highly mobile and volatile. I mean, it has to be lethal. It has to be a force that can respond rapidly.

So we can have debates, and the gentleman from California (Mr. HUNTER), I want to yield to him, to speak about the discussions he is presently having on the Committee on Armed Services about what should be the proper force structure as we move to the 21st century.

Mr. HUNTER. I am glad the gentleman is speaking today, because he is one of our Desert Storm veterans and was over in the Gulf and watched what then was an overwhelming use of force against Saddam Hussein. I believe you have to be prepared. I think ''be prepared'' is the key position that the U.S. should take, because if you look at the forces that we used against Saddam Hussein, many of those forces came out of Europe.

Those were forces that were lined up initially in Germany and other parts of Europe to offset what we thought then would be a conflict perhaps with the Warsaw Pact, that is, with Russians and Russian allies, the Soviet Union.

But that did not happen. In the end, we moved those forces into that theater in the Middle East, and we used them with devastating effect against Saddam Hussein's own military, which was much touted as the fourth largest army in the world.

So I think the lesson there is that unusual things happen. If we had gone back over the last century and the 619,000 Americans who died in the 20th century in conflicts, most of those conflicts arose in ways that we in no way anticipated, whether it was December 7, 1941, or this last event with Saddam Hussein invading Kuwait.

The gentleman and I sat there on the Committee on Armed Services and asked our intelligence people, Which of you anticipated this invasion of Kuwait? One of the gentleman actually said, Before or after the armor started moving? We said, No, before. And none of them had anticipated it.

So the key here is to be prepared. If you have force, you can move it, just as we did the forces out of Europe. If you have the air power, you can move it around the world. That is what that gentleman illustrated when he fought in Desert Storm.

□ 2000

THE EFFECTS OF HEART DISEASE AND CANCER ON AMERICAN WOMEN

The SPEAKER pro tempore (Mr. CANTOR). Under a previous order of the House, the gentlewoman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, I rise this evening to bring attention to the threat that heart disease and cancer pose to the health of American women. I want to thank the gentlewoman from California (Ms. MILLENDER-MCDONALD) for organizing the Special Orders on women's health issues this evening and all during this month. As a nurse, I have made access to quality health care one of my highest priorities in Congress. I am particularly interested in making sure that there is equity in the access to health care between men and women.

Certain diseases and conditions are more prevalent in women than in men, and certain diseases and conditions affect women differently. Often health care professionals and women themselves do not give these conditions and diseases the attention they need. Heart disease and stroke are perfect examples of this fact. Over half of all deaths from heart disease and stroke occur in women. That is over half.

More women die from heart disease each year than from breast, ovarian and uterine cancer combined, making heart disease the number one cause of mortality in women. But heart disease is usually believed to predominantly affect men.

As cochair of the Congressional Heart and Stroke Coalition, I have worked closely with the American Heart Association and the American Red Cross to raise awareness about cardiovascular disease and stroke. While women and minorities bear a major portion of the cardiovascular disease burden, they are often unaware of its life-threatening symptoms and are diagnosed at later stages of the disease, and they may not receive appropriate medical care or follow-up services. Addressing risk factors such as elevated cholesterol, high blood pressure, obesity, physical inactivity and smoking will greatly reduce women's risk of disability and death from cardiovascular disease.

Congress needs to do its part to make sure that doctors, patients and all Americans are educated about the symptoms and dangers that women face and all Americans face from heart disease and stroke. Very soon, I will introduce the Stroke Treatment and Ongoing Prevention Act, or STOP Stroke Act, in the House, so that we can raise public awareness of the disease and its symptoms.

Mr. Speaker, I also want to highlight now a few of the initiatives that address cancer treatment and research. Along with heart disease and stroke, cancer is a serious threat to women's health. As a member of the House Cancer Caucus, I joined with 44 of my colleagues to write to HHS Secretary Tommy Thompson to express our support for expanded Medicare coverage of positron emission topography, or PET scan, for women's health. PET is a powerful clinical tool that can assist health care providers in making lifesaving diagnoses and determining the most effective treatment for women with breast, ovarian, uterine and cervical cancers. I am hopeful that Secretary Thompson will support this effort.

