

risk pools for insurance affordability and innovation as well as increased access for people out there.

I got a letter from Affiliated Foods in Norfolk, Nebraska, the other day. They are a cooperative. Now in Texas, Missouri and Nebraska we are used to the concept of cooperatives. That's where we leverage our buying power to get agriculture inputs a lot less expensively and sell our grain a lot of times. This is a cooperative grocer who basically uses their group buying power to provide the products for mom-and-pop grocery stores throughout rural Nebraska and other States. They used to be able to buy their insurance through that cooperative, but because of the change of the law a few years ago, they can no longer do so. So it leaves the small business entrepreneur out in the rural community who is struggling to make it, to have to go out on the very expensive individual or small business market instead of using the group buying power.

Now this is a legitimate business. It is a group of people who have bought into a business plan and have ownership in it. They are stakeholders. They're going to be appropriately capitalized. There's no reason that they shouldn't be allowed to use that entity as a creative form of association to leverage group buying power to provide more affordable insurance for themselves.

Mr. AKIN. So what you're talking about now, just to kind of summarize what we have talked about, what you're talking about is what people call in this business associated health plans, the idea that people can create these pools and buy, on a discount rate, their health care. That's a pretty straightforward idea. That's something that Republicans have voted for dozens of times. So we have got associated health plans. We're saying people should have their tax treatment and when they buy health insurance should be the same. We're going to deal with the issue of portability so that when you own a policy you get to keep it and the insurance company can't just dump you.

The other thing we haven't, of course, talked about is tort reform which we have good support for that. That drives health care costs tremendously. And yet we are unwilling to really be serious about it. All of these ideas Republicans are supportive of. So the charge that we're not willing to deal with this debate is not true.

Go ahead, my friend.

Mr. FORTENBERRY. There's another option out there that we should actually have a creative policy discussion about in a bipartisan way which the good doctor just mentioned as well, high-risk pools is another option you have to insure or have the government basically subsidizing a market that does not exist for people who are priced out of because of preexisting conditions or other affordability problems, normal market rates through their business,

through their individual policy. You could look at the expansion of those opportunities. We have a fairly good one in Nebraska. It's argued that it's a bit expensive for folks, but that's another way that the government, again, could use public dollars to ensure that people are adequately covered and pay normal rates or provide a reinsurance mechanism, and then as the doctor was saying, you will have gone a long way toward resolving the real difficult problems that exist for about 10 million Americans in providing affordable, good coverage. You'd probably have a bipartisan winner on your hands.

If I could add one more point, there are certain other options, maybe this is a little more controversial, but I think it's worth exploring, in terms of basic public health expansions like community health centers, where you actually help persons who are in more vulnerable situations avoid ending up in the emergency room for primary care treatment.

A combination of this, a focus on health and wellness incentives, new insurance risk pools for affordable innovative options and protecting those who are, because of preexisting conditions or other problems, priced out of those markets with perhaps other types of high-risk pool entities combined with other public health initiatives like that, you would have answered the question I posed initially: How do we improve the health of all America, reduce costs, particularly for families and small businesses, and protect vulnerable persons? We could all applaud and have a big bipartisan agreement and have accomplished, I think, what the people have sent us here to do.

Mr. AKIN. Except instead what we've had is apparently our Speaker has pulled together various people, ignored the recommendations that we had and decided, well, we just know what's best, that is the government is going to run it all, we want this public option, and we're charging down this aisle.

Basically people are wondering, well, why is this health care thing stalled? Well, the reason it's stalled is you don't just take over 18 percent of the economy, take \$500 billion out of Medicare, basically allow a program which is going to allow public funding for abortion and illegal immigrants getting access to this money and all that stuff without people having something to say about it.

Mr. BURGESS. And if I may, the taxes and fees that are added on top of medical devices and insurance policies in order to pay for these programs are going to drift down to the middle class. There is no way to avoid taxing the middle class or putting a fee schedule on the middle class with the structure that has been proposed by the Senate Finance Committee.

With the gentleman's indulgence, I would just make a point that if people are interested in this debate, healthcaucus.org has documented the

debate that has gone on since January and February of this year. I would just further like to point out, we do hear the complaint that Republicans have not been involved or engaged in this process. I met with the transition team in November and offered my assistance. I was never called back. I met with the chairman of my Committee on Energy and Commerce in January and never received a call back. I submitted 50 amendments to our bill in committee and had several of them accepted toward the end.

Republicans do have ideas. They are reasonable ideas. They deserved a fair hearing and a fair airing in committee. Unfortunately we were denied that opportunity, because as the gentleman correctly points out, as the deputy President has said, "Never let a good crisis go to waste." They were determined to use this economic crisis to expand the reach and grasp of the Federal Government in health care.

Here is the reality: If the President had really wanted to do this, they could have done it in February when the Presidential approval rating was near 80 percent. No one would have been able to stop him. It could have been signed into law before the month was over.

Mr. AKIN. I would like to thank my good friend, Congressman BURGESS and also Congressman FORTENBERRY. Thank you very much.

BREAST CANCER AWARENESS

The SPEAKER pro tempore (Mr. MCMAHON). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Ms. WASSERMAN SCHULTZ. 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 subject of this bipartisan Special Order on the subject of breast cancer awareness.

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

There was no objection.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, tonight, like so many times before, I stand with my friends and colleagues on both sides of the aisle to address an issue that is both personal and universal.

As you may know, October is National Breast Cancer Awareness Month. It is a privilege to be with fellow survivors and advocates celebrating 25 years of breast health awareness education and empowerment.

Breast cancer is the leading cause of cancer deaths in women ages 15 to 49 according to the National Cancer Institute. In 2009 alone, the American National Cancer Society estimates that there will be 194,280 new cases of breast

cancer across the nation, and 40,610 of these Americans will die from the disease.

Although these statistics may seem discouraging, we have made significant progress. Steady declines in breast cancer mortality among women since 1990 have been attributed to a combination of early detection and improvements in treatment. When breast cancer is detected at early stages, the survival rate for women is 98 percent. Simply stated, many of these improvements would not have happened without Breast Cancer Awareness Month and its focus on research, education and awareness which increase early diagnoses and save lives.

On a personal level, I know the importance of early detection. Nearly 2 years ago, after I found a lump in my breast while doing a self exam in the shower, my doctor diagnosed me with breast cancer. I had just turned 41. Having been a legislator for more than 17 years and having passed breast cancer legislation, I knew a lot about breast cancer. I knew the importance of early detection, clinical exams every 3 years after age 20, every year after 40, mammograms every year after 40, and yet for all that I knew, I soon realized how much I didn't know. I knew about the BRCA1 and BRCA2 gene mutations, the so-called breast cancer genes, but I didn't know that some women were more likely to have the mutation. I didn't know that even with no immediate family history of breast cancer, as an Ashkenazi Jew I was five times more likely to have the mutation or that I would have up to an 85 percent lifetime chance of getting breast cancer and up to a 60 percent chance of getting ovarian cancer.

I knew that young women can and do get breast cancer. But like a lot of young women, I didn't know just how many of us it touches. And after talking with health care providers, survivors and advocates, it became clear that many other young women did not know these things either. Despite our seeming wealth of knowledge on breast cancer, an astounding 40 percent of young women with breast cancer said that prior to their diagnosis, they did not know that a young woman could get breast cancer.

