 184,300 new cases of breast cancer would be diagnosed and 44,300 women would die from the disease. Breast cancer costs this country more than $6 billion each year in medical expenses and lost productivity.

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

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. One out of eight women in the United States will develop breast cancer in her lifetime—a risk that was one in fourteen in 1960. 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. One 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.

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

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.

Mr. BARRETT of Wisconsin. Mr. Speaker, as history has proven, research for women's health issues has consistently been underfunded. I rise today to recognize yet another case of injustice concerning women's health. Currently there are 10 million U.S. citizens suffering from temporomandibular jaw disorder, (TMD). This disorder targets women; nearly 90 percent of TMD patients are female. TMD is a very painful condition that can lead to severe dysfunction of the muscles that control chewing.

Complicating the disorder even further, in 1973, medical devices containing silicone were approved to replace part of the jaw in an irreversible surgery. This procedure, although not adequately researched, was aggressively marketed by alloplastic device suppliers. Approximately 150,000 women with TMD received implants between 1973 and 1990. Today, these implants have proven disastrous.

In 1989, nearly 20 years after they went on the market, the FDA declared alloplastic implants unsafe. The medical complications caused by the sharding of the silicone in TMD implants over time has resulted in bone and tissue deterioration as the alloplastic particles travel throughout the body. Bone loss in some cases has resulted in holes in the skull leading to the brain. Many women have been left disfigured; lacking bone structure and/or muscular control. The magnitude of suffering undergone by TMD patients with implants can only be categorized as a medical catastrophe.

Compounding the issue, there is currently no procedure to treat women with silicone implants other than removal. In the case of TMD, however, the implants often cannot be removed because there are no good alternative materials and the ramus of the jaw cannot be replaced. Women who have undergone alloplastic surgery now require life-long dependency on medical technology. It is not uncommon to find patients with 15, 20, 30 or more surgeries on their TM joint. This only exasperates the emotional and financial complications that accompany the disorder. I quote from Stan Mendenhall's article in Orthopedic Network News:

One woman had over five surgeries on her joints and was unable to find a dentist in three states who would treat her and is now suicidal. A 30-year old woman must now be cared for by her parents after 32 surgeries and $300,000 in medical expenses. Another patient received a bill from an oral surgeon in excess of $30,000 for a procedure which was a revision for a previous surgery and will, at best, only provide temporary relief from constant pain. One physician wrote on behalf of one of his patients who had applied for social security disability payments: ''As Leigh's physician, I've witnessed her decline throughout 7 of her surgeries and seen her travel all the avenues of TMJ surgery. Instead of improving after each method, she has developed more daily pain. Unfortunately the surgeries that she has had, I feel, have probably left her joint in much worse shape. Her depression has now reached a dangerously high level in which she describes herself as having nothing left, having no hopes, no dreams. She states only that she hopes her life will be short in duration so that she will not have to exist in the constant painful state that she is in.''

The silicone TMD implants, so hastily marketed, have victimized women with TMD.

To make matters worse, women suffering from TMD have a hard time finding a health insurance program that will carry them. Because there is not a clear diagnosis of TMD and treatment is often considered experimental, health insurance companies refuse to underwrite patients. Without the proper research, there will never be proper diagnosis and without proper diagnosis, there will never be proper coverage.

This is very unfair. These women have been served a great injustice and have no where to turn. Women suffering from TMD are paying the price for someone else's mistakes. Should TMD victims have to pay the consequences for devices that the FDA approved and their doctors recommended? Should patients have to pay for high-cost long-term medical bills because the government has not properly funded basic research? Temporomandibular joint disorder is a medical tragedy and it is time to do something about it.

The question we must ask now is—how do we help these women that have been treated so unjustly?

I urge the Congressional Caucus for Women's Issues to take up the cause of women suffering from TMD and help them in finding a solution to this tragedy. We must better define TMD and properly fund research to find effective treatment for people who have TMD implants. We must encourage the National Institute of Health to make TMD research a higher priority. We can no longer tolerate the lack of concern for these women.

Ms. MILLENDER-MCDONALD. Mr. Speaker, the high number of minority women infected with the HIV virus reflects their reduced access to health care which is associated with disadvantaged socio-economic status, cultural or language barriers that may limit access to prevention information as well as differences in HIV risk behaviors.

Among minority women, the most prevalent modes of contacting HIV are injecting drug use, 37 percent, and heterosexual contact, almost 38 percent.

