

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF PARMA, STATE OF OHIO:

Section 1. That this Council of the City of Parma has determined that Senate Bill 45—Workers' Compensation Reform Bill will negatively impact those citizens who have suffered injuries and diseases as a consequence of their employment, and thus, urging voters to vote "no" on Issue 2 on November 4, 1997.

Section 2. That the Clerk of Council be, and he hereby is, directed to forward a certified copy of this Resolution to Governor George V. Voinovich, Congressman Dennis Kucinich, Senator Gary C. Suhadolnik, Senator Patrick A. Sweeney, Senator Judy B. Sheerer, State Representative Ron "Mickey" Mottl, and State Representative Dale Miller.

Section 3. That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of the Council and any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements.

Section 4. That this Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety, and welfare of the City of Parma, and for the further reason that this measure is necessary as the general election will be held November 4, 1997, and this Resolution shall become immediately effective upon receiving the affirmative vote of two-thirds of all members elected to Council and approval of the Mayor, otherwise from and after the earliest period allowed by law.

Passed: September 22, 1997, Charles M. Germana, President of council.

Attest: Michael F. Hughes, clerk of council, approved: September 23, 1997.

Filed with the Mayor: September 23, 1997, Gerald M. Boldt, Mayor, City of Parma, Ohio.

I, Michael F. Hughes, Clerk of Council, City of Parma, County of Cuyahoga and State of Ohio, hereby certify this to be a true and correct copy of Resolution No. 306-97, passed by Parma City Council on the 22nd day of September, 1997.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. HEFLEY). Under the Speaker's announced policy of January 7, 1997, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

BREAST CANCER AWARENESS MONTH

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

Mrs. MORELLA. Mr. Speaker, October is Breast Cancer Awareness Month. Throughout this month, the Congressional Caucus for Women's Issues has sponsored special orders to urge our colleagues to work with us to increase funding for breast cancer research, treatment, and prevention, and to expand insurance coverage for screening and treatment.

Last year, an estimated 182,000 women were diagnosed with breast cancer, and 46,000 died of the disease. One

in eight women will develop breast cancer in their lifetimes. It continues to represent the most frequent major cancer in women and the second leading cause of cancer deaths in women.

Despite the increases in funding for breast cancer research and prevention in recent years, we still have few options for prevention and treatment. For this reason, the gentlewoman from New York [Mrs. LOWEY] and I have introduced H.R. 1070, The Breast Cancer Research Act of 1997. This bill authorizes \$590 million for breast cancer research at the National Institutes of Health for fiscal year 1998, which is an increase of 35 percent. This funding level is recommended by the National Breast Cancer Coalition and the American Cancer Society. The bill has been cosponsored by a bipartisan group of Members.

Many worthy research proposals go unfunded each year, and a greater Federal investment in this research will attract more top scientists to this effort. I urge my colleagues who are speaking tonight and I urge my colleagues in this House to add their names as cosponsors of this important bill.

I am pleased that the House approved the fiscal year 1998 Labor, Health, and Human Services Education Appropriations bill, which has a 6-percent increase in funding for the National Institutes of Health. The Senate has approved an even higher increase of 7.5 percent. I particularly thank the chairman, the gentleman from Illinois [Mr. PORTER], for his leadership in working to bolster our Federal investment in biomedical research, including breast cancer research, as well as the members of his subcommittee, including three members of the Women's Caucus, the gentlewoman from New York [Mrs. LOWEY], the gentlewoman from California [Ms. PELOSI], and the gentlewoman from Connecticut [Ms. DELAURO].

The National Cancer Institute receives the highest funding increase of all the institutes in the bill. I hope that a final version will be forthcoming very soon. We must also work to better translate new research findings to clinical applications both through a greater focus on clinical research and through technology transfer.

As chair of the Subcommittee on Technology, I have been working to facilitate technology transfer between Government agencies and the private sector. Efforts such as the "missiles to mammograms" project between the Public Health Service, the Department of Defense, the intelligence community, and NASA are critically important in applying new technologies to the fight against breast cancer.

Earlier this year, the gentlewoman from New York [Mrs. LOWEY] and I circulated the congressional letter urging the Appropriations National Security Subcommittee to provide \$175 million for the peer-reviewed breast cancer research program at the Department of Defense, a letter cosigned by 170 of our

colleagues, many of whom are here this evening. And while this final conference report fell short of that mark, I wanted to commend Chairman YOUNG for his role in increasing spending for the program to \$135 million in the final version.

The peer-reviewed breast cancer research program has gained a well-deserved reputation for its innovation and efficient use of resources, with over 90 percent of program funds going directly to research grants. We must continue to increase our investment in this important program.

Access to mammography screening is another critical issue. The caucus had a major victory in August, when Congress approved the Balanced Budget Act, which includes annual coverage for mammography screening under Medicare. This has been a longtime caucus priority. And I was pleased to be an original cosponsor of both the Kennelly bill to provide annual coverage, as well as a cosponsor of the bill, H.R. 15, of subcommittee chairman, the gentleman from California [Mr. THOMAS], which provided for a number of preventive benefits, including annual mammography screening.