That's why on March 26, cancer-free and determined to be among the last young women who did not know enough about breast cancer, I introduced H.R. 1740, the Breast Cancer Education and Awareness Requires Learning Young Act, or the EARLY Act. And just this morning, the Energy and Commerce Committee's Health subcommittee held a hearing on this critical legislation as well as several other important breast cancer legislation.

The EARLY Act is designed to educate young women and their physicians about breast health and provide support for young women diagnosed with breast cancer. Young women must learn to be their own voices, to speak up for themselves and know when they need to go to their doctor, because at

the end of the day the old saying rings true, "knowledge is power." And when the EARLY Act becomes law, we will fulfill the vital goals of Breast Cancer Awareness Month, increasing education, research and awareness all year long.

However, research, education and awareness are not all that we focus on when it comes to Breast Cancer Awareness Month. We must also take this opportunity to honor and recognize the people close to us who have won their fight against breast cancer, those still fighting, those we have lost, and those who are working hard every day to make sure no one else dies from breast cancer.

We honor the determination of those women and the hope that their courage gives us all. It is an honor to be here tonight, standing together in solidarity as we observe Breast Cancer Awareness Month, wholly committed to increasing early diagnoses, saving more lives and ultimately finding a cure to wipe out this deadly disease. Together, we will save more of our moms, our sisters, our grandmas, our daughters and our loved ones. We can and will empower women to learn the facts, know their bodies, speak up for their health and embrace support.

Mr. Speaker, I am particularly pleased tonight in an environment in which sometimes, in fact too recently, we struggle to do almost anything in a bipartisan fashion, and the intensity and the fervor in which we engage in debate here often prevents us from coming together. The Members of the House of Representatives truly came together today in support and in honor of Breast Cancer Awareness Month. They came together in honor of women who have passed away from breast cancer, in honor of survivors, in honor of women still fighting the disease.

It is my privilege to yield to and introduce my very good friend, fellow breast cancer survivor, someone who has been there for me even before I shared my own story publicly, Congresswoman SUE MYRICK, the gentlelady from North Carolina.

Mrs. MYRICK. Thank you so much. I really appreciate Ms. WASSERMAN SCHULTZ for her efforts in organizing this Special Order tonight. I especially want to commend her for the courage that she had in being willing to share her story, because she won't have any idea of how much this is going to mean to people. There will be people that will be touched by what you did for years to come because you were willing to speak out and to do this legislation. So thank you for introducing the bill as well.

As was noted, October is the 25th anniversary of Breast Cancer Awareness Month. And we have made great strides. Just this week, it was announced that scientists in Canada have, for the first time, decoded all of the 3 billion letters in the DNA sequence of a certain type of tumor. And in the process, they found all the

mutations, or the spelling mistakes, that caused the cancer to spread. We know there is a lot to be done in this fight. And I'm also particularly concerned about young women who are diagnosed with aggressive cancers. We've been concerned for some time. That's why we worked with the National Institutes of Health and the environmental people to see if there are links there to figure out why young women in their 20s and 30s are developing breast cancer. It used to be an older person's disease.

□ 2030

So there is a lot of work to be done in that area as we move forward.

But in my city of Charlotte, there was a group of young women in their twenties who were survivors of breast cancer, which they didn't expect. They really just felt so alone, and they formed a group called Breast Friends as a support group. The unfortunate part is this group is growing. It's growing a lot faster than we would like to see it grow. That's one of the challenges we're facing is that so many young women are being diagnosed with this disease. That's the reason I'm pleased to be the lead cosponsor on this bill, the EARLY Act.

Representative WASSERMAN SCHULTZ has done an excellent job, and it does address some of the needs that younger women who are breast cancer patients and survivors have because it's a unique battle. It's different than has been faced in the past when it comes to diagnosis and treatment and decisions that need to be made. It's a lot different than what those of us who are older, who are survivors have had to face and will have to face in the future.

I have always supported breast cancer research funding over these many years, and there is no doubt that it's an important piece of the puzzle, but education efforts like those in the EARLY Act are also an important piece, because most younger women don't think they can get breast cancer and society tends to tell them, Wait until you are older to get a mammogram. Now there is even talk that self-exams aren't really the way to go. Well, I disagree with that. You are a good example of that one.

We all need to help spread the word. We have got a lot of work to do, not only in our districts, but we need to continue this fight to find a cure. So I thank all of the colleagues that have joined us tonight in this Special Order. It means a lot to everyone, and I also know that they're going to go home to their own districts and do all the advocacy work that we all do over a period of time, and hopefully we will find a cure one day.

With that, I yield back.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, the gentlelady from North Carolina (Mrs. MYRICK) has been such a passionate advocate on behalf of all cancer patients. As the co-Chair of the Congressional Cancer Caucus, she has

done an absolutely incredible job at raising awareness not just about breast cancer but about all types of cancer. I think, given how much cancer has touched Americans' lives in a very personal way, it's important that we have local advocates like SUE MYRICK, and it's my privilege to be side by side with you as cosponsors of the EARLY Act. Thank you so much.

It's now my privilege to yield 4 minutes to the gentlelady from California, LOIS CAPPs, who has a health care professional background as an RN, prior to her election to Congress, and has been one of the leading voices in women's health in the House of Representatives.

Mrs. CAPPs. As one of the co-Chairs of the House Cancer Caucus, along with my friend and colleague SUE MYRICK, I am so pleased to join my colleagues here tonight. I applaud you DEBBIE WASSERMAN SCHULTZ and SUE MYRICK for organizing this Special Order, this time together, and for the legislation that you have introduced. I acknowledge my own sister, a breast cancer survivor, and I acknowledge our sisterhood.

There were men and women standing on the Capitol steps today who have worn pink today in recognition. It's a lot deeper than that, but there is a sisterhood of those who have been touched by this disease, and the men who have been touched as well, some with breast cancer, also men who love people with breast cancer and have stood by them and supported them, and that network has really made all the difference.

I applaud the amazing work of the advocacy groups for all that they do on behalf of breast cancer patients and their families. It's because of them that we've really come such a long way in the fight against this disease. And because of them, we've taken this disease out of the closet. The advocates against breast cancer and for understanding it have paved the way for many other disease entities to have survivors, and those touched by it really become vocal and become the strong voices.

When I first became a nurse—and that was many years ago—the word “cancer” was hardly ever said out loud in public, and you never said the word “breast” in public. But everyone who has worked so tirelessly over all the years to make sure that people understood that these are not words to be embarrassed by or shamed by but, rather, to be empowered by, they encourage us to know how to be more aware of how to take care of our own bodies through prevention and early detection, and that's a lot about what this legislation is about.

So now we've reached an age and a time where more and more women know the importance of self-exams, of learning about family histories and risk factors and taking advantage of early detection mechanisms like mammograms. But far too many women still face barriers. Too many women

are discriminated against by insurance companies for having this disease. Whether it's the egregious practice of kicking you out of the hospital too soon after reconstructive surgery or posing barriers to accessing annual mammography, we need to put an end to these practices, and I am proud to be a cosponsor of legislation to do so.

