

legislation, the gentleman from Oregon (Mr. BLUMENAUER) for his leadership on this critical issue and for doing great honor to the name of one of my dear departed friends. The late Senator Paul Simon, my friend from Illinois, was one of our strongest proponents of the need for U.S. leadership in addressing the global water crisis. He considered his book on this topic, *Tapped Out*, one of the most important works of his life. Senator Simon stated: "In our world increasing numbers of people cannot assume they will be nourished and sustained, and within a few years, a water crisis of catastrophic proportions will explode on us—unless aroused citizens in this and other nations demand of their leadership actions reflecting vision, understanding, and courage."

If Senator Simon were with us today he would certainly point out the fact that globally, over 1 billion people lack adequate access to safe drinking water and over 2 billion have no access to proper sanitation. Five million people, mostly children, die unnecessarily from water-related diseases each year. This is not just a problem that affects other countries. Three of our fastest growing states—California, Texas, and Florida—are feeling the squeeze on water supplies and will soon face major difficulties unless we take action now. In Illinois and the other Great Lakes states, we are faced with challenging resource management issues as we seek to preserve and protect our nation's largest fresh water supply and the largest free-flowing supply of fresh water on earth.

Mr. Speaker, it is in Senator Simon's memory and because of the urgency of this issue, that I support the Water for the Poor Act. As Senator Simon wrote, "No other nation has the capabilities and resources to lead." Because water is a finite resource that is essential to all forms of life, U.S. policies should seek to ensure that all people have access to clean water to meet their basic needs. Senator Simon's wife Patty Simon is working hard to carry on his legacy and this critically important mission and each member of this body should join in that critically important effort.

The Water for the Poor Act will help to increase access to safe water and sanitation worldwide in an affordable and equitable way. It expresses the policy that the United States needs to increase the amount of funds available for water and sanitation, supports innovative funding mechanisms, greater international coordination, and better integration of water and sanitation into other development efforts. Finally, it requires the development of a strategy to meet specific goals and benchmarks on the way to halving the percentage of people without access to safe water and sanitation.

At the 2002 World Summit on Sustainable Development in Johannesburg, the United States and 185 other countries agreed to the goal of cutting in half the percentage of people without access to safe water and basic sanitation in the world by 2015. The United States should lead in meeting and exceeding that goal. The Senator Paul Simon Water for the Poor Act is the best first step in that direction. I, again, thank and commend my colleague and all of the cosponsors of this important legislation. And I urge all of my colleagues to support H.R. 1973.

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

Mr. POE. Mr. Speaker, I want to thank the gentleman from Oregon (Mr.

BLUMENAUER) for sponsoring this legislation.

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

The SPEAKER pro tempore (Mr. STEARNS). The question is on the motion offered by the gentleman from Texas (Mr. POE) that the House suspend the rules and pass the bill, H.R. 1973, as amended.

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. BLUMENAUER. 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 question will be postponed.

GYNECOLOGICAL RESOLUTION FOR ADVANCEMENT OF OVARIAN CANCER EDUCATION

Mr. UPTON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 444) supporting the goals and ideals of National Ovarian Cancer Awareness Month, as amended.

The Clerk read as follows:

H. RES. 444

Resolved,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Gynecological Resolution for Advancement of Ovarian Cancer Education".

SEC. 2. FINDINGS.

The Congress finds that—

(1) ovarian cancer is a serious and under-recognized threat to women's health;

(2) ovarian cancer is the fourth leading cause of cancer death among women living in the United States;

(3) ovarian cancer is very treatable when it is detected early, but the vast majority of cases are not diagnosed until the cancer has spread beyond the ovaries;

(4) only 19 percent of ovarian cancer cases in the United States are diagnosed in the early stages;

(5) in cases where ovarian cancer is detected before it has spread beyond the ovaries, more than 94 percent of women will survive longer than five years;

(6) many people do not know that ovarian cancer often presents with persistent symptoms such as abdominal pressure, bloating, discomfort, nausea, indigestion, constipation, diarrhea, frequent urination, abnormal bleeding, unusual fatigue, unexplained weight loss or gain, and shortness of breath;

(7) many people do not know that certain women are at higher risk for developing ovarian cancer if they have risk factors, including increasing age, a personal or family history of ovarian, breast, or colon cancer, and not having had children;