In addition, I am a proud cosponsor of the bill authored by the gentlewoman from Connecticut (Ms. DELAURO), which would require minimum hospital stays for women after mastectomies. In addition, I cosponsored two other initiatives this year relating to breast cancer funding and research.

The Breast Cancer Research Stamp Act extends the Breast Cancer Research semipostal stamp through the year 2008, and the Breast Cancer and Environmental Research Act studies the links between environmental factors and breast cancer. It is so important to keep in mind that increased research on these and other women's health concerns can and surely will improve the quality and length of our lives. For all of these reasons, we must continue to work together in a bipartisan fashion to ensure that women's health remains a high priority on the congressional agenda.

Mr. Speaker, I look forward to hearing from my colleagues in the Women's Caucus as the days go by on these and other issues that pertain to women's health.

HIV/AIDS IN AMERICAN WOMEN

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. Mr. Speaker, I too come to the floor this evening to discuss a serious women's issue at a time when the women in the House are focused, as we approach the end of the session, on health issues. I want to remind the House that it is time to get serious about HIV and AIDS in women in the United States.

I have come to the floor with shocking statistics about AIDS worldwide where 50 percent of those with AIDS are women and, in Africa and Asia, whole continents are being engulfed with the disease. But we have not done our work here, and so with this emphasis this evening on health, I want to focus on preventing a preventable disease in women. What began as a so-called homosexual disease, we have quickly found out was a universal disease. But we have not targeted information and education about AIDS in women as a women's disease, and that is what this is.

There are two groups of women we need to focus on especially, very young women and women of color, because that is where the epidemic is. Among very young women between 13 and 24, half of the reported cases are women, 49 percent. And women of color, black and Hispanic women, are only a quarter of the population, but they are three-quarters of the AIDS cases. This is a wake-up call, I say to my colleagues.

What to do? First, we have not reached many women once. We have had better luck reaching men, because

we have targeted them. After we reach them once, we had better reach them every 3 or 4 years, because as a whole new group of young women and young men, they never got reached in the first place, because they were too young. That is the way this sexually transmitted disease works. If they only knew. It is what they do not know that will hurt them.

Forty percent of women are infected through a partner. They do not know that what the partner does with bring home the disease. Twenty-seven percent are infected through needles. If they only knew. If they only knew that if they press their communities to have programs that are explicit about this disease in shelters for runaways, in youth detention centers, in schools, we could begin to reach girls. This is where the young women are. This is where the women of color are.

What can we do in this House? Let us hasten the science on the female condom. It is time women took control of preventing this disease, and the female condom, with NIH working much more aggressively on it, would be one way. Microbicides that a woman can use quickly to destroy the virus before it takes hold, and combination antiretroviral therapies that can reduce the risk to newborns. Only 5 percent of newborns get the disease by transmission from the mother if women have access to these therapies.

Mr. Speaker, it costs $10,000 to $12,000 a year to take those pills after one gets the disease. We are talking about a disease that women do not have to get in the first place. We have not targeted them. First, we targeted homosexuals. That was wrong. We should have targeted the whole population, but we had some success targeting homosexuals, although that group is beginning to get the disease again.

Then we targeted men generally. We have targeted people of color without being very specific about who they are.

The fact is that nobody has targeted women of color, nobody is targeting very young women where the disease is spreading like wildfire and where the very young are quickly becoming half, half of all of those with the AIDS/HIV virus.

We come to the floor talking about diseases that we want more science about. We want more science about this. But most of the diseases we talk about, we cannot prevent. What makes this so heartbreaking is that we can prevent it. What makes it especially heartbreaking as to women is that they pass the disease on to their children.

We have not begun to work to prevent AIDS in women as we have in men. We have not begun to tell them the whole story. We who talk about sex all the time do not talk about the kind of sex that can kill people. It is time that we took a hold of this disease, as we can, especially as it now begins to spread and become a disease among the young where half of those getting it are women.

