

we have in our panoply of legislative tools.

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

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

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

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

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

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

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

had fast track authority for the President.

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

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

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

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

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

BREAST CANCER AWARENESS MONTH

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

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

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

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

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

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

Unfortunately, all too often the answer to the second question, do women have access to the care that they need, is a resounding no. More and more

often managed-care organizations are forcing patients home just hours after a mastectomy. In fact, a study by the Connecticut Office of Health Care Access proved that the average length of stay for breast cancer patients in Connecticut is dramatically decreasing. Most disturbing, it is decreasing faster for mastectomies than for other inpatient discharges.

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

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

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

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

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

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

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

cancer. Over 6,000 people have signed this petition. Hundreds of women and men, survivors and their families, have left very moving stories that are more eloquent than anything that I could say.

Just a quick example that has been posted on the petition, from a Nebraska resident. I quote:

As the director of a breast cancer screening program, I have felt close to the medically underserved women who are our clients as they daily struggle with the painful choice of taking care of their own good health and buying cereal for their kids. There are real tears being shed by real women every day. They are your neighbors, your colleagues, your kids' teachers, the clerk at the grocery store. Breast cancer survivors have enough to deal with. Do the right thing, pass this legislation, and help make the tears fewer for those who will follow us until a cure is found.

One New York resident simply wrote, "During the most devastating time in my life I should not have to fight with the insurance company."

We all pray for the day when we find a cure for cancer. Until then, we must ensure that those suffering from this disease get the care they need and the care they deserve. I call on the Congress to pass the Breast Cancer Patient Protection Act.

Mr. Speaker, I include for the RECORD the statement by the gentlewoman from California, Ms. ANNA ESHOO, on this legislation.

The statement referred to is as follows:

BREAST CANCER LEGISLATION

Ms. ESHOO. Mr. Speaker, first, I thank my colleague Rep. ROSA DELAULO for organizing this special order during National Breast Cancer Awareness Month and for her unwavering advocacy on behalf of breast cancer patients.

Breast cancer touches the lives of thousands of American women, their families, and their friends every year, forcing them to confront both death and disfigurement. Over 180,000 American women are diagnosed with breast cancer annually and 44,000 of them die from the disease. Another 85,000 American women have mastectomies as part of their treatment each year, 25,000 of whom choose to have reconstructive breast surgery because of the tremendous damage that mastectomy does to a woman's body.

Fear of losing a breast is one of the main reasons many women do not have preventive examinations for breast cancer—many don't know about the possibility of reconstructive surgery.

Unfortunately, many insurance companies don't recognize the importance of breast reconstruction. A recent survey shows that 84 percent of plastic surgeons had up to 10 patients denied coverage for reconstruction of an amputated breast.

The unwillingness of some insurance companies to pay for reconstructive breast surgery following a mastectomy defies all sense of reason and compassion. Reconstructive surgery in these cases is not cosmetic—it's part of the continuum of care necessary for the complete recovery of patients.

On the first day of the 105th Congress, I introduced H.R. 164, the Reconstructive Breast

Surgery Benefits Act. This legislation says that insurance companies that cover mastectomies must also cover reconstructive breast surgery resulting from mastectomies, including surgery to establish symmetry between breasts. Companies can't deny coverage for reconstructive surgery by claiming it's cosmetic surgery.

At the same time, H.R. 164 doesn't force women to have the surgery and it allows companies to impose reasonable charges for providing the benefit.

Even though this initiative has won broad bipartisan support, no hearings have been held on it. Nor have hearings been held on a related piece of bipartisan legislation, H.R. 135, which would stop the shameful practice of drive-through mastectomies.

That's why I welcome the online breast cancer care petition drive which was launched last month to call for hearings on both breast cancer bills.

Located on the Web at breastcare.shn.com, the petition gives breast cancer patients and those who care about them a chance to log on, learn, and leave their names in support of congressional action. The petition will run through the end of this month.

Nearly 6,000 people from across the country have signed the petition so far.

In addition to collecting signatures, the site allows people to leave personal stories about their experiences with breast cancer. Hundreds of people have done so, and anyone reading them can't help but be moved.

At the end of the drive, the petition will be delivered in hard copy to the appropriate committee and subcommittee chairmen to demonstrate that these bills have broad support and deserve hearings.

In closing, I want to read to you just two of the comments that have been left at the petition site. The people who have left them speak far more eloquently about this issue than I ever could.

One woman wrote:

On January 17, 1997, I learned that my mother, the woman I thought was a breast cancer survivor and success story, had developed recurrent breast cancer. On February 4, 1997, my mother was dead. My family has been devastated by the loss. I have accomplished some of the dreams she and I shared together, but cannot tell her. I was finally able to return to live near her, but she's no longer there . . . I thank you for providing me with this opportunity to let those in government know how important it is to provide women with adequate and acceptable care for this devastating disease.

On October 5, a woman left this message:

I was diagnosed with breast cancer 48 hours ago. I must have more surgery in 24 hours. I am terrified. I don't want to die. My grandmother, my mother, and my mother's sister all had breast cancer. I am 53. I have a beautiful 26-year-old daughter. I want her never to suffer with this.

Providing coverage for reconstructive breast surgery and stopping drive-through mastectomies are two important issues related to breast cancer. Until there's a cure for the disease, we must ensure that women are given the best care possible to cope with breast cancer and its treatment.

Mr. Speaker, I encourage people to visit the petition site, breastcare.shn.com, and read these personal stories. They all have one simple underlying theme: it's time for Congress to stop delaying and start acting on these important pieces of legislation.

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 to women's health as the breast cancer epidemic facing our Nation. Therefore, I add my voice to supporting the DeLauro legislation on breast cancer.

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 1 in 14 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 this October's 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.

Mrs. ROUKEMA. Mr. Speaker, I take this opportunity during Breast Cancer Awareness Month to ask my colleagues' support for H.R. 135, the Breast Cancer Patient Protection Act of 1997. This legislation would require health