(8) raising public awareness of ovarian cancer by educating doctors and women about the disease will save lives;

(9) ovarian cancer research is needed to develop early detection tools, prevention methods, enhanced therapies, and a cure;

(10) there are still large gaps in knowledge on key scientific aspects of the disease;

(11) there is still no reliable and easy-to-administer screening test for ovarian cancer;

(12) President George W. Bush proclaimed September 2005 as National Ovarian Cancer Awareness Month; and

(13) during the month of September, the Ovarian Cancer National Alliance and its 46 State and regional groups held hundreds of events across the country to increase public awareness of the disease.

SEC. 3. SENSE OF CONGRESS.

The House of Representatives supports the goals and ideals of National Ovarian Cancer Awareness Month, and it is the sense of the House of Representatives that—

(1) awareness and early recognition of ovarian cancer symptoms are currently the best way to save women's lives; and

(2) ovarian cancer research should be well-funded so that a reliable screening test can be developed and a cure can be found.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. UPTON) and the gentleman from Oregon (Mr. DEFAZIO) each will control 20 minutes.

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

GENERAL LEAVE

Mr. UPTON. 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. 444.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H. Res. 444, the Gynecological Resolution for Advancement of Ovarian Cancer Education, or "GRACE's Resolution." I would like to thank the gentleman from Texas (Mr. BARTON) and the gentleman from Georgia (Mr. DEAL) of the Energy and Commerce Committee, as well as the leadership, for bringing this bill directly to the floor today. I would also like to commend the author of this legislation our friend, Mr. HALL, for his work in Congress to improve health care for all Americans. I know that this is a very personal issue that hits so close to home for him, and I fully support him in his efforts.

It is an unfortunate fact that ovarian cancer affects one out of 57 women. In 2005, it is expected that more than 22,000 women will be diagnosed with the disease and an estimated 16,000 will die from it.

In my own State of Michigan, there are an average of 515 deaths per year from ovarian cancer and an average incidence rate of 760 people per year.

Ovarian cancer is the fourth leading cause of cancer death among women in the United States. Fifty percent of women diagnosed with ovarian cancer die from it within 5 years. However, if it is detected early, the disease, in fact, is very treatable. In cases where ovarian cancer is detected before it has spread beyond the ovaries, more than 90 percent of women will survive longer than 5 years. But sadly, only 19 percent of ovarian cancer cases in the United

States are diagnosed in the early stages.

Unfortunately, ovarian cancer does not share the same positive statistics as other cancers. In the most recent report put out by the American Cancer Society, the Centers for Disease Control and Prevention, the National Cancer Institute, and the North American Association of Central Cancer Registries, there were many great developments in cancer trends. Among men, the incidence rates of all cancers were stable from 1995 through 2002. Among women, however, the rates increased by 0.3 percent annually from 1987 to 2002. However, death rates for men and women decreased 1.1 percent during that same period of time.

While death rates decreased for many cancers, they have stayed consistently high for ovarian cancer. As the National Cancer Institute statistics demonstrate, a woman's risk of dying from ovarian cancer is not less today than it was 10 years ago.

Education is the key to detecting this cancer early. Currently, 86 percent of women state that they have little to no knowledge of gynecological cancers. Forty-five percent of women are unaware of risk factors associated with developing a gynecologic cancer, and 47 percent are unable to name any symptoms of gynecological cancers. Perhaps most startling, 43 percent of women believe that they are not at risk of developing gynecological cancer. As the resolution states, "Awareness and early recognition of ovarian cancer symptoms are currently the best way to save women's lives."

Early detection of ovarian cancer is possible. In a national study done by Dr. Barbara Goff of ovarian cancer patients, 95 percent of women had experienced symptoms prior to their diagnosis. We need national awareness among the medical community and among women themselves that ovarian cancer is not a silent disease, the label that it was given many years ago. There are symptoms that can lead to early diagnosis when the disease is beatable and obviously then treatable.

Ovarian cancer often presents with persistent symptoms such as abdominal pressure, bloating, discomfort, nausea, indigestion, constipation, abnormal bleeding, unusual fatigue, unexplained weight loss or gain, and shortness of breath. There are also groups of women who are at higher risk of developing the disease. They include women of increasing age, women who have a personal or family history of ovarian, breast, or colon cancer, and women who have not had children.