Rates of heterosexual anal and oral intercourse in minority youths are comparable with estimated rates in adults.

In the inner-city community, there are often greater perceived notions that sex is not as good if a condom is used. Frequently women do not encourage their sexual partners to use condoms for fear of retribution. Their low-income status makes them feel more dependent upon their partners and they do not want to risk losing them insisting on safe sex.

Minority youths have a higher tendency to engage in sex with multiple partners, therefore creating higher risks for HIV infection. Minority communities are in need of better efforts to promote condom use and discourage multiple partners.

AIDS rates are highest among Blacks and Hispanics.

AIDS rates among Blacks are six times greater than among whites, and two times greater than among Hispanics.

In 1995, racial and/or ethnic minorities accounted for over 77 percent of AIDS cases among adolescent and adult females, and over 84 percent of AIDS cases among children.

By the year 2000, between 72,000 and 100,000 children and teens will have lost their mothers to HIV/AIDS. The cities that will be the hardest hit are Los Angeles, Washington, DC, Newark, New York City, Miami, and San Juan.

Ms. WATERS. Mr. Speaker, first I would like to thank Representative CONNIE MORELLA and Representative LOUISE SLAUGHTER and Members of the Congressional Caucus for Women's Issues for the opportunity to participate in this special order on women's health.

I come before you today to speak on an issue of great importance to all women, and in particular women of color, that has yet to reach prominence on the national agenda. I am speaking of heart diseases.

Cardiovascular diseases—which include heart attacks, strokes, and high blood pressure—are the No. 1 cause of death and disability among American women, yet most Americans aren't even aware of the risks facing women.

I want to talk with you about a bill to do something about this—the Women's Cardiovascular Diseases Research and Prevention Act—that I am introducing which aims to prevent and aggressively treat heart diseases among women and educate the public and health professionals alike about the grave risks of these diseases to women.

Although most people believe cancer, specifically breast cancer, is the No. 1 women's health risk, in reality five times as many women die from cardiovascular diseases than die from breast cancer. The threat is so great in fact, that 479,000 women die each year from heart disease—almost double the number of deaths from all forms of cancer combined.

And heart disease strikes broadly, affecting one in five women in the Nation. Even more ominous is the unusually silent approach of

this killer. Amazingly, nearly two-thirds of women who died suddenly of heart attack had no prior history of heart disease, and no risk was detected.

Public health experts have drawn many links between the difficulties poor and working women face and increased risk of disease. Cardiovascular diseases are no exception to these health effects of inequality.

Furthermore, cardiovascular diseases strike African-American women particular hard. African-American women die of heart attacks at twice the rate of other women, and die from strokes at a 33-percent higher rate that white women.

The risk factors that increase likelihood of cardiovascular diseases are also greater for African-American women than white women, including a higher incidence of diabetes, higher percentage with elevated cholesterol levels, less physical activity, and a greater rate of obesity.

These factors—often stemming from stress and struggle of trying to make ends meet—are commonly known with health care professionals—yet these factors and the deadly cardiovascular diseases that result are almost invisible in the policy debates and public discussions of our Nation's health and welfare.

That is why I urge you to join me in supporting the Women's Cardiovascular Diseases Research and Prevention Act. We who know better must create the kind of pressure, through broad education and study that will put this issue at the center of our public health initiatives, not stuck on the fringes, while striking, literally, at the heart of the women in America.

This bill aims to lay the critical foundation for the research and public education that is needed to turn around this largely silent killer of America's women. The bill authorizes $140 million to the National Heart, Lung, and Blood Institute of the National Institutes of Health to expand studies on heart diseases to include women and conduct outreach that will reach women. This authorization will start to make up for the many years in which women and minorities have been greatly underrepresented in heart and stroke research.

Currently, most if not all, diagnostic equipment and treatments are based on studies limited to men. The results of this research bias has meant many health care professionals remain unaware of the varied and often subtle symptoms of heart diseases women may have, like dizziness, breathlessness, and arm pain.

This bill will provide those responsible for detecting and treating women with the knowledge necessary to combat these diseases among women.

This bill seeks to use the results of this research as well, spreading this knowledge beyond the hospitals and laboratories. This bill would establish targeted outreach programs for women and health care providers alike to educate all of us on the common symptoms of and risk factors contributing to cardiovascular diseases among women.

