

Awareness Month has been the Lori Arquilla Andersen Foundation, which is in my home district in Illinois.

Many of us have been touched by cancer, my family included. But when Linda Magiera lost her precious daughter, Lori, to brain cancer in 2005, she made sure to continue her daughter's passion for life and desire to help others by creating the Lori Arquilla Andersen Foundation in her name.

Lori was diagnosed with glioblastoma multiforme stage 4 brain cancer, one of the most deadly, at the age of 33, just 3 months after her wedding. She passed away 22 months to the day after her first of five surgeries.

I am told by those who knew her that Lori was always upbeat, positive, courageous, and smiling. The Lori Arquilla Andersen Foundation has exemplified that energy over the past years. They have made important strides in increasing awareness and raising funds for brain tumor research, but they are also responsible for bringing the issues that are important to the brain tumor community as well as this resolution to my attention.

While the Andersen Foundation has managed to put a face on these issues for me, the larger brain tumor community has also done incredible work over the past decade. They have worked tirelessly to support people with brain tumors and their families, raise awareness of the disease and its effects, and to attain resolutions from governors, State legislators, city councils, and mayors in support of establishing a Brain Tumor Awareness Month in May. Today, we take one giant step forward in advancing their cause. And it won't be a moment too soon.

Over 44,500 people in the United States are diagnosed with a primary brain tumor in the brain or spine each year; and among children, brain tumors are the second most common cancer and comprise approximately 25 percent of all pediatric cancers. Although less prevalent than other cancers such as lung, breast, or prostate cancer, brain tumors are in no way trivial for those who have them. Because they are located in the "control center," the thought, memory, emotion, sensation, and movement, brain tumors have serious and at times devastating effects on the lives of patients and their families. Brain tumors can change an individual's personality, their ability to communicate, and their ability to walk or see.

Unfortunately, with over 126 different kinds of primary brain tumors, the development of effective treatments is uncommonly complicated.

□ 1715

The 5-year survival rate following the diagnosis of a primary malignant brain tumor is about 30 percent. However, the average survival rate for patients with glioblastomas is less than 5 percent, and most survive for only 6 to 12 months. We must continue to work towards finding a cure for this terrible disease.

Strong support for ongoing research is the answer, and increased awareness is the first step in getting there. I'm so pleased to be making progress on this resolution today. And with the recent Race For Hope which was held on Sunday, March 4, here in Washington, DC, and raised \$1.62 million for brain tumor research, it is certainly timely.

Again, I want to thank Chairman DINGELL and his staff for their hard work in bringing this resolution to the floor.

I reserve the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of H. Res. 1124, acknowledging the month of May as an appropriate month to celebrate National Brain Tumor Awareness Month. I'd like to commend the North American Brain Tumor Coalition for its work and efforts in establishing Brain Tumor Action Week in the beginning of May each year.

In the United States, Mr. Speaker, more than 190,000 people are diagnosed with brain tumors each year. Of those 190,000 Americans diagnosed, 40,000 cases are primary tumors, and the remaining 150,000 cases are secondary tumors, where cancer has spread from another part of the body.

My mother suffered and passed away 11 years ago from a secondary brain tumor that began as lung cancer. The pain and the anguish she suffered, the convulsions, despite a major surgical procedure and anticonvulsant drugs like dilantin, were absolutely heart-breaking.

Anything and everything we can do to mitigate brain tumors must be done. Thus, I'd like to applaud the efforts and advocacy for brain tumor awareness by the Childhood Brain Tumor Foundation, the American Brain Tumor Association, the Brain Tumor Society and the National Brain Tumor Foundation, the Brain Tumor Action Network and the many other groups valuable contributions to combating these brain tumors.

I would especially like to thank the author of the resolution, Ms. JAN SCHAKOWSKY of Illinois, for her leadership in raising brain tumor awareness and commending the efforts of those groups who have helped educate Americans about the symptoms and the warning signs.

I encourage all of my colleagues to vote in favor of this resolution.

I yield back the balance of my time.

