

epidemic, we are just trying to pick up after the catastrophe has already occurred. We need to commit our scarce foreign assistance dollars in ways that help bring lasting improvements, build better opportunities, and prevent these cycles of tragedy.

As I researched the question, I became convinced of the value of one development investment in particular: international basic education. I was intrigued to learn that educating children, particularly making a special effort to get girls into schools, because so often they are not allowed to participate, yields a higher rate of return than virtually any other effort we can make in the international developing world.

The data seemed almost too good to be true. With increased education, women live healthier lives. They marry later, live longer, have fewer children, and their children have vastly superior survival rates. The data compiled by the World Bank and other international organizations report that for every year of education a little girl receives beyond grade four, there is a 10 percent reduction in family size, a 15 percent drop in child malnutrition, a 10 percent reduction in infant mortality, and up to a 20 percent increase in wages and microenterprise development.

The statistics support what economists and development experts already know: educating children, again especially girls, creates a powerful impact, improving the lives of little children, subsequently improving the lives of their families, and improving the lives resulting later in the villages and the entire communities.

After hearing all this, I had a strong desire to actually see some of these schools, see our U.S. assistance dollars in action; and so along with my colleague, the gentleman from Green Bay, Wisconsin (Mr. GREEN), we made a bipartisan effort sponsored by some of the NGOs that are implementing these assistance dollars to look firsthand to see how this was working.

Our trip left me with a rock-solid conviction that the data on girls education is correct. In both Ghana and Mali, our taxpayer dollars have made a significant difference in the lives of children and families. And even more effectively than the dollars that are used, we were struck by the deep commitment in terms of USAID officials, the professionals in the NGO community implementing these programs, the families and the personnel from the countries making these little schools run themselves. This is driving systemic change in these areas.

We visited many classrooms, spoke to parents and community leaders and learned firsthand of the changes being made. This picture reflects a meeting with parents we had in a very small rural village. This individual, the village hunter, the one responsible for bagging the game to feed the village, told us that with the children even get-

ting basic primary education, the cotton traders buying their products can no longer cheat them by the scales. They use the children to make certain they get a fair deal. Time and time again we heard of this kind of change.

We heard from parents that now children can help them find when they are buying medicine that has already got expiration dates; they will help them watch for expiration dates on foods and help them write letters; that schools are a safe place for them to be. They no longer have to worry about the children when they go to market.

We heard from the village chief and president of a parents' association tell us that educating a little girl is like lighting a dark room. He said that their school is giving priority to girls' participation in enrollment, making a difference for the first time in bringing girls into primary education and the opportunities that flow from that. The parents told us that once the girls learn to read and write they teach others in the family and they become better mothers. Even in a young teenager's years, they are doing it.

I just want to, in closing, show you one of the little girls participating in one of the schools that we observed. This little girl wants to be a doctor and help others in her community. Her chances without our assistance dollars would be a million to one. But with our assistance dollars, this dream is possible.

We need to continue our commitment in this area, and I am very pleased to work with the gentleman from Wisconsin and others in a bipartisan effort to continue to support this work.

U.S. DOLLARS ARE WORKING IN INTERNATIONAL BASIC EDUCATION PROGRAMS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Wisconsin (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Wisconsin. Mr. Speaker, what I want to do is to build a little bit on some of the comments that we have just heard from my companion and good friend, the gentleman from North Dakota (Mr. POMEROY).

We did travel together for 7 days in Ghana and Mali and did see some very good things and got some great news from a continent that, quite honestly, has seen less of good news and more of sobering news in recent months and years. The purpose of our brief time there was to measure education reform in general in those countries, but also, more importantly, to deal with the issues my good friend has pointed to of the role of girls' education in those countries and the pace of reform in that area.

We looked at a project called SAGE, Strategies for Advancing Girls Education, as it was being implemented in those two countries. That is a partnership involving USAID dollars and the expertise of the Academy for Edu-

cational Development and some wonderful other NGOs in the area and, of course, local leaders.