Since these symptoms are so common, ovarian cancer is often a missed diagnosis. There are several reasons for patient-related delays in diagnosis, including a lack of pain, fear, and ignorance regarding cancer symptoms. Additionally, doctors often attribute the symptoms to stress, gastritis, irritable bowel syndrome, or depression. Thirty percent of women are treated first for

another condition before they find out that they have ovarian cancer.

One of the reasons the survival rate for ovarian cancer remains low is that, so far, there is not a reliable test to detect the disease. Researchers have determined that the disease is related to the BRCA gene, and that women who inherit the BRCA 1 mutated gene have a 20 to 40 percent chance of developing ovarian cancer.

□ 1500

Family members diagnosed with ovarian cancer can get a blood test to determine if they have the BRCA-mutated gene.

Researchers around the country, as well as the National Cancer Institute, have been working towards a solution; but progress is slow. More ovarian cancer research is needed to develop early detection tools, prevention methods, enhanced therapies, and obviously a cure.

There are still large gaps in knowledge on key scientific aspects of the disease. For example, we still do not know if all ovarian cancers are the same disease. There is still no reliable and easy-to-administer screening test for ovarian cancer like the pap smear for cervical cancer or the mammogram for breast cancer. Healthy women have no alternative for screening but to be aware of the ovarian cancer symptoms.

Research on ovarian cancer is underfunded relative to the high mortality rate. In 2002, the National Cancer Institute allocated only about one-fifth as much money to ovarian cancer research, \$93 million, as to breast cancer, \$522 million, and one-third as much to prostate cancer, \$278 million, two diseases whose mortality rates are proportionately lower than ovarian cancer.

I am heartened to see that we are battling these other diseases and winning the war over them. We need still to pay a lot of attention to the needs of ovarian cancer patients.

Once again, I would like to commend my friend from Texas (Mr. HALL) and all the other cosponsors for bringing this resolution to the floor today increasing our awareness of this deadly disease. I would encourage my colleagues to adopt this resolution.

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

Mr. DEFAZIO. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. LEVIN).

(Mr. LEVIN asked and was given permission to revise and extend his remarks.)

Mr. LEVIN. Mr. Speaker, I rise in support of this resolution, and I am glad we are doing so. My colleague has described what the major problem is.

We have a predicament. Early detection of ovarian cancers most often leads to treatment and successful treatment, while late diagnosis makes treatment exceptionally difficult.

We have today 80,000 women who are diagnosed with gynecological cancers and about a third or a little more with

ovarian cancer; and every year about 27,000 women die from the gynecological cancers, and about half of those, a little more, from ovarian cancer.

We need very much to step up to the plate on this vital, vital need; and this resolution is important because it helps to call attention to this need.

I do want to point out the need also for us to go further than this. A number of us have been working for a number of years to provide some Federal resources behind our good intentions.

The bill, which is called Johanna's Law, would set aside some Federal moneys for a national public awareness campaign and also would provide grants to local entities and to national groups to help educate women, physicians, insurance companies, and everybody else about the need, the importance, and the feasibility of early detection of ovarian cancer.

I hope today will be another step towards not only recognition but also action. I congratulate the sponsors of this resolution and all who are talking in favor of it.

Mr. UPTON. Mr. Speaker, I yield 4½ minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I thank the gentleman from Michigan for yielding, and I rise today in support of H. Res. 444, the Gynecological Resolution for Advancement of Ovarian Cancer Education, or Grace's Resolution, as the acronym goes. I would like to thank Chairman BARTON and Chairman DEAL of the Energy and Commerce Committee, as well as the leadership, for bringing the resolution to the floor today.

Mr. Speaker, in America, ovarian cancer is the fourth leading cause of cancer death in women. It afflicts one out of every 57 women, and more than 22,000 will be diagnosed with the disease in 2005. Out of these 22,000 women, more than 16,000 will die from the disease.

While Americans have made much progress toward decreasing the mortality rate for many other women's cancers, such as cervical, uterine and breast cancer, the numbers have remained stubbornly high for ovarian cancer. For example, the 5-year survival for breast cancer is 98 percent; uterine cancer, 96 percent; cervical cancer, 73 percent. Unfortunately, the ovarian cancer 5-year survival rate lags at 44 percent, Mr. Speaker.