I also applaud efforts to target populations that are still marginalized—minorities and young women. Both of these populations need better access to information and better access to quality care. We need to pass legislation to make information and quality care more accessible.

So I proudly stand with my colleagues who are championing efforts in Congress to improve breast cancer research, awareness, detection, and treatment. I do this on behalf of my constituents, my family, my friends, people who know all too well what it's like to receive the diagnosis of breast cancer.

Ms. WASSERMAN SCHULTZ. Thank you so much. Again, the gentlelady from California, LOIS CAPPs, has been just one of the most outstanding health care advocates in the Congress. I knew about her advocacy and her leadership in health care even before I arrived in Congress in 2004, and it is a privilege to serve with you. It truly is.

It's now my privilege to yield 2 minutes to a woman who has recently joined the Congress, was elected in the class of 2008, worked hard to get here and has been doing a fantastic job, served in the Nevada State Senate as the State Senate minority leader and is a good friend of mine, Congresswoman DINA TITUS from the great State of Nevada.

Ms. TITUS. Thank you so much.

As we begin Breast Cancer Awareness Month, I'm honored to stand here with my colleagues and recognize those women we know who have battled breast cancer. First let me thank DEBBIE WASSERMAN SCHULTZ for her leadership on this issue. Her personal courage and subsequent push for education and early detection are both inspiring and encouraging.

Unfortunately, everyone has a story, one of their own experiences or those of a friend or a family member who has battled cancer. Each year we lose mothers, sisters, daughters, and friends to breast cancer. In Nevada, an estimated 1,270 new cases of invasive breast cancer were diagnosed among women in 2008, and 430 of those women died of the disease. This is a tragedy, and what makes it even more tragic is that many of those deaths could have been prevented if women knew the risk factors and if researchers had what they needed to make breakthroughs in understanding and curing cancer. I believe we must empower every woman with the tools she needs to fight this deadly disease. Women should have access to the latest health information, undergo frequent health screenings, and receive preventive care.

Sadly, Nevada has one of the lowest mammogram screening rates nationally. Recent estimates are that only 54 percent of women over the age of 40 have had a mammogram in the past year. Nevada is currently ranked 48th in the Nation for percentage of women ages 40 to 69 who obtain mammograms annually. This is just unacceptable.

And unfortunately, too many younger women think that breast cancer is something that happens to older women, yet it's the leading cause of cancer deaths in women under the age of 40. So we must redouble our efforts to reach out to young women, to increase awareness of the threats and the warning signs that lead to early diagnosis. That's why I'm proud to also be a cosponsor of the EARLY Act.

Too often, women who have undergone a difficult surgery, both emotionally and physically, find themselves forced by their insurance companies to leave the hospital before they're ready. This, too, is unacceptable. Women must have the adequate support after breast cancer surgery that they need to get them on the road to recovery.

Indeed, we have all been touched by cancer. It can be a devastating disease, and those who have fought and are fighting it demonstrate a remarkable strength every day. They teach us all the lessons of life and living and the importance of family and friends. I believe they are true heroes who are role models for us when it comes to strength and courage.

While breast cancer has affected too many women in Nevada and across the country, there is also an enduring hope that we can join together to search for a cure. Between the strength and determination of breast cancer survivors and the generous spirit of volunteers, I'm optimistic that we can defeat breast cancer if we stand together in this fight.

Ms. WASSERMAN SCHULTZ. Thank you so much, Congresswoman TITUS. Your leadership and the fact that you've joined the Congress added another woman to our ranks. Women's health and making sure that we can focus the attention and the agenda on women's health here in the United States House of Representatives is so incredibly important. We already have a sort of head cheerleader, so to speak, although I don't mean to trivialize her position. But the first woman, Speaker of the House of Representatives, has been a passionate advocate for women's health and has always encouraged making sure that we have more women join our ranks. You've done an incredible job since you've been here. I'm so pleased that you've joined us in the House of Representatives.

Mr. Speaker, I want to spend a couple of minutes just highlighting some unique facts that, really, most people are unaware of when it comes to breast cancer. What I've learned since my own diagnosis and since getting involved in a more personal way in trying to pass the EARLY Act is—we all hear the expression, Everyone knows someone who

has breast cancer. Well, today we really can say that everyone had someone close to them that had breast cancer.

It's just amazing after I shared my own story how many—I was standing there in the well the day that I shared my story with folks, and I can't tell you how many Members came up to me and touched my arm and said, DEBBIE, my daughter had breast cancer, my mother, my sister, my wife. People stopping me on the street, on the airplane, on the ball field with my kids. It's amazing. The outpouring of people reaching out to connect with me has just been absolutely incredible, because breast cancer touches so many people and touches women in a very personal way. But what's really frustrating about breast cancer is how it strikes certain populations in a more deadly way.

Another thing that I realized is that there are higher risk populations that too often are unaware of their risk. Like me, as an Ashkenazi Jewish woman, I was not really aware of my risk of having a greater likelihood of carrying the BRCA1 or BRCA2 gene mutation. Subsequently when I was diagnosed with breast cancer, I did a genetic blood test and found out that I am a carrier of the BRCA2 gene. But in doing research for the EARLY Act, the statistics that I learned about African American women and breast cancer were really startling.

African American women have the highest breast cancer death rate among minority women. It's 34 per 100,000 people in the population, African American women from ages 35 to 44. So younger African American women have a breast cancer death rate more than twice the rate of white women in the same age group, and they are 34 percent more likely to die of cancer than are whites, and more than twice as likely to die of cancer as are Asians or Pacific Islanders, American Indians or Hispanics.

We have got to raise awareness in higher-risk populations and minority populations, and we have to change the disparity, the disparity in the survival rate and the disparity in terms of access to health care for their populations, because we know that early detection is the key.

At this time, to talk some more about that, is a very good friend of mine, another newly elected Member from the great State of Pennsylvania, professionally a dietitian before she was elected to Congress, a small business owner, and most importantly, a mother of five. I now yield 3 minutes to the gentlelady from Pennsylvania, KATHY DAHLKEMPER.

Mrs. DAHLKEMPER. Thank you so much for asking me to join you tonight as we have this very Special Order hour to honor Breast Cancer Awareness Month and to recognize those that battle breast cancer across this country. But more than that, we're here to deliver an important message to the American people tonight.

Not only are we on your side in the fight against breast cancer, but we are one with you in the fight against breast cancer. We are one with you not simply because we believe in your cause and to share your goals, and it's not only because we empathize with your hardship, we are one with you because breast cancer is just as real for us as it is for millions of Americans across the country.

This disease, as it's been said tonight, knows no boundaries, knows no borders. It's blind to race, socioeconomic status, and age, and it certainly does not care whether you are a Member of Congress. All in all, nearly 150,000 women will be diagnosed with breast cancer this year, and more than 40,000 women will, sadly, succumb to the disease.

But what do these numbers really mean? They are certainly alarming and give us pause, but the truth behind these numbers is that 150,000 families will confront a crisis this year; 150,000 families will be subjected to the fear they may lose a mother, a sister, a daughter or a dear friend, and 40,000 families will see that fear become a reality.