Ms. SCHAKOWSKY. Mr. Speaker, I want to thank the gentleman for his support. It seems that we have something in common. My daughter-in-law passed away from a secondary brain tumor as well, so I appreciate the special meaning that this has for you personally, and for your support for this legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by

the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and agree to the resolution, H. Res. 1124, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. SMITH of New Jersey. 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. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

REDUCING MATERNAL MORTALITY BOTH AT HOME AND ABROAD

Ms. SCHAKOWSKY. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1022) reducing maternal mortality both at home and abroad, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1022

Whereas an estimated 536,000 women die during pregnancy and childbirth every year which is equivalent to one death every minute;

Whereas an estimated 15 percent of pregnancies and childbirths involve unpredictable and often life-threatening complications that require emergency care;

Whereas girls under 15 are estimated to be 5 times more likely to die during childbirth than women in their 20s;

Whereas nearly all these deaths are preventable;

Whereas survival rates greatly depend upon the distance and time a woman must travel to get skilled emergency medical care;

Whereas care by skilled birth attendants, nurses, midwives, or doctors during pregnancy and childbirth, including emergency services, and care for mothers and newborns is essential;

Whereas the poorer the household, the greater the risk of maternal death, and 99 percent of maternal deaths occur in developing countries;

Whereas newborns whose mothers die of any cause are 3 to 10 times more likely to die within 2 years than those whose mothers survive;

Whereas more than 1,000,000 children are left motherless and vulnerable every year;

Whereas young girls are often pulled from school and required to fill their lost mother's roles;

Whereas a mother's death lowers family income and productivity which affects the entire community;

Whereas in countries with similar levels of economic development, maternal mortality is highest where women's status is lowest;

Whereas the United States ranks 41st among 171 countries in the latest UN list ranking maternal mortality;

Whereas the overall United States maternal mortality ratio is now 11 deaths per 100,000 live births, one of the highest rates among industrialized nations;

Whereas United States maternal deaths have remained roughly stable since 1982 and have not declined significantly since then;

Whereas the Centers for Disease Control estimates that the true level of United States maternal deaths may be 1.3 to 3 times higher than the reported rate; and

Whereas ethnic and racial disparities in maternal mortality rates persist and in the United States maternal mortality among black women is almost four times the rate among non-Hispanic white women: Now, therefore, be it

Resolved, That the House of Representatives—

(1) affirms its commitment to promoting maternal health and child survival both at home and abroad through greater international investment and participation; and

(2) recognizes maternal health and child survival as fundamental to the well-being of families and societies, and to global development and prosperity.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from New Jersey (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

GENERAL LEAVE

Ms. SCHAKOWSKY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Illinois?

There was no objection.

Ms. SCHAKOWSKY. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise today in strong support of House Resolution 1022, which is aimed at reducing maternal mortality, both at home and abroad. As an original cosponsor of this resolution and a member of the Women's Caucus, I am proud to speak out in support of its passage.

This week begins an entire week of maternal mortality awareness events. During this week, women from abroad will provide firsthand accounts of horrific maternal health challenges they've faced. Globally, it is estimated that 15 percent of pregnancies and child births involve unpredictable and often life-threatening complications that require emergency care. What makes this statistic so staggering is that nearly all of these situations are preventable.

Even more astounding is the fact that the United States ranks a staggering 41st among 171 countries in a United Nations list ranking infant mortality. We can and we must do a better job.

The resolution before us affirms our commitment to promoting maternal mortality and child survival, both at home and abroad. It also recognizes that maternal health is fundamental to the well-being of families and societies.

I want to thank my colleagues, Congresswoman LOIS CAPPS, Speaker NANCY PELOSI, and the rest of the Congressional Women's Caucus for their leadership on this issue, and I urge my colleagues to join me in support of its adoption.

I reserve the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H. Res. 1022, as amended and presented to the House today. Mr. Speaker, reducing maternal and child mortality and providing quality health care and nutrition to ensure the well-being of both mother and baby here and abroad, has been a top legislative priority for me throughout my 28 years as a Member of Congress.

All loss of life is tragic, especially when it is preventable. When a mother dies, the loss, the heartache is compounded by the deleterious impact on her children, on families and on the community.

