

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 DELAUNO 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

insurance companies to pay for at least a 48-hour hospital stay for women who undergo a mastectomy.

I find it unbelievable that some HMO's are sending women home the same day after having a mastectomy. This is not just a matter of postsurgical complications, possible infection, and other medical issues. This is one of the most anguish-filled, emotionally trying crises a woman can ever face. To perform a mastectomy and then turn the patient out the door shows callous indifference to the dignity of all women.

Sometimes it seems that HMO's are making a concentrated attack on the health concerns of women. First they were trying to discharge new mothers 12 hours after giving birth. Now we have outpatient—drive-through—mastectomies. What will come next? I will not settle for third-world standards for health care for women in this country and neither will the 184,000 women who contract breast cancer each year. This is not legitimate cost-saving. This is cold, callous rationing of care.

Some HMO's say outpatient mastectomies are not mandatory—that the doctor and patient can decide how long to stay in the hospital. I would like to believe that it is true. But we have already seen physicians being coerced into providing lower levels of care when HMO's think they are spending too much money. HMO's are often in a position to put a doctor out of business overnight by taking his or her patients away. I do not accept the rationalizations of the HMO's. Clearly, they need regulatory direction.

With 184,000 new cases each year, breast cancer is the most common form of cancer afflicting American women. My home State of New Jersey has the fourth-highest number of breast cancer cases in the Nation and the third-highest number of deaths from breast cancer. Those statistics make the seriousness and scope of this tragic disease absolutely clear. Someday, we may find a cure. But in the meantime, we must do everything possible to ensure that women who contract breast cancer receive proper medical treatment—and that proper care is placed ahead of insurance companies' bottom line. Please support the Breast Cancer Patient Protection Act of 1997.

Mr. FROST. Mr. Speaker, I am pleased to rise in recognition of the month of October as Breast Cancer Awareness Month. This year alone, 180,000 women in this country will be diagnosed with breast cancer. Although there is no cure, the best way known to prevent breast cancer is through early diagnosis and treatment.

Two bills have been introduced to combat breast cancer. House Resolution 135, the Breast Cancer Patient Protection Act, guarantees that women who must undergo surgery for the treatment of breast cancer get the hospital stay they need and deserve. This legislation requires a woman to receive a minimum hospital stay of 48 hours for a mastectomy, and 24 hours for a lymph node removal. This will enable women and doctors to determine how long they need to stay in the hospital and not the insurance companies.

The other bill is House Resolution 164, the Breast Surgery Benefits Act, which targets insurance coverage for breast reconstruction. It requires group and individual health insurance plans to provide coverage for reconstructive breast surgery if they provide coverage for mastectomies. This bill will protect many of the

mastectomy patients that are denied coverage for breast reconstruction each year.

Breast cancer is a serious problem facing every woman in the United States today. I believe that breast cancer deserves more attention and that is why I am a cosponsor of both of these bills. Breast cancer is not going to go away and we must, in any way that we can, protect our women from the dangers of it.

Mrs. MALONEY of New York. Mr. Speaker, it is my pleasure to join my colleagues, ROSA DELAURO, ANNA ESHOO, and others tonight to salute October as Breast Cancer Awareness Month.

We know, all too well, the devastating facts: With nearly 200,000 cases of breast cancer diagnosed last year, breast cancer is the most common cancer among women.

I was pleased earlier this year, Congress enacted, as part of its balanced budget, my bipartisan bill, the Breast Cancer Early Detection Act, to allow for annual mammograms for Medicare women.

By including my bipartisan bill, this budget agreement makes a wise investment that will save women's lives.

But there is more that needs to be done.

Once breast cancer is diagnosed, sometimes it is too late.

But sometimes, when treatment is available, a woman can undergo a mastectomy which may save her life.

Unfortunately, very often, we've seen women who have been forced to leave the hospital with drainage tubes still attached. And just like the drive-thru delivery bill, a national outcry forced us to look at the safety of women who were sent home hours after a radical mastectomy.

I am proud to be an original cosponsor of H.R. 135, the Breast Cancer Patient Protection Act.

This bill will eliminate these so-called drive-through mastectomies by requiring insurance companies to provide at least 48 hours of inpatient hospital care following a mastectomy and a minimum of 24 hours following a lymph node dissection for the treatment of breast cancer.

I am also proud to be a cosponsor of H.R. 164, the Reconstructive Breast Surgery Benefits Act, introduced by Representative ANNA ESHOO.

This bill would require health insurance companies to cover reconstructive breast surgery if they already pay for mastectomies.

I am pleased to stand with my colleagues in support of the one out of every eight women who will get breast cancer in her lifetime.

Right now, thousands of women are signing an electronic petition. The online petition drive will enable breast cancer patients to become activists on behalf of the legislation that would provide them with the kind of health care they deserve.