Now, I am quick to admit to my colleagues, as I was to my traveling companions, that I am a skeptic in this area. Twelve years ago, my wife, Sue, and I taught high school in east Africa, and we were very much aware of the institutional and cultural barriers that exist, particularly in the developing world, barriers which all too often prevent girls from going to school and finishing their education. I readily admit today that I came out a true believer, a great believer in the progress that our dollars are making in those countries.

There are so many heroes that the gentleman from North Dakota (Mr. POMEROY) and I can point to in these educational reforms. Of course, the local leaders and the parents' groups, who have to embrace these reforms in order for them to have a chance. Also wonderful organizations like Save the Children and Oxfam. But in the brief time that I have, I would like to focus in particular on one program, a program involving USAID dollars and the Academy for Educational Development and something called the Life Skills Curriculum in the country of Mali.

Through this wonderful program, educators are able to weave throughout their curriculum valuable life skills, especially in the area of preventable health. My colleague and I watched with great interest as teachers would use lessons on, for example, how to prevent dysentery as part of their instruction on grammar so that these lessons truly were a part of the curriculum at every stage and at every level.

As I said, I was a skeptic. Those of us who have taught in the developing world are often struck by how irrelevant our lessons can often be, especially in countries that have an education system which is a holdover from a colonial power. Where I taught, we had the old English system, the English style, rote learning. But what we are seeing in countries like Mali is a new style of education, a new style that involves practical lessons day in and day out, and involves students talking to each other and building upon their own experience.

My colleagues can see to my left here a picture. This shows a young lady in Ghana. What she is using, because of the shortage of paper, she is using a little chalkboard, a little slate board to help her get through her lessons. That shows some of the material disadvantages that these students often have.

My next chart shows something which may appear very reasonable and normal and everyday to those of us in the West but is a quite remarkable characteristic of reform in education in Mali and Ghana, and that is having breakout groups, where students are no longer stuck in that old rote-learning pattern that is a holdover from the colonial days. Instead, they talk about lessons in a very real way, and they

apply those lessons, especially those life-skills lessons, to their own experience and they use it to learn grammar, they use it to learn math, they use it to learn science. And the beauty of this is, even if these children, Lord forbid, are unable to go on to secondary school, unable to go on to high school, unlikely to go on to college, they will have learned valuable lessons on preventive health care.

We know these lessons will go a long way in preventing some of the great health challenges that we have seen.

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It will pay off in the long-run in these countries. It will pay off for America. It is a wonderful thing.

The good news is our dollars are working. I thank the gentleman from North Dakota (Mr. POMEROY) for the wonderful experience he included for me. It was truly a great experience.

AMERICAN HEART MONTH

The SPEAKER pro tempore (Mr. SHIMKUS). Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-McDONALD) is recognized for 5 minutes.

Ms. MILLENDER-McDONALD. Mr. Speaker, I would like to wish everyone a happy Valentine's Day.

As we know, this is the day that everyone speaks from the heart. This is a day more flowers, especially roses, are given to loved ones, more chocolate and other boxes of candy are purchased. But I would like to call attention to this heart day and our heart health.

While we celebrate Valentine's Day, let us not forget our heart and the signs it gives off, or in some cases, signs that do not give off that are important.

Mr. Speaker, in 1963, a congressional mandate designated February as American Heart Month. Because Valentine's Day is the day of the heart, it is fitting to raise awareness that heart disease kills nearly one million Americans every year, which is about 41 percent of deaths here in the United States.

Heart disease is the number one killer of Americans. Every 33 seconds an American dies from heart disease, and every 21 seconds someone suffers a heart attack. Due to these statistics, Americans need to become more educated on heart disease risks, prevention, and treatment.

Heart disease is also the number one killer for women. About one in five women have some form of heart disease. Even though surveys show that women view breast cancer as a much greater risk to their health than heart disease, the reality is that a woman's lifetime risk of dying from heart disease is one in two, whereas it is one-in-nine lifetime risk for contracting breast cancer, which is also important to be educated and seek examination.