If it is detected early, the disease is very treatable. In cases where ovarian cancer is detected before it has spread beyond the ovaries, more than 94 percent of women will survive longer than 5 years; but, unfortunately, only 19 percent of ovarian cancer cases in the United States are diagnosed in the early stages. Ovarian cancer has the highest mortality rate of all gynecological cancers. As the National Cancer Institute statistics demonstrate, a woman's risk of dying from ovarian cancer is not less today than it was 10 years ago.

The resolution on the floor today stresses the need for more ovarian cancer education. Education is the key to detecting this cancer early. Currently, 86 percent of women state that they have little to no knowledge of gynecologic cancers. Forty-five percent of women are unaware of risk factors associated with developing a GYN cancer, and 45 percent are unable to name any symptoms of gynecological cancers. Perhaps most startling, 43 percent of women believe that they are not at risk of developing gynecological cancer.

Fortunately, researchers have discovered several common symptoms of the disease; but, Mr. Speaker, unfortunately, ovarian cancer often first presents with little or no symptoms. Persistent symptoms such as abdominal pressure, bloating, discomfort, nausea, indigestion, constipation, abnormal bleeding, unusual fatigue, unexplained weight loss or gain, and shortness of breath usually occur and they increase over time; but these are all particularly late in the disease process.

There are also groups of women who are at higher risk of developing the disease. They include women over the age of 50, women who have a personal or a family history of ovarian, breast, or colon cancer and women who have had children after the age of 30 for the first time.

Ovarian cancer, however, is often a missed disease by patients and doctors alike. While a woman can have a mammography to detect breast cancer and they can have a pap smear to detect cervical cancer, there is currently no reliable, reasonably priced and readily accessible screening test for ovarian cancer. There are still large gaps in knowledge on key scientific aspects of the disease. At present, healthy women, their best alternative for screening is to be aware of ovarian cancer symptoms and to have an annual physical and pelvic exam done by their physician.

This resolution commends men and women across the country who are working to increase awareness of this disease. President Bush proclaimed September as National Ovarian Cancer Awareness Month; and during that month, 46 States and local groups held hundreds of events across the country to increase public awareness of the disease. It also stresses that ovarian cancer research should be well funded so that a reliable screening test can be developed and a cure can be found.

I especially want to thank the gentleman from Texas (Mr. HALL) for bringing the resolution to the floor today.

Mr. DEFAZIO. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of H. Res. 444. Grace Warren is our colleague and long-time legislative director to the gentleman from Texas

(Mr. HALL). He is my friend, and she is my friend.

Grace's struggle and the struggle of her family and friends remind us that everyone can be touched by a woman's disease.

My college roommate, a great friend, a caring friend, Catholic Irish, young, blue-eyed girl, strong in her faith, a wonderful mother, devoted wife, lost her battle with ovarian cancer in 2001.

As the gentleman stated earlier, according to the Centers for Disease Control and Prevention, more than 22,000 women will be newly diagnosed with ovarian cancer in 2005. As the House considers H. Res. 444 today, approximately 44 women will die of ovarian cancer.

Despite being the fourth leading cause of cancer deaths among women, the battle against ovarian cancer is handicapped by a lack of public information, gaps in scientific knowledge, and an NIH research budget funding increase in 2005 that does not even keep up with inflation.

I come before my colleagues today because I strongly believe in research, and not only is this a colleague and friend, but as a nurse and cancer survivor I feel very strongly about this resolution. It makes it known that Congress recognizes the hopes and fears of ovarian cancer patients everywhere.

In all things, education is the key to our future. For the one woman in every 58 women in this country who is at risk of developing ovarian cancer in her lifetime, public awareness and early diagnosis are the keys to her survival.

The Members of this body work daily to ensure the health and well-being of the citizens who have chosen them to represent them. Surely, we can join together with the gentleman from Texas (Mr. HALL) to acknowledge the value of medical research, health education and public awareness of ovarian cancer in saving the lives of so many.

My prayers and best wishes go to Grace Warren, and I urge my colleagues to support this most worthy resolution.

