

I want him to understand we are doing the best we can, along with the majority, about this bill. Remember that I had two amendments to offer, but we weren't able to offer them because of a procedural problem.

I hope we can move this bill along quicker. There are lots of amendments.

I think the Senator has already talked to the Appropriations Committee, and we would agree to getting a list of who wants to offer amendments so we have a finite number. We are doing what we can.

Mr. HARKIN. I respond by saying to my whip that we are trying to get a finite list of amendments together so we know how many we have. Hopefully, we can dispose of those in the next couple of days.

We are definitely open for business. I want to start moving amendments. Hopefully, we will get an agreement shortly to offer amendments to be lined up to vote tomorrow.

Mr. REID. My friend has done such a tremendous job of comanaging this very difficult piece of legislation. We agree to accept the amendment of the Senator from Mississippi and vote on my amendment.

Madam President, Senator BOXER is to be listed as cosponsoring this bill. As I have stated, she has been stalwart in working with this. She is the main sponsor of the underlying amendment, the bill last year. We are both working on this amendment. She should be listed as a cosponsor.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### THE BREAST AND CERVICAL CANCER TREATMENT ACT OF 1999

Mr. HARKIN. Madam President, I would like to take this opportunity to speak about S. 662, the Breast and Cervical Cancer Treatment Act of 1999. I urge the distinguished majority leader, Senator LOTT, to act quickly to bring this bill to the floor. We have no excuse for delay in providing life-saving treatment to women who have been diagnosed with breast and cervical cancer.

As many of you in this body know, this is an issue I take very seriously. My only two sisters both had breast cancer and died from the disease. Sadly, they contracted breast cancer at a time when regular mammograms and improved treatment methods were not widely used or available.

Over the past several years, we have made a great deal of progress against breast cancer, but there is still a long way to go. In particular, we've been able to secure significant increases in funding of research to understand the causes and find treatments for breast cancer.

Look how far we have come. Almost a decade ago, when I looked into the issue of breast cancer research, I discovered that barely \$90 million was spent on breast cancer research.

That is why in 1992, I offered an amendment to dedicate \$210 million in

the Defense Department budget for breast cancer research. This funding was in addition to the funding for breast cancer research conducted at the National Institutes of Health. My amendment passed and—overnight—it doubled federal funding for breast cancer research.

Since then, funding for breast cancer research has been included in the Defense Department budget every year.

Today, I am proud to say, between the DoD and NIH, over \$600 million is being spent on finding a cure for this disease.

Scientific researchers are making exciting discoveries about the causes of breast cancer and its prevention, detection, diagnosis, treatment, and control. These insights are leading to real progress in our war against this devastating disease. We know better than ever before how a healthy cell can become cancerous, how breast cancer spreads, why some tumors are more aggressive than others, and why some women suffer more severely and are more likely to die of the disease.

For example, discovery of the BRCA1 gene has led us to better identify women who are at risk of breast cancer, so the disease can be caught early and treated. And of course the development of cancer-fighting drugs like tamoxifen owes a great deal to our federal research investment.

But our success in building our research enterprise will be pointless if breakthroughs in diagnosis, treatment, and cures are not available to the public.

That is why, a decade ago, as chairman of the Senate Labor, Health and Human Services, and Education Appropriations Subcommittee, I worked to create a program, run by the Centers for Disease Control and Prevention, to provide breast and cervical cancer screening for low-income, uninsured women.

This program is run nationwide and is tremendously successful. In Iowa, almost 9,000 women have been screened.

Nationally, more than one million low-income American women have been screened. Of these, more than 6,000 were diagnosed with breast cancer and 500 with cervical cancer.

This program is a great success. But it is only the first step. Congress must now provide the next critical piece: funding for treatment services once a woman has been diagnosed with breast or cervical cancer. Too often, women diagnosed through this program are left to scramble to find treatment solutions.

I recently heard about this terrible problem from one of my constituents. Her name is Barbara. Five years ago, Barbara was diagnosed with breast cancer through the CDC's program. Uninsured, she struggled to find treatment. Several doctors refused to treat her because she lacked insurance. Eventually, through a hodgepodge of sources and some volunteer services in Iowa she was able to receive chemotherapy.

But today, she owes over \$70,000 in medical bills. She writes, "My bills are so high I often wonder if I should quit treatment so I will not saddle myself and my family with so much debt."

Barbara is one of the lucky ones. Many women who have been diagnosed through this program do not get treated at all.

The Breast and Cervical Cancer Treatment Act has 70 Senate cosponsors from both parties.

Its companion bill, H.R. 4386, has passed the House of Representatives with a vote of 421-1. There is no excuse for any further delay in the Senate. We should get this legislation through, combine it with the House bill, and get it to the President for his signature as soon as possible.

I note for the record, the original cosponsor of this bill was our now departed colleague, Senator John Chafee. He was the original sponsor. It has 70 cosponsors. Those who worked so long with John Chafee admired him so much. I think it would be a fitting tribute to him to get this bill through as soon as possible and get it to the President for his signature.

This is S. 662, the Breast and Cervical Cancer Treatment Act of 1999. As I said, its companion bill passed the House 421-1. I think we should pass it as soon as possible. That is why I am taking this time to talk about it, to encourage our distinguished majority leader to bring it to the floor as soon as possible.

#### THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND RELATED AGENCIES APPROPRIATIONS, 2001—Continued

Mr. HARKIN. Madam President, this morning I was invited to the White House for a truly historic announcement. Through the collaboration of government and private sector efforts, scientists have completed the first rough map of the human gene. I believe history will prove this the most significant scientific development of our generation. Its implications for improving the health and well-being of people are truly astounding.

Today's announcement was especially fulfilling for me. In 1989, when I served as chair of the subcommittee responsible for this bill, I began the funding for the Human Genome Center at NIH, and the race to map the genome began in earnest. At that time, many criticized the move, saying it was a waste of time and money and couldn't be done in our lifetimes.

I listened very carefully to Dr. James Watson, the Nobel Prize winner who first discovered the double helix of our DNA, and he was the first director of the genome center. He talked to us at great length about the possibilities of not only mapping the human genome but sequencing the entire human genomic code. At that time a lot of us were captivated by this concept, that we could actually have the blueprint of