The Women's Cardiovascular Diseases Research and Prevention Act can be a crucial first step in getting timely diagnosis, effective treatment and broad, effective prevention measures for the leading killer of American women. I look forward to working with the members of the Congressional Caucus of Women's Issues, and all other interested Members of Congress to pass this legislation. Again, I would like to thank you for the opportunity to speak to you today.

GENERAL LEAVE

Mr. ROEMER. 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 this special order this evening.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Indiana?

There was no objection.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2, HOUSING OPPORTUNITY AND RESPONSIBILITY ACT OF 1997

Ms. PRYCE of Ohio (during the special order of the gentlewoman from Maryland, Mrs. MORELLA) from the Committee on Rules, submitted a privileged report (Rept. No. 105–81) on the resolution (H. Res. 133) providing for consideration of the bill (H.R. 2) to repeal the United States Housing Act of 1937, deregulate the public housing program and the program for rental housing assistance for low-income families, and increase community control over such programs, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 867, ADOPTION PROMOTION ACT OF 1997

Ms. PRYCE of Ohio (during the special order of the gentlewoman from Maryland, Mrs. MORELLA) from the Committee on Rules, submitted a privileged report (Rept. No. 105–82) on the resolution (H. Res. 134) providing for consideration of the bill (H.R. 867) to promote the adoption of children in foster care, which was referred to the House Calendar and ordered to be printed.

THE NORTH AMERICAN FREE TRADE AGREEMENT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Michigan [Mr. BONIOR] is recognized for 60 minutes as the designee of the minority leader.

Mr. BONIOR. Mr. Speaker, I will insert in the RECORD the statement by the gentleman from California [Mr. MILLER] under the remarks of this special order.

Mr. Speaker, I would also say to my friend and colleagues that I am joined this evening by a distinguished colleague of mine from the State of Vermont who has been a champion on fair trade in this country, BERNIE SANDERS. If I could, I would like to make a few brief remarks and then yield to my friend from Vermont, [Mr. SANDERS] or whomever else would like to engage in this debate.

Mr. Speaker, we have been meeting here on a weekly basis to talk about the effects of the North American Free Trade Agreement. Let me just begin by saying after 3 years, actually 40 months, we are now able to look closely at the effects of the North American Free Trade Agreement, and I would recommend to my colleagues an editorial today in the New York Times because this editorial really shows us how the issues of trade and protecting the environment are really inseparably linked. We are going to talk about the environment a little bit, and then we are going to get to some other issues with respect to corporations. The editorial discussed the environmental challenges that the Nation of Chile is facing.

Mr. Speaker, I insert in the RECORD a copy of that editorial that was in the New York Times this morning.

The article referred to is as follows:

SLIGHTING NATURE IN CHILE

When Augusto Pinochet stepped down as President in 1990, Chile's people hoped that democracy would bring an improvement in the country's environment. The dictatorship had listened mainly to its friends in industry, and Chileans hoped that a new government would heed conservationists and public health advocates. What they did not count on was that in Chile, like most developing countries eager to attract foreign investment, the desire for growth outweighed environmental concerns.

As a result, air and water pollution remain serious threats to public health. Chile is also destroying irreplaceable natural resources through logging of old-growth forests and overfishing.

Chile has some tough environmental laws but, as in other Latin nations, they are not well enforced—in part because of the desire for growth. Chile is justifiably proud of a decade of growth at more than 5 percent, much of it from exports from mining, forest products and fishing, which damage the environment unless carefully regulated.

These extractive industries exercise great political influence. Moreover, unlike their American and European counterparts, business leaders in Chile see no particular public relations value in supporting environmental causes. The Chilean industrialists' group has even hinted that it will organize a boycott of ''Oro Verde,'' a prime-time soap opera with an environmental theme.

Businesses commission the required environmental impact statements, and the government board that evaluates them often cannot afford to hire experts to do a thorough job. On several occasions when the board has rejected major investment proposals, political commissions have allowed the projects to proceed. President Eduardo Frei has often said he will not let environmental concerns stand in the way of growth.

Chile's environmental groups are small and rely heavily on volunteers. But they have helped raise public awareness of environmental issues to the point where politicians cannot risk ignoring them. And they have mounted successful court challenges. Chile's supreme court just blocked a major logging project by an American company, declaring that Chile's basic environmental law was too vague. New regulations were quickly passed.

The court is surely on the right track. No one has calculated the yearly cost of environmental damage to Chileans' health and