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

I think some of the statistics that have been spoken here on the floor do bear repeating because they are not widely known either in the medical community or among the citizenry of our country.

Ovarian cancer is more common than many believe. One out of 57 women will have an occurrence. It is expected that 22,200 will be diagnosed with the disease this year, again, something that is not widely known, near epidemic proportions here.

It is, as those speakers who preceded me have said, difficult to diagnose because of subtle symptoms, and they can be confused with other diseases.

It is key that we better inform the medical community, key that we begin to invest more money in research toward a test which could more reliably detect the cancer; and if we are suc-

cessful there, we will dramatically increase survival rates. Early detection causes a dramatic change in a woman's minimum 5-year survival possibility.

It is key that we invest in those areas, and we are not. Ovarian cancer is rather dramatically underfunded relative to its high mortality rate.

In 2004, the National Cancer Institute allocated only about 20 percent as much funding to ovarian cancer research as to breast cancer research, not that breast cancer should be minimized, but I think we should be investing more in both for humane purposes and for avoiding huge medical costs and complications as these diseases progress to more serious stages. Unfortunately, there was only about a third as much as was allocated to prostate cancer, again, not that we should reduce prostate cancer research, but we should increase ovarian cancer research and the others.

□ 1515

These are investments we are making in the health and well-being of the American people. They ultimately will be not only lifesaving, but cost saving. They are good investments to make, even in tough economic and budgetary times.

So I am hopeful that the passage of this resolution will lead not only to more education among our populace, but more education in the medical community, better diagnostic tools and more money invested in research.

To paraphrase former Vice President Gore, this is not just a woman's disease. Everyone has a grandmother or a mother. It is someone's spouse or sister or aunt or friend who are afflicted by this disease, and in that we all cannot feel their pain, but we understand how life changing or how horrible this disease can be for the individuals and for their families.

With that, I urge my colleagues to urge the resolution, and in the near future to support increases in funding for finding better ways to detect and cure this disease.

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

Mr. UPTON. Mr. Speaker, I yield 4 minutes to the gentleman from Texas (Mr. HALL), a member of the Energy and Commerce Committee and the sponsor of the legislation.

Mr. HALL. Mr. Speaker, I thank the chairman for yielding me time, and I thank the gentleman from Oregon for his kind and informative information.

I, of course, rise in support of H. Res. 444. I refer to it as "Grace's Resolution." It has been so referred to several times. I thank Chairman BARTON, Chairman DEAL, Ranking Member SHERROD BROWN and all the leadership for bringing this very important bill directly to the floor and the attention of all Members.

This fall, the American public has been engaged in quite a few public awareness campaigns for cancer related to women, including breast and cervical cancer. During September, the

Nation also recognized Ovarian Cancer Awareness Month, and groups held hundreds of events across the country to increase public awareness of this terrible disease.

While it is heartening to see that Americans' risk of dying from cancer continues to decline every year, it is unfortunate that ovarian cancer does not follow this trend. In fact, the Ovarian Cancer Institute statistics demonstrate a woman's risk of dying from ovarian cancer is no less today than it was 10 years ago.

It is an unfortunate fact that ovarian cancer is the fourth leading cause of cancer death among women in the United States. Currently, 50 percent of the women diagnosed with ovarian cancer do not make it for 5 years. The disease is very treatable when detected early, but 81 percent of cases are diagnosed late, after the cancer has spread beyond the ovaries. There are still large gaps in knowledge on key aspects of the disease and there is not a reliable screening test that can help diagnose the disease at an earlier stage.

The resolution before the House today outlines common symptoms of the disease, including abdominal pressure, nausea, indigestion, unusual fatigue and unexplained weight loss or gain. Women are more at risk if they have a personal or family history of ovarian, breast or colon cancer, have not had children or are of increasing age.

The resolution supports further research to develop early detection tools, prevention methods, therapies and a cure. Unfortunately, funding for ovarian cancer research decreased from fiscal year 2003 to fiscal year 2004 by \$7 million. Other than a \$1 million decrease for prostate cancer, no other cancer received a decrease in the same period.

As a Nation, we need to turn these grim statistics around. I would like to call on appropriators to adequately fund ovarian cancer research, and I would like to see the National Cancer Institute step up their efforts to find an early detection test.