□ 2045

Like so many American women, breast cancer became a real cause of concern for me, but I was one of the lucky ones. When my doctor told me I needed a biopsy to check for breast cancer, I was scared and worried what it would mean for my family. But, thankfully, breast cancer never became a reality for me. My biopsy came back clear.

Other women I know were not as lucky as I. Numerous friends have lost their mothers to breast cancer. Witnessing our loved ones suffer is a pain that cannot be accurately described. And that's why we are here, to honor Breast Cancer Awareness Month and to show our solidarity with the hundreds of thousands of women battling breast cancer now and celebrate the more than 2½ million women who are breast cancer survivors.

I would like to share with you some stories from real women from the Third District of Pennsylvania.

Cindy Hanna of Mercer County was 38 years old when she was diagnosed with breast cancer in 2003. Cindy was one of the lucky ones. She had a mammogram on her doctor's recommendation that caught her cancer early, and she is now a breast cancer survivor.

Cindy shared her experience in the Sharon Herald paper. She quotes: "I had no symptoms. I wasn't even thinking cancer. My cancer was very close to my spine, and if I had waited until I was 40, like most doctors recommend, who knows what would have happened." Cindy is now the coordinator of the Medical Equipment Recycling Program at UPMC Horizon in Farrell. This month she is tying pink ribbons in towns across her county to help raise awareness and encourage women to get mammograms early, like she did.

Sue Kilburn of Meadville, Pennsylvania, was diagnosed with breast cancer when she was in her late 40s after an annual mammogram. Her doctor told her she had to choose between a lumpectomy and a mastectomy to treat the disease. She shared her journal with the Meadville Tribune Newspaper, and she writes:

"The words ring out unlike anything I have ever experienced before. I find no anger, just feel numb, dumbfounded and questioning how? When? It was just a routine mammogram."

She survived her battle with breast cancer, and now she works as a clinical nurse breast care educator at the Yolanda G. Barco Oncology Institute. The position is funded through a grant from the Susan G. Komen Foundation.

Cindy and Sue are heroes. They are survivors. And they are committed to helping women beat breast cancer. For Cindy and Sue and thousands like them, early detection saved their lives. Because they had regular mammograms, their cancer was detected early. When tumors are detected early, we know they are nearly 100 percent treatable.

This Breast Cancer Awareness Month, let's encourage the women in our lives, our mothers, our sisters, our daughters, and friends, to get a mammogram. Early detection saved Cindy and Sue, and that's why I support the EARLY Act. Let's work together to make their stories the story for every woman diagnosed with breast cancer.

I thank you.

Ms. WASSERMAN SCHULTZ. Thank you so much, Congresswoman DAHLKEMPER. Again, it was a thrill to see you come to the House of Representatives and add your expertise, particularly as a dietitian, and thank you for sharing those personal stories from your district in Pennsylvania.

The important thing about Breast Cancer Awareness Month, and when we talk about breast cancer it is putting a face on it, helping people to understand, because so often statistics are really easy to just kind of glaze over and stop paying attention to.

Here tonight to help us continue to raise awareness is the gentlewoman from southern California, SUSAN DAVIS, who has made health care a signature issue during her time in both the California Assembly as well as the United States House of Representatives, a member of the Education and Labor Committee, one of the three committees in the House of Representatives that passed part of the health care reform legislation, and she has also been a leader by pushing for billions of dollars in funding for NIH.

I yield to the gentlewoman from California.

Mrs. DAVIS of California. I am so happy to join my colleagues here this evening, and I want to thank you, Congresswoman WASSERMAN SCHULTZ and Congresswoman MYRICK, for your leadership on this issue.

Some years ago I decided to participate in a 3-Day Breast Cancer Walk in

my hometown of San Diego. I had had a college roommate who, with successful treatment, had survived breast cancer, and I wanted to show my support. Walking would mean being with many women and men across San Diego who, like her, had fought the disease, and I knew I'd also be supporting many organizations that have worked to heal them.

I remember thinking about how I would find the time to train for the walk, because I wanted to be certain that if I took it on that I was going to complete the walk. And with time-management skills and congressional travel schedules, I wasn't sure how that all would work out, but I was really delighted to have signed up.

Breast cancer hadn't really affected me personally. The disease hadn't struck my family. I just felt the need to walk with others.

Soon after I signed up for the event, I was looking forward to joining my sister and her husband for dinner and just catching up on our lives and sharing stories of our children. I was actually really excited to also tell her that I had signed up for the walk. She's a marathon runner, and I thought maybe she wanted to join me since walking for 3 days would probably be really easy for her.

But my sister at that dinner had news of her own to share. She had just had a biopsy and it had come back malignant. Her diagnosis: breast cancer.

Far too many people know what it's like to sit there as I did and hear that news from someone that you love so dearly. And I know my colleagues on the floor today have expressed that as well. At that point my commitment and passion for the walk was only heightened, particularly as I spent the next 6 months or more talking with my sister about her treatment and her progress.

During the 3-day walk, I listened to so many people whose loved ones had been personally affected by breast cancer. As you know, each story is really heartbreaking and inspiring all at one time. I remember all the T-shirts with the pictures, and many of them were of loved ones who had lost their lives to breast cancer.

It's because of my sister and my roommate and my colleagues here that I have heard so much about breast cancer. And I'm so proud to work here in Congress to promote much of the legislation that we have talked about today. Legislation like the Breast Cancer Patient Protection Act, the Breast Cancer Education and Awareness Requires Learning Young Act, the EARLY Act, and other bills on this issue. I also strongly support the Department of Defense Breast Cancer Research Program, which is resulting in exciting advances to find better treatments and eventually a cure. And I know that so much has changed since that 3-day walk I took quite a few years ago.

As everyone has said, at some point in their lives, nearly every American

will have a family member or friend who battles breast cancer. We must do more to ensure that women of all ages, including younger women, know how breast cancer can affect them.

My sister was fortunate to have treatment that allowed her to continue her work and take care of her family. And I am so grateful and happy to stand here and say that she has been in remission for more than 6 years.

But I know that everyone's story is not like hers. Many women, and men, lose this battle every year.

I am just proud to join with my colleagues this evening, and I want to thank them again for honoring so many who in their lives have survived breast cancer and remembering those who didn't. We need to continue to support increased education awareness and the momentum that will bring us all to a cure.

Ms. WASSERMAN SCHULTZ. Thank you very much.

It's now my privilege to introduce and yield to a gentleman who is, again, another recent addition to the House of Representatives, elected in November of 2008, someone who I have really seen exercise incredible leadership since his election to the United States Congress, and apparently the token man here tonight. So it's really especially wonderful that he has joined us.

STEVE DRIEHAUS hails from Ohio and is the former minority whip in the Ohio House of Representatives. He is also a former Peace Corps volunteer, which, to me, that kind of altruism and volunteerism is so incredibly admirable. He is the father of three young children, whom I know he is most proud of.

It's my pleasure to yield to him on behalf of Breast Cancer Awareness Month.

Mr. DRIEHAUS. I thank the gentlewoman for yielding. And I want to acknowledge the tremendous work of Congresswoman WASSERMAN SCHULTZ and Congresswoman MYRICK on this issue.

