

Every individual can sign-up to be a donor, regardless of health or medical condition. It is imperative, however, that individuals openly discuss their decision to donate with family and friends so that they may help honor their loved one's wishes and are knowledgeable about their options. Just one individual can save and improve as many as 50 lives. Representatives of hospitals, organ banks, eye banks, and tissue banks work hand in hand to see that loved ones' wishes are respected and that gifts are properly handled for the benefit of others. I commend these organizations for working tirelessly toward this end and for their efforts to educate the public on the benefits of donation.

In closing, I fully encourage all Americans to consider the altruistic act of donation and to make others aware of your decision.

Mr. HOLT. Mr. Speaker, I rise today to support the Organ Donation and Recovery Improvement Act.

The need for human organs for donation has long been a silent crisis, one that rarely hits the headlines but can have a tremendous impact on thousands of patients and their families. Medical advances and the generosity of organ and tissue donors enable more than 22,000 Americans per year to receive organ transplants that save or enhance their lives. But despite the self-sacrifice and charity of so many donors, more than 84,000 Americans are currently on a waiting list, hoping to prolong their lives by finding a matching donor.

Tragically, the number of patients waiting for organ transplants rose more than five times as fast as the number of transplant operations in the 1990s, according to an annual report by the United Network for Organ Sharing (UNOS). As a result, about 5,500 people die in the United States each year (or 15 patients each day) while waiting for a donated heart, liver, kidney, or other organ. Every 16 minutes, a new name is added to this growing waiting list.

These numbers are indeed concerning, and they should merit greater attention. Each number represents a person—a human being with a family, friends, and a future, and I have met with several of them who live in central New Jersey. We need to do everything we can to ensure that they get access to the organs that could very well save their lives.

As one who carries an organ donor card and has discussed organ donation with his family, I urge all of my colleagues to consider taking similar steps. This action can mean the difference between life and death for someone in need of an organ transplant.

I am glad to see that the House is considering the Organ Donation and Recovery Improvement Act, which would help improve access to organs by implementing a public awareness campaign, reimbursing expenses for organ donors, and authorizing grants to help hospitals coordinate their efforts with organ procurement organizations.

While this legislation deserves our wholehearted support, it is also important to remember that the need for sustained investments in biomedical research and development at the NIH and in the basic science research, at agencies like the NSF, that creates the knowledge base needed to move ahead with medical research. Investing in R&D is about more than just giving jobs to scientists—it's about saving lives and improving the quality of life for countless Americans.

I urge my colleagues to vote in favor of the Organ Donation and Recovery Improvement Act and to remember the importance of supporting biomedical and basic science research.

Mr. TOWNS. Mr. Speaker, I yield back the balance of my time.

Mr. ROGERS of Michigan. Mr. Speaker, I thank the other side of the aisle for moving this bill so quickly, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from Michigan (Mr. ROGERS) that the House suspend the rules and pass the bill, H.R. 3926.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. ROGERS of Michigan. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### SENSE OF HOUSE REGARDING HEART DISEASE AMONG WOMEN

Mr. ROGERS of Michigan. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 522) expressing the sense of the House of Representatives that there is a critical need to increase awareness and education about heart disease and the risk factors of heart disease among women.

The Clerk read as follows:

##### H. RES. 522

Whereas heart disease is the number one killer of American women;

Whereas heart attack, stroke, and other cardiovascular diseases claim the lives of more than half a million women each year;

Whereas heart disease takes the lives of more women than men;

Whereas according to a recent American Heart Association survey, only 13 percent of women consider heart disease their greatest health threat;

Whereas one in three women dies of heart disease;

Whereas heart disease kills almost twice as many women as all forms of cancer;

Whereas African-Americans are at greater risk for heart disease and stroke than Caucasians, affecting African-American females at a rate of 39.6 percent compared to 23.8 percent in Caucasian females;

Whereas heart disease and stroke are the leading causes of death for Hispanics, and responsible for 33 percent of deaths in Hispanic females;

Whereas heart disease risk factors include family history, smoking, high blood pressure, high cholesterol, overweight/obesity, physical inactivity, and diabetes; and

Whereas women are often unaware of the risk and receive fewer preventive services than recommended: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that there is a critical need to increase awareness and education

about heart disease and the risk factors for heart disease among women, and the House of Representatives—

(1) commends First Lady Laura Bush and the National Heart, Lung, and Blood Institute in their vital campaign to raise public awareness that heart disease is the number one killer of American women;

(2) believes that heart disease will remain the number one killer of American women unless we as a society dramatically improve education, preventative care, research, diagnostic capabilities, and treatments; and

(3) recognizes that the more women become cognizant of the scourge of heart disease and how to prevent it, the more likely they can make sound lifestyle changes to help reduce their chances of getting heart disease.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. ROGERS) and the gentleman from New York (Mr. TOWNS) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan (Mr. ROGERS).