I have a very personal interest in making ovarian cancer research a top priority. My long-time legislative director, Grace Warren, my friend, friend of my wife's, friend of our family's, is battling this terrible disease. Many on Capitol Hill have worked with Grace Warren and know that I have always referred to her as "Amazing Grace." Some even said that the Baptists had named a song about "Amazing Grace." I am not sure.

Grace was with me some 24 years, with Ray Roberts, my predecessor, 19 years, and I have always thought she worked for Mr. Rayburn, but I was afraid to ask her.

Grace devoted her entire career to Capitol Hill. She walked right off the high school stage on to Capitol Hill when she was 18 years old and has been here and given her life to it. Her specialty is health care policy, and all

those who are familiar with the work of the Health Subcommittee on the Energy and Commerce Committee know Grace as both a policy expert and as a friend.

Grace's battle with ovarian cancer has been going on for 2 years now, and she has taken up the call for advocacy, even in retirement and as she undergoes treatment. She is working with South Carolina and national ovarian cancer awareness groups to bring this disease to the forefront of our attention and to call for affirmative action.

For Grace and all the women who fight this disease every day, I say to you that we will keep fighting. I ask my colleagues to support this goal and to support increased funding, and I ask all of those who know me to join in prayer for her recovery and recovery for those who suffer the same illness.

Mr. UPTON. Mr. Speaker, I have no further speakers and am prepared to yield back, with one brief comment to my friend from Texas.

I am sure that everybody here in this Chamber does know somebody who has suffered with ovarian cancer. Hopefully this bill, the "Grace Bill," will make it a few less down the road. We appreciate the gentleman's leadership and her continued charge for this legislation as well.

Mr. BURTON of Indiana. Mr. Speaker, I rise in strong support of House Resolution 444—a resolution I am proud to be a co-sponsor of—offered by my good friend Congressman RALPH HALL of Texas. H. Res. 444 is a straightforward bill which expresses the House of Representatives' support for the goals and ideals of National Ovarian Cancer Awareness Month.

Ovarian cancer is the deadliest of the gynecologic cancers, and it is the fourth leading cause of cancer death among women living in the United States. Currently, half the women diagnosed with ovarian cancer die within 5 years. This is a national tragedy, and what makes it even more tragic is the fact that many of those deaths could have been prevented if more women and their doctors knew the risk factors and recognized the early warning signs of ovarian cancer and other gynecologic cancers.

When it is detected early, ovarian cancer is very treatable, unfortunately, as I mentioned, ovarian cancer is one of the most difficult cancers to diagnose because symptoms are sometimes subtle and maybe easily confused with those of other diseases. As a result, only 29 percent of ovarian cancer cases in the U.S. are diagnosed in the early stages. When the disease is detected before it has spread beyond the ovaries, more than 95 percent of women will survive longer than 5 years. But, in cases where the disease is not detected until it reaches the advanced stage, the 5-year survival rate plummets to a devastating 25 percent.

As there is still no reliable and easy-to-administer screening test for ovarian cancer, like the Pap smear for cervical cancer or the mammogram for breast cancer, early recognition of symptoms is clearly the best way to save a woman's life. Without increased education about ovarian cancer and recognition of women who are at higher risk for developing

ovarian cancer, many women and their doctors will continue to ignore or misinterpret the symptoms of the disease.

Along with many of our colleagues, I know first-hand how terrible cancer can be and how easily this insidious disease can be misdiagnosed. I applaud Congressman HALL's tireless efforts to raise awareness of this terrible disease and I urge all of my colleagues to support this resolution.

I hope before this Congress adjourns for the year that we can follow-up this critically important legislation with a vote on Johanna's law, the Gynecological Cancer Education Act—H.R. 1245. Johanna's law takes the logical next step by directing the Secretary of Health and Human Services to carry out a national campaign to increase the awareness and knowledge of women with respect to gynecologic cancers, which shall include: (1) Maintaining a supply of written materials to provide information to the public on gynecologic cancers; and (2) developing and placing public service announcements to encourage women to discuss their risks of gynecologic cancers with their physicians. The bill also requires the Secretary to award grants to nonprofit entities to test different outreach and education strategies for increasing such awareness among women and health professionals.