I hail from the great State of Ohio. We looked into the breast cancer statistics in the State of Ohio, and we learned that more than 8,000 new diagnoses occur every year for men and women in the State of Ohio with breast cancer. And nearly 2,000 breast cancer fatalities still occur every year in the State of Ohio.

While this rate has declined in recent years, in part due to the emphasis on early detection and treatment, we all know that it's still way too high.

In Southwest Ohio, we've made progress. We have the Breast Cancer Alliance of Greater Cincinnati, focusing on advocacy, education, and communication. We have the Cris Collinsworth ProScan Fund, promoting breast cancer awareness and education, providing access to early breast cancer detection services, and offering support to breast cancer patients. We've got the Breast Cancer Registry of Greater Cincinnati, housed at the University of

Cincinnati College of Medicine, which is designed to obtain information from and about women and men diagnosed with breast cancer, with a purpose to support research about the causes of breast cancer.

But while all of these things lead to greater awareness and greater education around breast cancer, it's interventions like the EARLY Act and the Breast Cancer Awareness Month that help us bring national attention and national focus to young women, older women, young men, and older men about the dangers of breast cancer.

I remember when I was just a little boy my grandma's being diagnosed with breast cancer. I didn't know what it meant at the time. I knew grandma was sick. I knew she was in trouble. She eventually succumbed to cancer. And I think just like every one of us, we have those stories. But back then when I was a little boy, we didn't have this awareness about breast cancer. We didn't have the early diagnosis that we have today. And that's why so many women lost their lives to this dreaded disease.

We are making progress in this country. We are making tremendous progress. And it's through actions like the EARLY Act, it's through actions like Breast Cancer Awareness Month that we make that progress.

So I again want to applaud my colleagues on the floor tonight and lend the voice of the men of America in support of these efforts. I am proud to be a cosponsor of the legislation. I think it's a critically important piece of legislation, and I appreciate your taking the time tonight to again educate the people in America on the issue.

Ms. WASSERMAN SCHULTZ. Thank you so much, Mr. DRIEHAUS. Again, it has absolutely been a privilege to work with you since you joined us in the House of Representatives. You've been really doing an incredible job, and I appreciate especially your taking time out of your evening, especially late in the evening, 9 o'clock at night, to help raise awareness about the importance for women to focus on their breast health and to help women and men be focused on breast cancer awareness in this month of October and all throughout the year.

It's now my privilege to introduce someone whom I have come to know over the last number of years and whose district I have traveled to on a number of occasions and whose leadership I've seen demonstrated both in her hometown of Columbus as well as here on the floor of the House. She served as a former school board member in Franklin County, a former county commissioner in Franklin County, and now serves in the United States House of Representatives with distinction.

I yield to the gentlelady from Ohio, MARY JO KILROY.

Ms. KILROY. I want to say thank you to both of my colleagues, Representative MYRICK, with whom I have the great honor of serving as one of the

co-Chairs of the bipartisan Congressional Cancer Caucus, and of course the gentlewoman from Florida for your strength as cancer survivors and for leadership on this issue.

I am lucky, Representative WASSERMAN SCHULTZ, to have you as a friend, and I appreciate very much the kind comments you made just a few minutes ago about me. You have taught me so much about this Chamber and what it means to serve here as a Member of this House.

□ 2100

Last weekend, we saw some very interesting things happen on the football fields. We heard earlier from Representative CAPPS—and I remember those days when breast cancer was something to be whispered, when my mother and her sisters or my father's sisters would whisper in the other room about somebody who had been diagnosed, and things have changed that way.

And last weekend we saw some very large athletes who are man enough to wear pink. Hundreds of NFL football players shed their dirty cleats for fresh pink and white athletic shoes to show their support for Breast Cancer Awareness Month, to show their support for their mothers or sisters or aunts or grandmothers or for the thousands of women diagnosed with breast cancer in this country.

Awareness is very important. And I think awareness helps lead to action, the kind of action that we've talked about tonight with our sponsorship of the EARLY Act, the kind of action that dedicates resources to research and to access to health care.

The pink wave was a wonderful show of solidarity for cancer survivors and for continued research funding that we in this Chamber have supported. And while professional athletes get a lot of attention, I would like to call your attention to the next generation of athletes, to some women in my district who are also drawing attention to the cause and to the fight for a cure. In fact, they are instead of running for the cure, they are volleying for the cure.

And this week I visited Hilliard Bradley High School and presented each member of the Hilliard Bradley volleyball team with a recognition certificate for their service to the community through the Volley for the Cure event that took place at their high school on September 14. The Hilliard Bradley volleyball team and their coach, RyAnne Efferman, with the support of small businesses and the community of Hilliard, raised \$2,300 for the local affiliate of the Susan G. Komen Race for the Cure. The team had a T-shirt, a bake sale, and a raffle at their match against Fairbanks Local to raise awareness and money for the cause.

It's great that these young women recognize an issue that is facing us as women in this country, the need to raise further awareness and further re-

sources so that we have a cure. And I was so pleased with them for their leadership. This is a new high school. These are not the seniors that are looking for something on their resume. These are freshman, sophomores, and juniors in this new high school on this new team stepping out beyond their comfort zone to go out and knock on doors and ask for money to join us in this cause to find the cause and the cure for breast cancer, a disease that affects in one way or another almost every single American. And it can only be eradicated if we all continue our efforts at the Federal level to support and to fund important research and to continue the grassroots support that we see at important organizations like Susan G. Komen.

I cannot tell you how proud I am of the 25 young women who put this event together, as well as for their four coaches.

These young women and this 25th anniversary of Breast Cancer Awareness Month should serve as a reminder to all of us to take breast cancer screening seriously and to make sure eliminating breast cancer is a priority for our country. We hold the key to this in our incredible doctors, in our scientists; and I hope that they will continue to receive the support they need.

People will learn how to be more aware of breast cancer and the need for examinations and prevention and detection, and we'll continue to work so that all of us, all women, have access to the women's health care that they need.

Thank you very much for this opportunity.

Ms. WASSERMAN SCHULTZ. Thank you so much, Congresswoman KILROY. It is so wonderful to serve in the House of Representatives with you, and as someone who has recently shared her personal health care battle and highlighted the need for health care reform as a reflection of your own personal story, I really just admire your courage. And it's been an incredible privilege to work with you. Thank you so much.

It's now my privilege to introduce not only my friend but my next-door neighbor in Washington, D.C., a woman who has been a passionate advocate, a fighter—really you look in the dictionary and look up the word “fighter” and “passion” and SHELLEY BERKLEY is right there.

She served prior to her election to Congress in the Nevada State Assembly. And I would like some credit for pronouncing “Nevada” correctly. So I want to pat myself on the back for that. Ms. BERKLEY served on the Nevada State Community College Board of Regents as well. She is the mom of two wonderful sons, both of whom I've met and who have done her proud.

And it's my privilege to yield time to her tonight for Breast Cancer Awareness Month.

Ms. BERKLEY. Thank you, Congresswoman.

I would like to thank both Congresswoman DEBBIE WASSERMAN SCHULTZ and my dear friend Congressman SUE MYRICK for leading the charge, and a special thank you to DEBBIE. She did mention that we're next-door neighbors.