##### GENERAL LEAVE

Mr. ROGERS of Michigan. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Res. 522.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. ROGERS of Michigan. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of House Resolution 522 to express the sense of the House of Representatives that there is a critical need to increase awareness and education about heart disease and the risk factors for heart disease among women.

Heart disease is the number one killer of women, killing almost twice as many as all forms of cancer. Yet according to a recent survey conducted by the American Heart Association, only 13 percent of women consider heart disease their greatest health risk. Lack of knowledge and awareness of symptoms of heart disease is dangerous and can be easily addressed.

This resolution goes right to this point. It encourages all women to recognize the dangers of this disease and take steps to make healthy choices that can reduce the risk of heart disease in the first place. Men and women alike are far more likely to make sound life-style changes when they are educated about the risks of heart disease.

This resolution also commends First Lady Laura Bush and the Heart, Lung and Blood Institute for the fantastic work they have done in this area to raise public awareness about this disease. The First Lady and the NIH have taken a creative approach with this public education campaign using a variety of different media to get the word out about heart disease. I applaud the work that they have done to heighten awareness of this issue. I urge my colleagues to support this piece of legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. TOWNS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 522 and in solidarity with all those who are troubled by the fact that heart disease, stroke, and other cardiovascular disease claim the lives of more than half a million women each year.

A report released by the Centers For Disease Control and Prevention indicates that, despite major progress in reducing death rates from heart disease and stroke, these conditions contribute substantially to the Nation's health care crisis. According to the CDC, the epidemic of heart disease and stroke can be expected to continue with an increasing burden and widening disparities unless unprecedented public efforts are mounted to arrest and reverse it. With statistics showing that heart disease currently takes the lives of more women than men, and one in three women die of heart disease, a challenge has been placed at the feet of our public health and health care systems.

It is imperative that all that can be done is indeed done to ensure that our mothers, wives, sisters, and daughters are made aware of the risk of heart disease and they receive the quality of care needed to live long, healthy lives.

I commend my colleagues on both sides of the aisle for bringing this problem to our attention because this is a worthwhile cause.

Mr. Speaker, I yield 5 minutes to the gentleman from Arkansas (Mr. SNYDER), the primary sponsor of this resolution.

Mr. SNYDER. Mr. Speaker, I am a middle-aged man; and as a man and as a family doctor, I have known for years that my number one health risk is cardiovascular disease. Blood vessel disease, heart disease and strokes, that is what we mean by cardiovascular disease. But, in fact, heart disease takes the lives of more women than men. A recent American Heart Association survey showed that only 13 percent of American women realize that cardiovascular disease, heart disease and strokes is their number one health threat.

The reality is that nearly 500,000 American women die each year from cardiovascular disease; and, in fact, more women die of cardiovascular disease, heart disease and stroke, than the next seven causes of death, including cancer. Nearly twice as many women in the United States die from heart disease and stroke than from all forms of cancers, including breast cancer.

I have a picture of several of our friends and colleagues from on the Hill, staffers that work for various folks. If you are a young woman, as Sarah is on my staff, over your lifetime, her number one risk for death is from heart disease and stroke. If you are a middle-aged woman, your number one cause of death is heart disease and stroke. If you are an African American woman,

as Stacie is, your number one cause of death is heart disease and stroke. And, in fact, more African American women by percentage die of heart disease and stroke than Caucasian. Again, if you are a young woman, over your lifetime, your number one cause of death is heart disease and stroke. If you are Hispanic, your number one cause of death over your lifetime is heart disease and stroke.

So what do you do about this? We spend a lot of time on this House floor talking and worrying about health policy. We talk about the insured and how do we take care of our men and women in uniform and their health care needs, what to do about the Veterans Administration and meeting the needs of veterans; but the reality is for most of us, a lot of what we can do in our health, we control.

So you look at the risk factors. Women smoke too much. Women are like men, they smoke too much, they are too inactive, do not pay enough attention to their blood pressure and diet; and they do not do a good enough job of diagnosing and controlling diabetes. Those are the main risk factors for heart disease.

What this resolution is about, it does not do anything. This is a sense of the House. This does not change law. What it does is give us a chance as Members to talk to women and Americans about this very real risk. First Lady Laura Bush has been doing that. The National Heart, Lung and Blood Institute has been doing that. What we can now do with this resolution is educate our constituents back home, women, that their number one health threat is heart disease and stroke.

Mr. Speaker, I thank the gentleman from Florida (Chairman BILIRAKIS) and the gentleman from New York (Mr. TOWNS), the ranking member, for bringing this resolution to the floor.

Mr. TOWNS. Mr. Speaker, I yield 4 minutes to the gentlewoman from Guam (Mr. BORDALLO), who has been active on these issues for a number of years and has been a strong voice in the House of Representatives.