TRIBUTE TO SANDI HANSEN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Oregon (Ms. HOOLEY) is recognized for 5 minutes.

Ms. HOOLEY of Oregon. Mr. Speaker, I rise today to pay tribute to the life of Sandi Hansen who passed away on Sunday, August 26 at the age of 26. Sandi Hansen was a dear friend of Oregon who contributed passion and energy to the livability of the greater Portland metropolitan region. Throughout her career, Sandi kept her eye toward the future and worked to make our collective community one to be treasured by generations to come.

Sandi spent much of her career teaching school at Humboldt Grade School and Ockley Green Middle School in North Portland. She was active in the Overlook Neighborhood Association and a strong supporter of the Peninsula Trail, a key component of the citywide network of biking and hiking trails.

From 1990 to 1994, Sandi served as a Metro counselor at a time when Metro developed a 50-year growth guideline for the 24 cities and portions of three counties encompassed by the urban growth boundary. After the council approved the guidelines in December 1994, she said, ''It is a little bit like looking back on Rome.'' Those guidelines now serve to shape the growth of our communities for the next 45 years in a responsible and reflective manner and have been lauded nationwide.

Sandi Hansen, a true community leader, made a difference for all of us. Sandi Hansen: friend, teacher, mother, and wife. Because of her commitment to our community and our State, we are all better off because of her. My condolences go to her family. Sandi Hansen will be sorely missed by all that knew her.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman 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 California (Ms. WATERS) is recognized for 5 minutes.

(Ms. WATERS addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

HONORING THE MEMORY OF F. DANIEL MOLONEY, SR., A GREAT PUBLIC HERO

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

Mr. GRUCCI. Mr. Speaker, I rise with a heavy heart to honor the memory of a great public hero and a great public official, private businessman and community leader, and a dear friend from my hometown of Brookhaven, Long Island. F. Daniel Moloney passed away Sunday, August 26, 2001, at the age of 63 after a long battle with cancer.

Dan Moloney was known for his dedication and service to the community where he served with dignity and integrity as the Town of Brookhaven's receiver of taxes for the past 22 years, as a commissioner for 20 years of the Ronkonkoma Fire Department, and as the founder of Moloney Funeral Homes, the largest independent funeral homes on Long Island.

Francis Daniel Moloney was born in Bay Shore on December 22, 1937, to James J. Moloney of Limerick, Ireland, and Mary Lowe Moloney of Central Islip. After graduating from Villanova University, he did graduate work at C.W. Post College and attended the American Academy-McAllister Institute. He earned his nursing home administrator's license and was a New York State licensed funeral director.

With only $24 in the bank and working as a substitute teacher in the Brentwood and Centereach school districts and a midnight shift at the Central Islip state hospital in order to support his family, in 1962, Dan Moloney founded the Moloney Funeral Homes in Lake Ronkonkoma. That business grew into the largest independent funeral home on Long Island with five different branches across the island.

Through all of his business growth and successful battles in fighting off larger corporations that bought out so many local funeral homes, Dan was always proud that he remained a small family business. Today, the fourth generation of his family continues to work in the business he founded.

Dan always had the passion to serve his community. In addition to volunteering for his local fire department, Dan was a member of the Knights of Columbus, the Loyal Order of the Moose, the Smithtown Elks, the Ronkonkoma Chamber of Commerce, the Ronkonkoma Historical Society, and the Order of Sons of Italy Guy Lombardo Lodge.

□ 2015

He also served on the Board of Directors of the St. Charles Hospital in Port Jefferson, and was a past President of the National Association of Approved Morticians.

Dan's activism and commitment to his community led him into public service. He was elected as the receiver of taxes for the town of Brookhaven in 1979, where he provided strong leadership in local government for 22 years.

Dan Moloney also had a love for adventure and the great outdoors. In addition to being an avid skier, boater, and golfer, he was proud that at the age of 50 he rode a bicycle the 480 miles from San Francisco to Los Angeles. Dan also hiked the 14,000-foot mountain ranges of Colorado, including Pike's Peak and Mount Quandry. He also loved participating in cattle drives.