As H. Res. 1022 points out, each year, more than a million children are left motherless and, as a consequence, are vulnerable. In many places, young girls are pulled from school and required to fill their lost mother's role in the home, cutting short their abilities to pursue an education.

And the evidence suggests that newborns whose mothers die of any cause are 3 times to 10 times more likely to die within the first 2 years than those whose mothers survive.

What is most unfortunate and thereby, should be unacceptable, is the fact that most maternal deaths are avoidable. With proper prenatal care and maternal health care, sanitary conditions for delivery, and available life-saving emergency interventions, essential obstetrical services, these lives need not be lost. Even in our own country maternal mortality, although rarer than in the developing world, occurs. No loss of life is acceptable.

Mr. Speaker, hemorrhaging and blood loss are the top cause of maternal mortality and are of grave concern. During an African subcommittee hearing that I chaired during the previous Congress which concerned itself with safe blood, we heard from Dr. Neelam Dhinra, of the World Health Organization. Dr. Dhinra informed us that the most common cause of maternal death in sub-Saharan Africa is severe bleeding, which can take the life of even a healthy woman within 2 hours, if not properly and immediately treated. She gave us the astounding statistic that in Africa, severe bleeding during delivery, or after childbirth, contributes to up to 44 percent of maternal deaths, many of which could be prevented simply through access to safe blood.

Sufficient quantity and quality of immediately available and usable blood must become the norm and not the exception.

And I want to applaud the efforts of CHAKA FATTAH who has pushed very hard over the years to try to grow the amount, the quality and the quantity of blood in Africa. And USAID is addressing this in a number of programs, including the PEPFAR program.

Women should not die from blood loss, simply due to lack of access to

basic interventions like safe blood. Support of this resolution today puts us on record as focusing on these kinds of interventions.

Mr. Speaker, one severe disfiguring disability that occurs in childbirth is obstetric fistula. Fistula can be treated and repaired through a relatively minor surgical procedure that costs, on average, \$150 per surgery.

I saw that firsthand, Mr. Speaker, on a trip several years back to Addis Ababa, where there is this famous hospital which has now grown and has satellites, and obviously has inspired other similar hospitals that treat the women who make it to them, and they're the lucky ones. I saw many of the women who were waiting in lines, who were incontinent, who were very sorrowful about their conditions but very hope-filled, knowing it was a matter of when and not if they would get this great surgery.

Still, large numbers of women, an estimated 2 million, endure the tremendous pain and numbing isolation that comes from being the walking wounded, incontinent and ostracized, and not able to get to hospitals like that which is in Addis. With just a small investment of health care dollars, the lives of these women could be dramatically changed.

In 2005, I would just point out, I sponsored an amendment that passed on this floor to allocate \$12.5 million dollars to establish 12 centers to provide treatment and surgery that would have allowed thousands of women to be physically cured and emotionally healed from fistula, preventing disease, death, and allowing them to return to normal life.

The amendment authorized funding for preventive measures as well, such as providing skilled birth attendants who can identify an obstructed delivery early and prevent an obstetric fistula from occurring in the first place. Unfortunately, the underlying legislation made it over to the Senate, but died.

However, I did ask the Bush administration, namely Dr. Kent Hill, USAID Assistant Administrator for Global Health, to initiate administratively a robust fistula program, which I'm happy to say he did wholeheartedly with a great deal of skill and compassion. I am happy to report that from 2004 to 2007, USAID has allocated more than \$20 million for fistula prevention and treatment. In 2008 that amount will jump to \$30 million, a great start but still not enough.

Nevertheless, more than 3,500 women have had life-changing fistula repair through this program, not to mention the cases prevented through proper obstetric care.

Helping mothers and helping their babies, Mr. Speaker, goes hand in hand. There is no dichotomy. When women receive proper prenatal care they are less likely to die in childbirth, and when unborn babies are healthy in the womb they emerge as healthier, stronger newborns.

I am pleased that the resolution before us today does not endorse in any way whatsoever the cruel ideology that pits women against their babies by suggesting abortion as a means of combating maternal mortality. Women and their babies deserve better than abortion, and their health and well-being is intrinsically linked.