Ms. BORDALLO. Mr. Speaker, I thank the gentleman from New York (Mr. TOWNS) for yielding me this time.

Mr. Speaker, I rise today in support of House Resolution 522, which is an important measure outlining the need for more awareness and education about heart disease, particularly as it affects women. I commend the gentleman from Arkansas (Mr. SNYDER) for his initiative and leadership on this important women's health issue.

Like the country as a whole, heart disease is the leading cause of death on my island of Guam. However, heart disease is increasingly becoming an issue for island women, as the gentleman from Arkansas (Mr. SNYDER) just pointed out with his statistics among minorities.

□ 1500

In fact, a recent Centers for Disease Control study indicates that heart dis-

ease is responsible for 214 deaths per 100,000 women on Guam. This is a staggering rate, and only through greater awareness and education can we begin to confront this problem.

One of the primary risk factors leading to heart disease in women is diabetes. Studies show that Guam's death rate from diabetes is five times higher than in the mainland. While some diabetes cases can be attributed largely to genetics, type 2 diabetes can be prevented by a combination of early detection and life-style changes.

Other life-style changes that women can make that will help reduce the risk of developing heart disease include paying close attention to blood pressure and cholesterol levels, preventing obesity and reviewing family history. Abstaining from smoking and increasing physical activity have also been shown to reduce the risk of heart disease.

It is very important that we, as leaders, work hard to educate women that heart disease is not just a health issue for men and that there are many proven life-style changes that women can make to help prevent heart disease. Not only is it important that we as Members of Congress stress the importance of maintaining a healthy life-style to prevent heart disease, but we must continue to support funding to medical researchers and professionals that study these diseases and teachers and public health officials that disseminate such information to women at high risk. Additionally, as studies continue to show, minorities tend to be at greater risk of developing heart disease. We must continue to support studies and uncover the reasons for higher risk in Pacific Islanders and other minorities, and we must provide the necessary resources to ensure parity with regard to education and health care access to high-risk communities.

I congratulate again the gentleman from Arkansas (Mr. SNYDER) for his hard work on the issue of heart disease among women, and I urge this Congress to not only support House Resolution 522, but to follow through with decisive action.

Mr. TOWNS. Mr. Speaker, I yield myself 2 minutes.

First of all, I would like to congratulate the gentleman from Arkansas for moving this resolution forward. Some people say, well, it's not going to do anything, but I think it does several things.

Number one, I think it makes us focus on the fact that there is a very serious problem that needs to be addressed, and I think that this resolution does that. I think it calls our attention to the fact that there are some serious problems and that we need to address them, and that in order to address them, that we are probably going to need some additional resources in order to do so.

This resolution indicates the fact that it is something that we cannot ignore. We must address the issue and we must address it now.

I would just like to commend him again for the outstanding job that he has done in bringing this matter to our attention.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. ROGERS of Michigan. Mr. Speaker, I yield myself 2 minutes.

I want to thank the gentleman from Arkansas, as well, for bringing this to the people of America's attention. It is an incredibly important health risk for women that has gone unnoted for far too long. I thank the gentleman for bringing this important piece of legislation to the forefront and for getting that message out. I thank the gentleman from New York (Mr. TOWNS) for his cooperation today in reaching across the aisle, really on two pieces of legislation today that will have a positive impact on the health of Americans around the country.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of House Resolution 522, expressing the sense of the House that there is a critical need to increase awareness and education about heart disease and the risk factors of heart disease among women. I am proud to be a cosponsor of this resolution.

Heart disease is no longer considered a disease that affects just men. In the past, women usually received less aggressive treatment for heart disease and were not referred for diagnostic tests as often. As a result, when many women were finally diagnosed with heart disease, they usually had more advanced disease and their prognosis was poorer. We now know that cardiovascular diseases affect more women than men and are responsible for more than 40 percent of all deaths in American women.

The problem is that most women still don't know that they are vulnerable. Despite the fact that heart disease kills almost twice as many women as all forms of cancer, only 13 percent of women consider heart disease their greatest health threat. Even when cardiovascular disease strikes, many women and even their physicians do not recognize it. For example, Dr. Susan Wilansky, a Texas Heart Institute cardiologist at St. Luke's Episcopal Hospital, stated: "Many women don't exhibit the traditional symptoms of heart disease. Some experience just shortness of breath, extreme fatigue upon exertion, or pain in the jaw or elbow. Women who suspect they are experiencing symptoms of heart disease should be sure to take them seriously."

We need to help get the word out, and this resolution will help. We must especially concentrate on minority and disadvantaged communities who, too often, are at highest risk. African-Americans, are at greater risk for heart disease and stroke than Caucasians, affecting African-American females at a rate of 39.6 percent compared to 23.8 percent in Caucasian females. Heart disease and stroke are the leading causes of death for Hispanics, and responsible for 33 percent of deaths in Hispanic females.