And I want to tell you, DEBBIE, I used to—you know, in the morning before I start getting ready to come to work—and I am always at work by 8 o'clock no matter where I have to be; it's usually by 8. And I would be sitting at my dining room table having my cup of coffee and reading the newspaper, and at ungodly hours there was DEBBIE getting into her car, and I couldn't for the life of me figure out where she was going at this hour. I said, Where can this woman be going?

But then by 8 o'clock I would see her at whatever meeting we were at. And I never knew until you made that public disclosure of what you were going through and that you were going through it by yourself, with your loved ones, but not sharing with your colleagues because you wanted to keep this personal and not tell people at that time. And I cannot tell you the admiration I had for you long before that, but particularly afterwards.

And, SUE, same thing. I recall distinctly when you were going through your treatments and how brave you were during that time, and it's an inspiration for all of us.

This is a very important piece of legislation, and that's why I came to the floor at 9 o'clock in the evening. It's particularly personal to me.

There isn't a woman in my family that has not died of cancer, of breast cancer: both my grandmothers, all of my aunts, my mother. The worst day of my life is when my sister, Wendy, 47 at the time, called me up and told me that she had been diagnosed with cancer. Given the background of my family, listening to this my knees buckled because I was so fearful of her fate. But because times have changed and there's early detection and better awareness of this dreaded, horrible disease, horrible disease, she was able to get the treatment that she needed. They practically killed her to cure her, but she's alive today and doing not only very well but she just became a grandmother last Friday. And that could not have happened in my mother's generation or my grandmothers' because they weren't aware of what they needed to do in order to protect themselves.

I am hoping that when we are discussing health care in this country that we are able to change the paradigm of how we deliver health care services to the people that we represent throughout the United States of America. This is a perfect example of legislation that is important because it raises awareness for all women, young and old, but particularly younger women that need to know what to look for, what to expect, what are the signs, and what they can do when they suspect that they have the early signs of cancer.

I think the reality is with early detection, you can prevent these diseases and seek the treatment that you need so that you can go on to lead a long and wonderful life and have children and grandchildren just like my sister Wendy.

Women don't take very good care of ourselves. We're always taking care of everyone else. And the little aches and pains we have we tend to ignore because we're too busy during the day to deal with it. We cannot afford to let that happen because sometimes it's those little pains, those little bumps, those little things that we don't pay attention to that could ultimately lead us down a path that we don't want to go.

If you have a sick mother, you have a sick family because in most cases, the mother is the linchpin of the family. And if you're going to have a woman that doesn't take care of herself, doesn't know what the early signs of cancer are, doesn't know what to look for and what to do should they suspect, then they're not going to treat themselves; they're not going to have early detection; they're not going to have prevention of this disease. And the entire family is going to be harmed, and the loss to the family is dramatic.

So I cannot thank you enough for introducing this legislation. I'm a proud cosponsor. I look forward to being on the floor and voting for this and pressing that green button.

And I thank you all, not only on behalf of the women in my family—those that have gone, those that are still here and those that are yet to be born—but for the millions of other American women and families that this legislation is going to help and to save. And I thank you both for that.

Ms. WASSERMAN SCHULTZ. Thank you, Congresswoman BERKLEY for your leadership and for your friendship and for your neighborliness.

At this time I would like to yield to the gentlelady from North Carolina who will yield to some colleagues who have joined us on her side of the aisle.

Mrs. MYRICK. I thank the gentlewoman for yielding.

I wanted to make a couple of points before I do that, and one of them is we can't spend an evening talking about breast cancer without remembering our dear friend JoAnn Davis who was a Member here. And she fought a courageous, courageous battle. She truly did. Unfortunately, she was diagnosed late. She had a very aggressive cancer and she lost that battle a couple of years ago. And it's still hard every time I think of her. She was a tremendous, tremendous person and very valiant.

The other thing I wanted to just mention was when we talk about the awareness that this bill is promoting, women still today don't want to get mammograms simply because they're afraid they will hurt. And you know, I have had so many women say that to

me; and then I have other women say, Well, I really don't want to know. And you know, we really need to make women aware that they better find out sooner rather than later. And that's why this legislation is so important.

And men, too. I have two male friends in Charlotte who both have breast cancer and never had any idea—and one of them, unfortunately, because they didn't think he had breast cancer, he isn't with us any longer.

So there is a lot of work to do, and again I commend you for this.

And I have the pleasure of introducing a gentleman who is also new to Congress, and we're delighted he's here, the gentleman from Louisiana (Mr. CAO). I will yield to him 2 minutes.

Mr. CAO. Thank you very much for yielding me time.

Mr. Speaker, I stand here today to support this very important legislation to bring awareness to breast cancer. For many women in my district and all over the United States, breast cancer is a life threatening disease. It is therefore imperative that we as a Nation do all we can to work towards a cure.

The national statistics for breast cancer rates are intimidating. It is the leading cause of death in women ages 50–54. Thus, very few families are left untouched by the pain and suffering it causes.

However, thanks to the efforts of the Susan G. Komen Foundation and other breast cancer awareness groups, breast cancer has the highest survival rate of any cancer that afflicts Americans. In fact, there are 2.5 million survivors that owe their lives to these efforts and to the power of early detection.

My home district, the Second Congressional District of Louisiana, has the highest breast cancer mortality rate of any district in the United States and, unfortunately, the lowest early detection rates.

Thanks to recent medical developments, early detection means more treatment options and higher success rates. It literally saves lives.

As part of Breast Cancer Awareness Month, I want to stress the importance of having regular screenings to guarantee early detection and to improve women's chances for survival.

I would also like to acknowledge a woman from Louisiana who's currently struggling with breast cancer, Mrs. Tara Stoulig Monistere.

Mrs. Monistere is a 34-year-old wife and mother who was diagnosed with stage IV breast cancer shortly after the birth of her daughter. Her situation is unusually difficult in that breast cancer rarely strikes young women and new mothers with such intensity. Every aspect of her life is compounded with greater stress levels and hardships as a result of this disease.

However, she remains an active member of her community, maintains close relationships with family members, and fights her disease with great faith, bravery, and determination.

□ 2115

Mrs. Monistere's personal struggle with breast cancer is one of countless examples that proves that this disease is too common for women of all ages. Breast cancer attacks a new victim every 2 minutes, and an estimated 3 million women are living with it in the United States today. I urge all women in my district and throughout the country to get tested regularly. Through continued awareness and preemptive action, we will proactively fight this disease and save more lives.

Ms. WASSERMAN SCHULTZ. Thank you very much, Mr. CAO, for joining us this evening. Again, this has been a bipartisan Special Order, as well as male, female, a combination of devotion to making sure that the women in our lives and the 1 percent of men that are diagnosed with breast cancer every year are more aware of the importance of focusing on their breast health.

It is now my privilege to yield time to the gentleman from Illinois who is celebrating a birthday today. That is particularly exciting, and we appreciate him coming down to help raise awareness about the importance of breast cancer on his birthday. He is a father of two. Prior to his election to Congress last year to fill an unexpired term of the former Speaker, he was a scientist, a very successful and learned scientist, and has added incredible expertise to the discussion and debate we have here in the House of Representatives, Mr. FOSTER from Illinois.