Unfortunately, some abortion activists in recent years have attempted to exploit the tragedy of maternal mortality as a vehicle for their promotion of abortion.

On one trip to Uganda, Mr. Speaker, I met with the head of the Minister of Gender, and we talked about this problem of maternal mortality. And she said, what African women want is essential obstetrical services, not the demise of their unborn babies.

And so I am pleased that the resolution before us does not embrace abortion and, instead, properly links maternal health care and child survival to survival of all children, including the fragile and the vulnerable unborn baby.

Birth is not the beginning of life, Mr. Speaker. It is merely an event in the baby's life that began at the precise moment of fertilization. Life is a continuum with many, many stages. Human rights should be respected from womb to tomb. We need to recognize this biological fact in policy, funding and programming, and treat both mother and baby, unborn baby as well, as two patients in need of respect, love and tangible assistance. We need to affirm them both.

Mr. Speaker, in 1985, I sponsored the Child Survival Fund Amendment that doubled funding to \$50 million, and it was adopted into law. The legislation financed global vaccinations, oral rehydration therapy. I think many Members will be a little bit shocked to learn that a leading cause of child death is from diarrheal dehydration and the problems that result from that, while oral rehydration therapy can prevent it simply by getting fluids into that young child. It also focuses on growth monitoring and breast feeding. So I'm happy to say that the resolution also speaks to that issue very, very soundly.

UNICEF recognizes that unborn children and newborn children require care and nurturing, stating, and I quote, "significant improvement in early neonatal period will depend on essential interventions for the mother and babies before, during and immediately after birth."

□ 1730

According to the latest estimates for 2000 to 2006, at present in the developing world, one-quarter of pregnant women do not receive even a single visit from a skilled health professional, doctor, nurse, or midwife, and only 59 percent of births take place with the assistance of a skilled attendant, and just over half take place in a health facility. That has to be addressed.

And yet the care for the mother and unborn child cannot be restricted to

medical conditions and consultations, I should say, as important as they are. For example, in its child survival series, the Lancet identified fetal malnutrition and lower maternal body mass index as likely factors in neonatal mortality rates and fetal-growth retardation. Just as undernutrition is the underlying cause of a substantial percentage of all child deaths, the mother's nutritional status has a direct bearing on the unborn child's development and the ability to survive, and of course, on her life as well.

While visiting refugee camps in Sudan in the Darfur region, Mr. Speaker, I asked a group of women what is it that they required most, and I asked this at each and every camp, from the Muchar-Kama camp, all of the camps that I visited, they were unanimous. They wanted access to nutritious food so that these nursing mothers could continue to meet the needs of their infants. It was all about the two working together.

If we are to address child and maternal deaths and go even further to ensure the healthy development of the baby through adolescence and the long-term health of the mother, the baby and the mother must be provided adequate nutrition and health care from the earliest stages of life prior to birth.

In sum, the lack of prenatal care, the lack of adequate nutrition during pregnancy, the lack of sterile birthing environments, the lack of clean blood, and the lack of access to essential obstetrical services all contribute to the deaths of women and children. We must do more to save the lives of both, and the Child Survival and Maternal Mortality Initiatives must recognize, embrace, protect, and assist both women and their children, both born and unborn, from all threats including disease, hunger, trauma, and violence.

Mr. DINGELL. Mr. Speaker, I submit the following exchange of letters for the RECORD:

CONGRESS OF THE UNITED STATES,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC, May 19, 2008.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR MR. CHAIRMAN: I am writing to you regarding H. Res. 1022, a resolution introduced by Representative Lois Capps (D-CA) for the purpose of reducing maternal mortality both at home and abroad. This legislation was initially referred to the Committee on Energy and Commerce and, in addition, to the Committee on Foreign Affairs.

Representative Capps has requested that the Committee on Foreign Affairs waive consideration of this resolution. Based on the discussions that the staff of our two committees has had regarding this resolution and in the interest of permitting your Committee to proceed expeditiously to floor consideration of this important resolution, I am willing to waive further consideration of H. Res. 1022. I do so with the understanding that by waiving consideration of the bill, the Committee on Foreign Affairs does not waive any future jurisdictional claim over the subject matters contained in the resolution which fall within its Rule X jurisdiction.