As of last fall, the breast and cervical cancer screening program had provided more than 1.2 million breast and cervical cancer screenings, education and followup services for low-income women across the country. While this program has been successful, we must ensure that efforts to reach disabled and disadvantaged and minority populations are expanded. As an interesting number of mastectomies and lymph node dissections are performed as outpatient surgery, Congress should ensure that women receive hospital care. Breast cancer has been a bipartisan priority within the caucus and for our male colleagues. I look forward to working with all of our Members to increase our commitment to it.

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

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

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

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

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

[Mrs. CLAYTON 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 gentlewoman from Washington [Mrs. LINDA SMITH] is recognized for 5 minutes.

[Mrs. LINDA SMITH of Washington 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 Maine [Mr. ALLEN] is recognized for 5 minutes.

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

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

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

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

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

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

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

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

[Ms. NORTON 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 Michigan [Mr. SMITH] is recognized for 5 minutes.

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

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

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

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

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

H.R. 135 AND BREAST CANCER AWARENESS MONTH

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

Mr. MALONEY of Connecticut. Mr. Speaker, as October is Breast Cancer Awareness Month, I rise to reflect on those loved ones we have lost to breast cancer and to offer my support to those who are struggling with the disease. I also rise to strongly urge an important legislative response to this killer disease.

Whether we are aware of it or not, all of us know at least one person who has been affected by breast cancer. The prevalence of this disease is underscored by some truly alarming statistics. Breast cancer is the most common form of cancer in women in the United States. And as was mentioned a minute ago, one in eight women will be diagnosed with the disease in her lifetime. In my home State of Connecticut alone, 2,000 women will be diagnosed with breast cancer in 1997 and approximately 480 women, unfortunately, will succumb to this illness.

Finding a way to eradicate breast cancer must be a national priority. It is imperative that the public and private sectors continue to devote sufficient resources for research activities aimed at finding a cure. I would like to commend my colleagues for their efforts to pass the fiscal year 1998 Labor, Health and Human Services Education Appropriations bill, which provides a \$764.5 million increase over last year's level for the National Institutes of Health and \$124 million more for the National Cancer Institute.

Until we find a cure, however, we must ensure that those living with breast cancer have access to quality health care services. New drugs and therapies are being developed to ease the suffering of breast cancer victims and help them lead normal lives. However, as my colleague, the gentlewoman from Connecticut [Ms. DELAURO] eloquently stated on the floor of this House the other night, some managed care organizations are providing inadequate coverage for hospital stays after women undergo mastectomies.

I find it unconscionable that managed care staffers whose knowledge of medicine is often limited and whose decisions are influenced by financial considerations are forcing women out of hospitals in their time of need. The results of a study conducted on this matter by the Connecticut Office of Health Care Access are stunning. The report revealed that the average length of a hospital stay for breast cancer patients in Connecticut and across the Nation is decreasing, and it is falling faster for mastectomies than for other inpatient discharges. We must act to halt this unacceptable trend. Breast cancer patients face life-and-death decisions, and they should be afforded the peace of mind that comes with adequate coverage of services.

The gentlewoman from Connecticut [Ms. DELAURO] and I, together with 194 of our colleagues, have introduced legislation to address this problem. I am proud to be a cosponsor of the Breast Cancer Patient Protection Act, critical legislation which provides important safeguards for those afflicted with breast cancer. This measure will guarantee coverage of a maximum hospital stay of 48 hours for a woman having a mastectomy and 24 hours for a woman undergoing a lymph node removal. This is the least we can do for patients who have just endured a traumatic and painful surgical procedure. And consistent with other efforts to regulate managed care plans, and ensure quality health care, this legislation helps to empower women to make their own health care choices, and gives doctors the ability to make appropriate medical decisions.

Unfortunately, the Congress has not taken action on this legislation. The Sapien Health Network has created a web page and is asking people to sign their "Breast Cancer Care" petition urging Congress to schedule hearings on the Breast Cancer Protection Act. Thousands of Americans have contacted that website to express their support for this critical legislation.

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This web site also contains a number of testimonials from breast cancer survivors, patients, and family members of victims.

I would like to close by reading the moving statements of two Connecticut residents whose lives have been touched by breast cancer. One reads: "I am a breast cancer survivor who was fortunate enough to have my reconstruction covered by my insurance company, thanks to some careful wording by my plastic surgeon. I had my mastectomy and reconstruction at the same time just 4 years ago, and my surgeon said that I would be in the hospital 4 to 5 days. I can't imagine going home any sooner, especially with the drains still in me. Unfortunately I developed an infection and stayed 21 days. What if that infection hadn't shown up before I was sent home?"

Another Connecticut resident writes: "In May of 1997, I was diagnosed with breast cancer. Fortunately it was detected through a mammogram at a very early stage. I've had a lumpectomy, lymph node dissection, and radiation. The laws need to be supportive and realistic. These are our mothers and sisters and wives and daughters that we're talking about."

Mr. Speaker, now is the time for us to intensify our efforts to eliminate breast cancer. I urge my colleagues to support the Breast Cancer Patient Protection Act.

The SPEAKER pro tempore (Mr. McCOLLUM). Under a previous order of the House, the gentleman from Illinois [Mr. EWING] is recognized for 5 minutes.