I commend the National Heart, Lung, and Blood Institute and First Lady Laura Bush for their vital work to raise public awareness that heart disease is the number one killer of American women. I am glad to see that Congress is now recognizing the problem. I hope

that we will see this same level of commitment in the budget and appropriations process later this year. It is time to take this problem head-on.

I support this resolution and urge my colleagues to do the same.

Mr. ROGERS of Michigan. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from Michigan (Mr. ROGERS) that the House suspend the rules and agree to the resolution, H. Res. 522.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. ROGERS of Michigan. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

## RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 3 o'clock and 4 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

## AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. OSE) at 6 o'clock and 30 minutes p.m.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the Speaker's approval of the Journal and on three motions to suspend the rules previously postponed. Votes will be taken in the following order:

The Speaker's approval of the Journal, de novo;

H.R. 958, by the yeas and nays;

H.R. 2408, by the yeas and nays;

H.R. 2489, by the yeas and nays.

The votes on H.R. 3926 and House Resolution 522 will be taken tomorrow.

The first electronic vote will be conducted as a 15-minute vote. The other votes in this series will be 5-minute votes.

## THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the pending business is the question of agreeing to the Speaker's approval of the Journal of the last day's proceedings.

The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PENCE. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 380, nays 26, answered "present" 1, not voting 26, as follows:

[Roll No. 72]

YEAS—380

Abercrombie	Cooper	Hayes
Ackerman	Cox	Hayworth
Aderholt	Cramer	Hensarling
Akin	Crenshaw	Herger
Alexander	Crowley	Hill
Allen	Cubin	Hinchey
Andrews	Cummings	Hobson
Baca	Cunningham	Hoekstra
Baird	Davis (AL)	Holden
Baker	Davis (CA)	Holt
Baldwin	Davis (FL)	Honda
Ballance	Davis (IL)	Hooley (OR)
Ballenger	Davis (TN)	Hostettler
Barrett (SC)	Davis, Jo Ann	Houghton
Bartlett (MD)	Davis, Tom	Hoyer
Barton (TX)	Deal (GA)	Hunter
Bass	DeGette	Hyde
Beauprez	Delahunt	Inlee
Becerra	DeLauro	Isakson
Bell	DeLay	Israel
Bereuter	DeMint	Issa
Berkley	Deutsch	Istook
Berman	Diaz-Balart, L.	Jackson (IL)
Berry	Diaz-Balart, M.	Jackson-Lee
Biggert	Dicks	(TX)
Bilirakis	Dingell	Jefferson
Bishop (GA)	Doggett	Jenkins
Bishop (NY)	Dooley (CA)	John
Bishop (UT)	Doolittle	Johnson (CT)
Blackburn	Doyle	Johnson (IL)
Blumenauer	Dreier	Johnson, E. B.
Blunt	Duncan	Johnson, Sam
Boehlert	Dunn	Jones (NC)
Boehner	Edwards	Jones (OH)
Bonilla	Ehlers	Kanjorski
Bonner	Emanuel	Kaptur
Bono	Emerson	Keller
Boozman	Engel	Kelly
Boswell	Etheridge	Kennedy (RI)
Boucher	Evans	Kildee
Boyd	Everett	Kilpatrick
Bradley (NH)	Farr	Kind
Brady (PA)	Feeney	King (IA)
Brady (TX)	Ferguson	King (NY)
Brown (OH)	Flake	Kingston
Brown (SC)	Foley	Kirk
Brown, Corrine	Forbes	Klecza
Brown-Waite,	Ford	Kline
Ginny	Fossella	Knollenberg
Burgess	Franks (AZ)	Kolbe
Burns	Frelinghuysen	Kucinich
Burton (IN)	Frost	LaHood
Buyer	Galleghy	Lampson
Calvert	Garrett (NJ)	Langevin
Camp	Gerlach	Lantos
Cannon	Gibbons	Larsen (WA)
Cantor	Gilchrest	Larson (CT)
Capito	Gingrey	LaTourette
Capps	Gonzalez	Leach
Cardin	Goode	Levin
Cardoza	Goodlatte	Lewis (CA)
Carson (IN)	Gordon	Lewis (GA)
Carson (OK)	Goss	Lewis (KY)
Carter	Granger	Linder
Case	Graves	Lipinski
Castle	Green (WI)	LoBiondo
Chabot	Greenwood	Lofgren
Chandler	Grijalva	Lowe
Chocola	Gutierrez	Lucas (KY)
Clay	Hall	Lucas (OK)
Coble	Harman	Lynch
Cole	Harris	Majette
Collins	Hastings (FL)	Maloney
Conyers	Hastings (WA)	Manzullo