Please place this letter in the Congressional Record during consideration of the

measure on the House floor. I look forward to working with you as we move this important measure through the legislative process.

Sincerely,

HOWARD L. BERMAN,
Chairman.

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, May 19, 2008.

Hon. HOWARD L. BERMAN,
Chairman, Committee on Foreign Affairs,
Washington, DC.

DEAR MR. CHAIRMAN: I write with regard to H. Res. 1022, a resolution on reducing maternal mortality both at home and abroad, which was introduced by Representative LOIS CAPPS. The resolution was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs.

It is my understanding that Rep. CAPPS has requested the Committee on Foreign Affairs to waive consideration of the resolution. I appreciate that you have agreed to do so in order to permit the Committee on Energy and Commerce to proceed expeditiously to floor consideration of the resolution. I agree that your willingness to forgo further consideration of this resolution does not waive any future jurisdictional claim over the subject matters contained in the resolution that fall within the jurisdiction of the Committee on Foreign Affairs under rule X of the Rules of the House.

Thank you for your assistance in moving this important measure through the legislative process.

Sincerely,

JOHN D. DINGELL,
Chairman.

Mrs. CAPPS. Mr. Speaker, I rise in strong support of H. Res. 1022.

I was proud introduce this resolution with my colleague and Co-Chair of the Congressional Caucus for Women's Issues, CATHY MCMORRIS RODGERS.

And I am equally proud that 122 Members of the House joined in cosponsoring H. Res. 1022, including almost every single woman Member of the House and our esteemed Speaker NANCY PELOSI.

Last fall, I was fortunate to lead a delegation of women Members to a conference entitled "Women Deliver."

This conference brought together nearly 2000 participants from around the world, including parliamentarians, diplomats, health professionals, patients and activists.

We joined there and resolved to make a greater investment in women in order to improve maternal health.

No woman should have to die giving life and I was proud to see individuals from every background—ethnically, culturally, religiously, and from all income levels—agree that we must deliver for women by ensuring that they can safely deliver.

The 500,000 maternal deaths that occur annually are largely preventable.

We know that through family planning, making emergency care more widely available, and increasing the number of skilled health professionals who can attend to births we can combat the epidemic of maternal death both at home and abroad.

After all, the United States is not immune to maternal death and we experience the highest rate of maternal mortality than all other industrialized nations.

As we close out the month of May, when we celebrated Mother's Day, let's join in making a

stronger commitment to improving maternal health.

Mr. SMITH of New Jersey. I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and agree to the resolution, H. Res. 1022, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. SMITH of New Jersey. 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. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

NATIONAL OSTEOPOROSIS AWARENESS AND PREVENTION MONTH

Ms. SCHAKOWSKY. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 369) supporting the goals and ideals of National Osteoporosis Awareness and Prevention Month, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 369

Whereas osteoporosis, a disease characterized by low bone mass, structural deterioration of bone, and increased susceptibility to fractures, is a public health threat for an estimated 44 million Americans;

Whereas in the United States, 10 million individuals already have the disease and almost 34 million more are estimated to have low bone mass, placing them at increased risk for osteoporosis;

Whereas one in two women and one in four men over age 50 will have an osteoporosis-related fracture in her or his remaining lifetime;

Whereas building strong bones during childhood and adolescence can be the best defense against developing osteoporosis later;

Whereas osteoporosis is often thought of as an older person's disease, but bone health is a concern for any age;

Whereas substantial risk has been reported in people of all ethnic backgrounds;

Whereas although osteoporosis often has no symptoms in its early stages, a bone mineral density test can be used to assess fracture risk and to establish the diagnosis and severity of the disease in people at risk before they start fracturing their bones;

Whereas in 2005 osteoporosis was responsible for an estimated 2 million fractures and \$19 billion in costs;

Whereas the Surgeon General believes that bone health is critically important to the overall health and quality of the life of Americans; that it is in jeopardy and will only get worse if left unchecked; and that great improvements in the bone health sta-

tus of Americans can be made by applying what is already known about early prevention, assessment, diagnosis, and treatment;