Mr. FOSTER. Today I rise in support of my sister, Susan Adlai Foster, a survivor of breast cancer; and in remembrance of my grandmother, Nanette Raymond, who was not. Today I also rise in strong support of Breast Cancer Awareness Month to recognize the strength of the women who have endured this terrible disease. This year alone, it is estimated that 192,000 women will be newly diagnosed with breast cancer, and it will claim the lives of over 40,000 women. However, it is a great disservice to these strong, courageous women to reduce them to statistics. They are our mothers, sisters, grandmothers, and our friends.

I lost my grandmother to breast cancer. Thankfully, my sister has survived her battle with this disease. I firmly believe that we must take all steps necessary to promote awareness and research to find a cure so my daughter and her generation do not suffer through this same experience.

It has become obvious that part of breast cancer is environmental, part of it is genetic, and a large part can be mitigated through early detection. We must press ahead on all fronts to mitigate and eventually eliminate this scourge.

I would also like to take this opportunity to applaud the efforts of the Susan G. Komen Foundation that has done so much to advance this cause and to spread the message that early testing saves lives.

I encourage all of my colleagues to cosponsor and vote for H. Res. 708, congratulating Nancy Goodman Brinker, who founded the Susan G. Komen Race for the Cure, for receiving the Presidential Medal of Freedom.

Ms. WASSERMAN SCHULTZ. Thank you so much, and happy birthday.

It is now my privilege in the last couple of minutes before we yield back, in honor of Breast Cancer Awareness Month, to yield time to the gentlewoman from northern California who is a passionate fighter on behalf of the causes that she and her constituents care about, LYNN WOOLSEY.

Ms. WOOLSEY. Mr. Speaker, I rise in support of breast cancer awareness and to honor two very brave congresswomen, Congresswoman WASSERMAN SCHULTZ and Congresswoman MYRICK.

Mr. Speaker, breast cancer is a disease that has touched the lives of far too many people. Young women are especially high risk for breast cancer. In fact, breast cancer is the leading cause of cancer death among women ages 15–45 because breast cancer tends to be more aggressive in younger women due to lack of appropriate screening, diagnostic tools, and inadequate education about the disease among young women and among the medical community.

We must give young women the tools they need to fight this disease by educating them, and we must make sure that they receive early detection, because when breast cancer is detected in the early stages, the survival rate is more than 98 percent. That is why I support H.R. 1740, the Breast Cancer Education and Awareness Requires Learning Young Act of 2009. This bill would increase awareness of risk factors for breast cancers and encourage early detection of the disease among young women through community-centered informational forums, through public service advertisements, and media campaigns.

H.R. 1740 also aims to educate health care professionals about the unique circumstances young women diagnosed with breast cancer face.

In addition to educating women, Mr. Speaker, about the risks of breast cancer, we must expand research into the causes and treatments for breast cancer, especially among young women who are excluded from breast cancer studies. Breast cancer is more difficult to diagnose in young women because screening methods that work on older women are less successful on younger women.

We also need to learn more about the long-term effects cancer treatments have on women of any age. That is why the Annie Fox Act is an act that will help us invest in prevention and in treatment.

Mr. Speaker, I am honored to stand here with my colleague from Florida and my colleague from North Carolina. I commend them both on the strength they have shown during their personal battle with this disease, and I applaud their efforts to help all women fighting

breast cancer. I pledge to work with them so we can get this behind us.

Ms. WASSERMAN SCHULTZ. Thank you so much. As Ms. WOOLSEY steps away from the podium, I really want to acknowledge her leadership, particularly on young women breast cancer issues because prior to my introduction of the EARLY Act, she was one of the leading voices on breast cancer in young women, and we can't thank her enough.

Mr. Speaker, as our hour comes to a close, I want to thank Congresswoman MYRICK for her leadership and her friendship. I think the point we want to make tonight is that although Breast Cancer Awareness Month is celebrated throughout the entire month of October, it is important for us to focus on breast cancer awareness and for women to focus on their breast health throughout the year.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise today, during breast cancer awareness month, in solidarity with, and through the strength of, thousands of breast cancer survivors and victims throughout these United States.

I stand by my friend and colleague Congresswoman DEBBIE WASSERMAN SCHULTZ whose fight with this disease is an incredible story of will and perseverance;

I stand by many longtime friends in our community who have been affected by this terrible disease;

And I stand by hundreds of thousands of women whom I will never know nor meet, but whose stories we already know all too well.

And though breast cancer affects both genders, it disproportionately targets women, with men being about 100 times less likely to be stricken with the disease.

And as women, our chances of developing invasive breast cancer at some time in our lives is incredibly high, by some counts a 1 in 8 chance.

This makes breast cancer the second most common cancer among women.

Almost everyone in this country unfortunately knows someone who has suffered from breast cancer.

Whether that person is your mother, sister, partner, or friend, the story is always heart wrenching.

Through efforts such as breast cancer awareness month, all of us work to bring about greater breast cancer education, prevention, diagnosis and treatment.

But it is stories of some of the brave women with this terrible disease that I want to share today.

Linda Gayle Burrowes never expected to be a statistic.

But for her 49th birthday she received the gift that would save her life.

A friend of hers insisted on giving Linda a mammogram; and the day after Linda's birthday, she was diagnosed with breast cancer.

She is a survivor because this angel sent gift caught the disease early, and Linda was determined that other women would not be like her, leaving their life up to chance.

Three months after her mastectomy, she started the breast cancer support and educational group "Your Bosom Buddies", which has meetings the 3rd Thursday of each month at the Women's Health Center at Baptist Hospital in my community.

There is also the story of Mary Lamberts, who is a 9-year breast cancer survivor.

Mary has a history of cancers on both sides of her family, so she always prepared for the worst on her check-ups.

But 90% of women diagnosed with breast cancer have no family history of the disease.

The diagnosis came after Mary had a mammogram, followed by an ultrasound that same day after her radiologist saw something suspicious.

During the surgery to follow, her doctor found multiple tumors.

Most of the tumors were removed but she had to undergo over 30 treatments of radiation, and remain on a regimen of powerful drugs for years afterwards.

Thankfully, many men and women do survive this terrible disease.

And no one knows the simple gifts in life like a survivor.

Rosa Andreu Vila was diagnosed with breast cancer 12 years ago and went through a lumpectomy, chemotherapy, and radiation and has mercifully been in remission.

She has told me that in the 12 years since her diagnosis, due to early detection and treatment, she has been able to see both of her sons graduate from college and be married, and is now a proud first-time grandmother.

These are stories of survivors, but new cases of breast cancer happen every day.

Dr. Frank Mave, a local doctor of osteopathy, is one of the newly diagnosed males with breast cancer and just had surgery this month.

He is only just now beginning his "long and winding road" with chemo and radiation, and we pray for him and all others who are on their way to being survivors.

These stories show that there is hope, and people are increasingly surviving breast cancer.

In the United States, breast cancer is becoming one of the most survivable cancers, if the disease is detected early.

And this is the point of breast cancer awareness month.

We must remain vigilant in our efforts to educate and diagnose and treat.

With these three pillars, we can and will save lives.

Let us make sure that we educate one another on the dangers of breast cancer and the need for routine checkups.