Many have shared their personal stories. One New York woman wrote:

On August 25, 1997 a lumpectomy showed that indeed, I did have breast cancer. An axillary lymph node dissection showed that the cancer has traveled to my blood stream. I am 34 years old. I am undergoing chemotherapy, and will also to have radiation. It is absolutely necessary for you in government to help women all across the country and to take this disease seriously. We depend on our government to protect us, even when a devastating illness has befallen us.

My mother's two best friends died of breast cancer, one when I was too young to remem-

ber, and the other when I was 18. It was devastating for everyone and we are convinced that it was the love of family and friends that helped one friend fight 10 years with this disease. Coming from a family in which no woman has ever developed breast cancer, the pop culture leads me to believe that I am not at risk. Only through doing research on my own have I learned that every woman is at risk regardless of age, family history, or geographical location. This is a silent killer that must be stopped. Our world desperately needs its mothers, sister, aunts and friends.

I was not in any high risk group for developing breast cancer. Yet I was diagnosed with breast cancer in November 1996. I was shocked and it is still very hard for me to accept this diagnosis. I opted for a mastectomy with reconstruction. I am still in the process of reconstructive surgery. I also underwent seven months of chemotherapy.

We need to make sure mastectomies and reconstructive surgery are safe, and covered.

I thank my colleagues for organizing this special order, and I salute the women who are facing these issues every day.

You are our inspiration, and we will continue fighting for you.

Mr. DINGELL. Mr. Speaker, I am pleased today to join with my colleague from Connecticut [Ms. DELAURO], to urge our colleagues to cosponsor the Breast Cancer Patient Protection Act of 1997. This legislation seeks to ensure that women and doctors—not insurance company bureaucrats—decide how long a woman who has a mastectomy should remain in the hospital.

For any woman, learning that she has breast cancer is one of her most frightening experiences. Learning she must have a mastectomy, a surgical procedure that will alter her body and her life, can be devastating.

For an insurance company to dictate to a woman, facing one of life's greatest challenges, that she must leave the hospital whether she is ready or not, is the ultimate insult.

Late last year, I came to a more precise understanding of the trauma a woman faces when she learns she must have a mastectomy. A member of my staff in Michigan, Connie Shorter, practically awoke 1 day to the stunning and agonizing reality that she had cancer. As if physical and psychological pain of the disease were not already too much to cope with, soon Connie would discover the pain of a process which neither she nor her doctor could control.

Earlier this year, Ms. Shorter was asked to the White House to join with First Lady Hillary Rodham Clinton in relating the difficulties associated with drive-thru mastectomies. There are no words better than Connie's own as she told her story to the First Lady:

What makes this awful situation worse is that I was discharged eight hours after two major surgeries. I was appalled to learn that this is routine, and I learned very quickly why. Being sent home only a few hours after surgery was not because of my medical condition or because of my doctor's specific recommendation.

Coming home was not easy. From the moment a woman walks in the hospital door in the morning for her unwanted mastectomy, until she is wheeled out that afternoon, she feels she has been through one of the world's most painful physical and psychological wars, a very personal loss and incredible physical battle * * * after my experience, I could not feel more strongly that a woman and her doctor are the only two people who should decide when she should leave the hospital after surgery.

Every medical specialty organization in this country challenges the right of insurance companies to interfere in the decision of what treatment is medically necessary or appropriate for a patient. Whether that patient is a young woman giving birth to a baby, or having surgery to treat breast cancer, the insurer has no right to be in the middle, between the patient and the doctor. And in no case should a patient be sent home less than 24 hours after a mastectomy so that an insurance company or hospital can save money.

Representative DELAURO and I, along with many other Members, placed this issue on the table at the end of the last session because we wanted every Member of this body to think about this matter before the convening of the 105th Congress. We spent several months researching the best, most effective way to accomplish the goals we laid out last year. This legislation is consistent with the Kennedy-Kassebaum health insurance reform bill and with the MOMS bill passed last Congress, providing 48-hour maternity stays.

H.R. 135 goes where many angels have feared to tread, into the hallowed halls of a well-heeled industry that is trying to make cost, rather than care, the driving principle of our health care system. This legislation just says "no." It says to anyone who is not the patient or the patient's doctor: "No, you may not dictate when a patient must leave the hospital."

Mr. Speaker, I am very happy to report that almost a year after her surgery, Connie Shorter is a breast cancer survivor, and remains a vital and effective member of my senior staff. More important, she remains a loving, caring and giving spouse, mother, and grandmother, and we all expect her to continue in all these roles for a very long time.

As Connie's story reveals, the devastation of breast cancer is too great to allow Congress to ignore the risks of inadequate medical care. The difficulties, both physical and psychological, associated with mastectomy are too complex. This legislation seeks to ensure that insurance snafus and mindless refusals do not make these difficult situations impossible.