With a national public service announcements campaign describing risk factors and symptoms and encouraging women to talk to their doctors about their risk of gynecological cancers, I am confident that we can increase early detection of these deadly cancers, and, when possible, help women reduce their risk of ever contracting them in the first place.

Any woman is at risk for developing a gynecologic cancer. We owe it to our mothers, our wives and our daughters to do all we can to both raise awareness of these terrible diseases and to fund the research necessary to stamp out this kind of cancer once and for all.

Mr. HONDA. Mr. Speaker, I rise today in strong support of the Gynecological Resolution for Advancement of Ovarian Cancer Education. Ovarian cancer, the deadliest of the gynecological cancers, is the fourth leading cause of cancer death among women in the U.S. About 25,000 women are diagnosed with ovarian cancer in the U.S. each year, and about 16,000 women die of ovarian cancer each year.

Early detection is the key to successful treatment of gynecologic cancers. The 5-year survival rates for the most common gynecologic cancers are 90 percent when diagnosed early, but drop to 50 percent or less for cancer diagnosed in later stages. However, the disease is difficult to detect in its early stages. Only about 29 percent of ovarian cancers are found before tumor growth spreads to tissues and organs beyond the ovaries.

Gynecologic cancers such as ovarian and endometrial cancer do not yet have a reliable screening test that can be used for the general population. Moreover, most women are still unaware of risk factors and the early symptoms of gynecologic cancers.

Women of color have worse outcomes in regard to ovarian cancer and other gynecological cancers. Better education and awareness, more funding for

research, and addressing systemic problems within the health care system are essential to consider. Reducing cancer in minority and underserved populations is facilitated by the mobilization of professional and lay leaders in the community to address the specific cancer needs of that community as well as through coalition building among health-related, academic, and community organizations.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H. Res. 444, Gynecological Resolution for Advancement of Ovarian Cancer Education. Unfortunately, ovarian cancer is a serious and under-recognized threat to women's health. According to recent studies: Ovarian cancer, the deadliest of the gynecologic cancers, is the fourth leading cause of cancer death among women living in the U.S. Ovarian cancer occurs in 1 out of 57 women. It is expected that 22,220 women will be diagnosed with the disease in 2005. An estimated 16,210 American women will die from ovarian cancer in 2005. All females are at risk for ovarian cancer.

Fortunately, ovarian cancer is very treatable when it is detected early, but the vast majority of cases are not diagnosed until the cancer has spread beyond the ovaries. Ovarian cancer may be difficult to diagnose because symptoms are sometimes subtle and may be easily confused with those of other diseases. In cases where ovarian cancer is detected before it has spread beyond the ovaries, more than 94 percent of women will survive longer than five years. Only 19 percent of ovarian cancer cases in the U.S. are diagnosed in the early stages. The chances for five-year survival for an advanced stage diagnosis is approximately 29 percent. The overall 5-year survival rate for all stages is 44 percent.

It is important that we create additional public awareness of ovarian cancer by educating doctors and women about the disease. By doing this we can save lives. Currently, studies show that most people do not know the symptoms of ovarian cancer. Many include, abdominal pressure, bloating, or discomfort; nausea, indigestion, or gas; constipation, diarrhea, or frequent urination; abnormal bleeding; unusual fatigue; unexplained weight loss or gain; shortness of breath. Symptoms are subtle, persistent, and usually increase over time. Early recognition of symptoms is the best way to save women's lives. Without increased education about ovarian cancer, many women and their doctors will continue to ignore or misinterpret the symptoms of the disease. Recognition of women who are at higher risk for developing ovarian cancer is also important. Risk factors include: increasing age, personal or family history of ovarian, breast, or colon cancer, and not bearing a child. Ninety percent of women diagnosed do not have a family history that puts them at a higher risk for ovarian cancer.

In closing let say that research on ovarian cancer is drastically under-funded relative to its high mortality rate. In 2002, the NCI allocated only about one-fifth as much money to ovarian cancer research (\$93.5 million) as to breast cancer research (\$522.6 million), and one-third as much as to prostate cancer research (\$278.4 million), two diseases whose mortality rates are proportionally extremely lower than ovarian cancer.