Whereas optimum bone health and prevention of osteoporosis can be maximized by a balanced diet rich in calcium and vitamin D; weight-bearing exercise; and a healthy lifestyle with no smoking or excessive alcohol intake; and

Whereas May 2008 would be an appropriate month to observe National Osteoporosis Awareness and Prevention Month: Now, therefore, be it

Resolved, That the House of Representatives supports the goals and ideals of National Osteoporosis Awareness and Prevention Month and urges the people of the United States to observe appropriate programs and activities with respect to osteoporosis, including talking with their health care professionals about their bone health.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from New Jersey (Mr. SMITH) will each control 20 minutes.

GENERAL LEAVE

Ms. SCHAKOWSKY. I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Illinois?

There was no objection.

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

I rise today in support of House Resolution 369, supporting the goals and ideals of National Osteoporosis Awareness and Prevention Month. As a co-sponsor of this resolution, I'm proud to offer my support for designating May 2008 as National Osteoporosis Awareness and Prevention Month.

Osteoporosis is a disease characterized by low bone mass, structural deterioration of bone, and increased susceptibility to fractures. Osteoporosis is a leading cause of fractures, which is of special concern to the aging as it takes longer for older bones to heal than younger Americans. In 2005 alone, osteoporosis was responsible for an estimated 2 million fractures.

While osteoporosis is rightly associated with aging, bone health is a concern for people of all ages. In this spirit, House Resolution 369 urges everyone to observe appropriate activities with regard to osteoporosis and to talk with health care professionals about bone health.

I want to thank my colleague, Congresswoman SHELLEY BERKLEY, for her leadership in bringing this resolution to the floor today. I urge my colleagues on both sides of the aisle to join me in support of its adoption.

I reserve the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 369, recognizing May as National Osteoporosis Awareness and Prevention Month.

Osteoporosis is often thought of as an older person's disease, but building strong bones during childhood and adolescence can be the best defense. A healthy lifestyle can lower the chances of having osteoporosis by maintaining a balanced diet rich in calcium and vitamin D. It is important that Americans monitor their bone health to ensure that they are not one of the 1.5 million victims of fractures that occur annually.

Given its influence on the risk of fragility, fracture, osteoporosis may significantly affect the quality of life for those who do not know about early prevention, assessment, diagnoses, and treatment.

I would especially like to thank the author of the resolution, Ms. SHELLEY BERKLEY of Nevada, for raising public awareness of osteoporosis. I encourage all of my colleagues to vote in favor of the resolution.

I reserve the balance of my time.

Ms. SCHAKOWSKY. Mr. Speaker, I am pleased to yield such time as she may consume to the sponsor of this resolution and someone who has been a great leader in bringing attention to the disease of osteoporosis, the gentlelady from Nevada, SHELLEY BERKLEY.

Ms. BERKLEY. Mr. Speaker, I want to especially single out Chairwoman SCHAKOWSKY for her concern and her leadership on this issue.

I rise today in support of recognizing May as National Osteoporosis Awareness and Prevention Month. Osteoporosis and low bone density affect more than 44 million Americans over the age of 50. Many are unaware of their risks for osteoporosis and therefore never take the steps that are necessary and relatively easy to prevent this disease.

Like many Americans, I had no idea that I was at risk for developing osteoporosis. When I was running for Congress in 1998, I was first diagnosed with this disease. Fortunately, since I received a proper diagnosis, within 10 months of receiving the diagnosis and getting the proper treatment, I was able to stop my bone density loss and my bones actually began to strengthen again.

Now, it became very apparent to us once I was diagnosed that my two grandmothers more than likely had osteoporosis. As they aged, they became more bent over and they started breaking bones, but we just thought that was part of old age and we never imagined, because in those days you didn't get tested for that sort of thing, that they both probably suffered from osteoporosis as well.

Because of my personal experience with osteoporosis, I'm committed to ensuring that Americans are aware of the importance of strong bones so they can reduce their chances of developing the disease, and that's why I have introduced House Resolution 369, the Osteoporosis Awareness and Prevention Act. Among the resolution's goals