Today, H.R. 135 has almost 200 cosponsors from both sides of the aisle. In addition, a nationwide campaign on the Internet has begun to push us to give this bill and other breast cancer legislation the hearings they deserve. I urge my colleagues who have not already cosponsored this legislation to do so now, and express the hope that Congress will listen to respond to the women of America who seek better and more reliable treatment for breast cancer.

GENERAL LEAVE

Ms. DELAURO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order today.

The SPEAKER pro tempore (Mr. BRADY). Is there objection to the request of the gentlewoman from Connecticut?

There was no objection.

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Washington [Mr. METCALF] is recognized for 5 minutes.

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

RECOGNIZING OCTOBER AS BREAST CANCER AWARENESS MONTH

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

Mr. CLEMENT. Mr. Speaker, I rise on this special occasion, recognizing October as Breast Cancer Awareness Month.

Mr. Speaker, breast cancer is the most common form of cancer affecting women in the United States, with one out of eight women developing this disease in her lifetime. It affects mothers, daughters, wives, and sisters. Both its cause and the means for its cure remain undiscovered.

In honor of October as Breast Cancer Awareness Month, I am pleased to lend my support for the initiatives of this Congress to not only work toward eradicating this dreaded disease, but to ensure that women receive the proper treatment they deserve.

I would like to take this opportunity to call attention to the Internet petition. This petition gives constituents across the Nation a chance to voice their support for the initiatives by the gentlewoman from California [Ms. ESHOO] and the gentlewoman from Connecticut [Ms. DELAURO] to stop insurance companies from forcing women to have drive-through mastectomies, and denying women coverage for reconstructive breast surgery following mastectomies.

As a cosponsor of both of these bills, I am pleased to support this legislation, which would provide much needed improvements in coverage for breast cancer treatment.

A young lady from my State of Tennessee who lost her mother to breast cancer a year ago signed the petition earlier this week. She also added, "Not only do we need to stand up for the above initiatives, but we need to stand up for better treatment and cures for this deadly disease."

Yes, Mr. Speaker, we do need to stand up for better treatment and cures for this deadly disease. I encourage the House of Representatives to hold hearings on these two bills in an effort to see that this legislation is passed into law.

Like many of us down here on the floor tonight, I am dedicated to expanding the Federal commitment to eradicating breast cancer through increased outreach and education programs, as well as through regulation and provision of treatment. Let us work together to find a cure for this dread disease.

Mr. Speaker, I also want to brag on my wife, too, Mary Clement, because she is on the board at the Vanderbilt

Cancer Center in Nashville, TN. She is very outspoken on this particular issue; and also my aunt, who is a State senator, or a former State senator now, from the State of Tennessee, Annabelle Clement O'Brien. She passed some major legislation in the Tennessee General Assembly several years ago, and was just honored, alongside Dr. Benjamin Byrd. Both of them were honored at Vanderbilt University, and I congratulate them.

If all of us will work together, we can accomplish great things.

THE CITIZENSHIP REFORM ACT OF 1997

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

Mr. BILBRAY. Mr. Speaker, I rise today to address the Citizenship Reform Act of 1997. The Citizenship Reform Act of 1997 amends the Immigration and Naturalization Act to deny automatic citizenship to children born in the United States who were not born by parents who are legal resident aliens or permanent residents, or U.S. citizens.

Now, Members may say there are not that many people out there who are born to citizens of tourists or illegal aliens, and it is not that big a deal. Mr. Speaker, let me clarify that this has become a big deal. In California alone, we have addressed this issue and seen this issue grow. Over 250,000 children of illegal aliens are now qualified in the county, in one county, of Los Angeles, over 250,000 qualify for benefits such as Medicare, AFDC, WIC, and SSI. In fact, two-thirds of the births in Los Angeles County, Mr. Speaker, in the public hospitals of Los Angeles County, are to parents who are illegal aliens.

The fact is that the cost to the State of California alone is \$500 million for providing welfare and health benefits to the children of illegal aliens. Forty percent of all births in the State of California are children of illegal aliens.

These costs are not just borne by the people of California, they are borne by everyone. I think it is an issue that we now have a responsibility to address. The fact is we have created a loophole and created a benefit for people who break our laws.

I do not fault the mothers who come to the United States so their children can get automatic citizenship and get all these benefits. I do not fault them at all. They are only doing what is legal for them. Who I fault is Congress in Washington, DC, for having this huge loophole, this great encouragement for people to immigrate illegally.

Just in Texas there has recently been a report coming out showing that birth certificates are being sold to Mexican nationals for children that were never even born in the United States. In fact, one midwife has sold over 3,800 phony birth certificates so children could