Early detection of ovarian cancer is possible. In a national study done by Dr. Barbara

Goff of ovarian cancer patients, 95 percent of women had experienced symptoms prior to their diagnosis. We need national awareness among the medical community and among women themselves that ovarian cancer is not a "silent disease" the label it was given years ago—there are symptoms that can lead to early diagnosis when the disease is beatable and treatable. Yet, each and every day women with this disease are treated for incorrect conditions in the pelvic and abdominal region, with a full 30 percent being treated for the incorrect condition before receiving the eventual diagnosis of ovarian cancer

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

The SPEAKER pro tempore (Mr. STEARNS). The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and agree to the resolution, H. Res. 444, as amended.

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. UPTON. 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 question 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 22 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1832

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. BIGGERT) at 6 o'clock and 32 minutes p.m.

CONFERENCE REPORT ON H.R. 2862, SCIENCE, STATE, JUSTICE, COMMERCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2006

Mr. WOLF submitted the following conference report and statement on the bill (H.R. 2862) making appropriations for Science, the Departments of State, Justice, and Commerce, and related agencies for the fiscal year ending September 30, 2006, and for other purposes:

CONFERENCE REPORT (H. REPT. 109-272)

The committee of conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 2862) "making appropriations for Science, the Departments of State, Justice, and Commerce, and related agencies for the fiscal year ending September 30, 2006, and for other purposes", having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate to the text, and agree to the same with an amendment, as follows:

In lieu of the matter stricken and inserted by said amendment, insert:

That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2006, and for other purposes, namely:

TITLE I—DEPARTMENT OF JUSTICE

GENERAL ADMINISTRATION

SALARIES AND EXPENSES

For expenses necessary for the administration of the Department of Justice, \$124,456,000, of which not to exceed \$3,317,000 is for the Facilities Program 2000, to remain available until expended: Provided, That not to exceed 45 permanent positions and 46 full-time equivalent workyears and \$11,821,000 shall be expended for the Department Leadership Program exclusive of augmentation that occurred in these offices in fiscal year 2005: Provided further, That not to exceed 26 permanent positions, 21 full-time equivalent workyears and \$3,480,000 shall be expended for the Office of Legislative Affairs: Provided further, That not to exceed 17 permanent positions, 22 full-time equivalent workyears and \$2,764,000 shall be expended for the Office of Public Affairs: Provided further, That the Offices of Legislative Affairs and Public Affairs may utilize, on a non-reimbursable basis details of career employees within the ceilings provided for the Office of Legislative Affairs and the Office of Public Affairs: Provided further, That not less than \$500,000 shall be used to contract with an independent party to carry out a privacy assessment.

JUSTICE INFORMATION SHARING TECHNOLOGY

For necessary expenses for information sharing technology, including planning, development, deployment and Departmental direction, \$125,000,000, to remain available until expended: Provided, That, of the funds available \$10,000,000 is for the unified financial management system to be administered by the Unified Financial Management System Executive Council: Provided further, That of the funds provided, \$20,000,000 is unavailable for obligation until the Department Chief Information Officer submits the plan described in section 110 of this title.

NARROWBAND COMMUNICATIONS/INTEGRATED WIRELESS NETWORK

For the costs of conversion to narrowband communications, including the cost for operation and maintenance of Land Mobile Radio legacy systems, \$90,000,000, to remain available until September 30, 2007: Provided, That the Attorney General shall transfer to this account all funds made available to the Department of Justice for the purchase of portable and mobile radios: Provided further, That any transfer made under the preceding proviso shall be subject to section 605 of this Act.

ADMINISTRATIVE REVIEW AND APPEALS

For expenses necessary for the administration of pardon and clemency petitions and immigration-related activities, \$215,685,000.

DETENTION TRUSTEE

For necessary expenses of the Federal Detention Trustee, \$1,222,000,000, of which \$45,000,000 shall be derived from prior year unobligated balances from funds previously appropriated, to remain available until expended: Provided, That the Trustee shall be responsible for managing the Justice Prisoner and Alien Transportation System and for overseeing housing related to such detention: Provided further, That any unobligated balances available in prior years from the funds appropriated under the heading "Federal Prisoner Detention" shall be transferred to and merged with the appropriation under the heading "Detention Trustee" and shall be available until expended.