High cholesterol and hypertension are two of the main causes of heart dis-

ease, which is alarming considering the following statistics. Approximately 50 percent of women have cholesterol levels of 200/dL or higher. Seventy-nine percent of black women and 60 percent of Caucasians over the age of 45 were classified as having hypertension.

Further, women often experience other AIDS-related diseases, such as arthritis and osteoporosis that can mask heart disease symptoms and delay the seeking of necessary medical care.

There are also critical preventive measures that include tobacco-use cessation, regular exercise, reduced daily alcohol intake, and controlled blood pressure that women should know of and take to try to avoid this fatal disease.

While heart disease is also the number one killer in my State of California, the good news is that heart disease in California is less than the national average. We must ensure that fighting this disease is on the forefront of our agenda.

In addition to having annual check-ups, screening and participating in regular exercise, it is important to be aware of the heart attack symptoms, which include uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes; pain spreading to the shoulders, neck and arms; chest discomfort with light-headedness, fainting, sweating, nausea or shortness of breath; atypical chest pain, stomach or abdominal pain, nausea, or dizziness.

Women typically do not have the crushing chest pain, which is considered a classic symptom. As a result, women's symptoms can be overlooked until it is too late.

Heart disease is a critical health issue. Both men and women need to understand how they can prevent and detect heart disease. Both men and women need to become aware of heart attack symptoms and what to do if they experience any of these symptoms. We need a national effort to raise awareness of this disease.

Perhaps most of all, as the new co-chair of the Congressional Caucus on Women's Issues, I urge all of my colleagues to please make sure they understand the facts and that they, their mothers, sisters, brothers, uncles, daughters all get screened on an annual basis.

So, happy Valentine's Day, Mr. Speaker; and let us not forget the heart.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Illinois (Mrs. BIGGERT) is recognized for 5 minutes.

(Mrs. BIGGERT addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ELECTION REFORM

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

tleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes.

Mr. LANGEVIN. Mr. Speaker, I am pleased to be here on the floor of the House this afternoon submitting this special order on election reform.

Mr. Speaker, today I would like to address an issue that has been prominent in the minds of many Americans over the past few months but has been on my mind since 1993.

Twenty election reform proposals have been introduced in the House of Representatives since the opening of the 107th Congress. I applaud the thoughtful and expedient response of my colleagues as I myself am soon to unveil my own proposal for strengthening America's voting system and have, in fact, organized my first town hall meeting during the President's Day recess on this specific issue.

When I was elected Secretary of State for the great State of Rhode Island, it had the oldest voting equipment in the entire Nation. Beginning in 1993, as a State representative and then as Secretary of State, I worked with my colleagues in the legislature, the State Board of Elections, local canvassing authorities, and the public to investigate voting problems throughout the State and develop effective solutions.

By May of 1994, our Commission reported the need to replace our antiquated Shoup lever voting machines with optical scanning equipment. Because it is cost effective, it would help increase voter participation.

By the end of 1996, the procurement process had begun; and by September 1997 primary local elections, the optical scan equipment was firmly in place. In both 1998 and 2000 elections, these machines were in full operation throughout the State of Rhode Island.

Implementation of the new optical scan equipment was cost effective because it was cost neutral. Rhode Island's revenue neutral laws ensured that the expenses for staffing, storage, and transportation of voting equipment and printing and mailing ballots all equal the cost of establishing this new system. We also met our goal of increasing voter participation by increasing the number of registered voters by nearly 60,000 from 1993 to the year 2000.

Finally, ensuring timely accuracy in tabulating votes was also a top priority. Because the optical scan machines read voting ballots by sensing the mark within a defined period indicating the vote, this method ensures the clear intent of the voter is transmitted and tabulated.

This system also provides an audit trail for each ballot and enabled the use of ballots printed in multiple languages. However, since the machines were not accessible to blind or sight-impaired voters, I also introduced the Braille and Tactile ballot initiative to ensure that those who have lost their sight or are sight-impaired maintain their right to vote independently.