In memory of Congresswoman Jo Ann Davis, who passed away at the age of 57 while serving last Congress after a two-year battle with breast cancer;

For all men and women in my community and throughout the United States currently battling this terrible disease;

For my daughters, and my new baby granddaughter Morgan Elizabeth, I thank my friend and colleague Congresswoman DEBBIE WASSERMAN SCHULTZ for her leadership on this issue.

Her story serves as an inspiration to all.

Let us make sure our efforts to defeat this terrible disease continue at full force.

Mrs. LOWEY. Mr. Speaker, I'd like to thank my colleagues, DEBBIE WASSERMAN SCHULTZ and SUE MYRICK for organizing this very important Special Order hour tonight.

Recognizing breast cancer awareness month is about more than issuing a proclamation or delivering a speech. It is about honoring the women who have fought bravely

against breast cancer and committing to finding a cure so that they and other women can live healthy lives.

These women and their families have created a community of hope for those who struggle every day—with courage and dignity—with this terrible disease.

They are mothers, daughters, sisters, friends, and advocates whose strength and tenacity have driven us toward significant progress in treating breast cancer.

Improvements in treatments coupled with advances in early detection and screening methods have increased the survival rates for women to 98 percent when breast cancer is detected in its earliest stages.

But this remarkable achievement can not stop us from ensuring this terrible disease is cured once and for all.

Government can't cure cancer, but it can put the resources in the hands of scientists who will. That's why I have made funding biomedical research at the National Institutes of Health a top priority in Congress.

It is hard to believe, but when I was first appointed to the Appropriations Committee in 1991, the federal government was spending just \$133 million on breast cancer each year.

In the last decade, however, that investment has increased dramatically—to more than \$1.3 billion between spending at the National Institutes of Health, National Cancer Institute, and Department of Defense.

Furthermore, last year, legislation I authored with Representative SUE MYRICK to study the link between the environment and breast cancer was enacted into law.

In addition to fighting for more research into the causes and best treatments for breast cancer, I have also spearheaded the effort to substantially increase and accelerate research into early detection technologies.

Mammography screenings are a woman's best chance for detecting breast cancer early, and when coupled with new treatment options, can significantly improve a woman's chances of survival.

However, experts and scientists agree that we still have not found the 21st century early detection method we need.

I am pleased that the National Cancer Institute is spending close to \$55 million per year to research better screening methods for breast cancer spurred by my legislation, the Better Screening for Women Act.

The federal commitment to cancer research has enabled us to make enormous strides in our understanding of this complex disease.

The investment we make in research and education today will improve care for each and every cancer patient, and move us closer to the day when we eradicate cancer.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I am proud to be speaking before you today about the importance of "National Breast Cancer Awareness Month." This campaign goes back a quarter of a century, starting as a weeklong campaign in 1985, by AstraZeneca, a pharmaceutical company; its aim from the start has been to promote mammography as the most effective weapon in the fight against breast cancer. This month and throughout the year, we should all be committed to ongoing education about options for breast health and helping women become more informed so that they can make educated choices about breast health.

Breast cancer is a disease that impacts all Americans, affecting women and men of all

backgrounds, races, and incomes. Women in the United States have the highest incidence rates of breast cancer in the world; 141 among white women and 122 among African American women.

Among women in my home state of Texas, breast cancer is the most common cancer, and the second-most common cause of cancer death (after lung cancer). Women in the U.S. have a 1 in 8 (12.5%) lifetime chance of developing invasive breast cancer and a 1 in 35 (3%) chance of breast cancer causing their death. There were 216,000 cases of invasive breast cancer and 40,000 deaths in 2004. In 2007, breast cancer was expected to cause 40,910 deaths in the U.S. (7% of cancer deaths; almost 2% of all deaths).

It is unacceptable enough that so many women today meet such an end. But, worse still, several studies have found that black women in the U.S. are more likely to die from breast cancer even though white women are more likely to be diagnosed with the disease. Even after diagnosis, black women are less likely to get treatment compared to white women. The journal *Cancer Causes and Control*, for instance, found in their sample that there has been no improvement in mortality from breast cancer for black women in 23 years.

Worldwide, breast cancer is by far the most common cancer amongst women, with an incidence rate more than twice that of colorectal cancer and cervical cancer and about three times that of lung cancer. However breast cancer mortality worldwide is just 25% greater than that of lung cancer in women. In 2004, breast cancer caused 519,000 deaths worldwide (7% of cancer deaths; almost 1% of all deaths). The number of cases worldwide has significantly increased since the 1970s, a phenomenon partly blamed on modern lifestyles in the Western world.

However, research has proven that by making treatment available, we can fight this horrendous disease. In my home city of Houston, the Ben Taub General Hospital and Baylor College of Medicine strive to ensure that the most advanced medical care is available to all the city's residents regardless of wealth or ability to pay. Ben Taub General Hospital is vital in providing care to the over 1.1 million Houston residents without health insurance, and millions more with little or low insurance coverage. For over 100 years, Baylor College of Medicine has firmly committed to caring for patients, regardless of their ability to pay.

That is why we all work to raise awareness and educate our fellow citizens about this horrible disease; that is why we must fight to make sure breast cancer is defeated through early detection and funding for a cure; and that is why, to make sure that women across our nation have the treatment they need to fight this battle, we must pass real health care reform in America.

In closing, Mr. Speaker, I would like to thank everyone here for being part of this fight, and I pledge to remain by your side until breast cancer is defeated, and no American woman ever again has to fear it.

BREAST CANCER AWARENESS MONTH

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

Mr. PAULSEN. Mr. Speaker, I just want to rise in support tonight and commend my colleagues from Florida and North Carolina for their support in this effort and bringing attention to this very important issue.

As I listened to the personal stories tonight, I couldn't help but think about how this has touched so many different people in so many different ways. As the father of four daughters myself, I certainly have the perspective of wanting to focus early prevention and attention on this issue.

I have staff members who have family members who have been afflicted by this terrible disease. I think it is very important to recognize that as we look at October being Breast Cancer Awareness Month, and the efforts that are going on here this evening, the more that we can do as a Congress bipartisanship and across the aisle, especially to drive attention and focus on a disease that is afflicting so many people and is something that is very preventable, as was mentioned. This is the disease that is the most commonly diagnosed cancer among women in the United States after skin cancer, and the second most common cause of cancer death, after lung cancer, among U.S. women.

Twenty-five years ago was the first observance of National Breast Cancer Awareness. We have come a long way since then, but we have a long, long way to go. We must continue to do more to raise awareness of this very serious issue.

That is the reason that I am a cosponsor of the gentlelady's legislation from Florida. It does focus the education on the prevention measures which are so critical. I mention that, having four young daughters myself. That is a bill that has 370 cosponsors. There aren't that many pieces of legislation that garner that type of support. It really is a testimony of not only the issue, but the leadership of the gentlelady from Florida. It is an honor to be part of this effort tonight and to drive focus and attention on this.

This bill really does focus important attention to early detection, which is the key to preventing and curbing this horrible disease. Studies have shown that early detection of breast cancer can and does save lives.

Mammograms performed every 1 or 2 years for women aged 40 years or older can reduce mortality by approximately 20 to 25 percent over 10 years. So it works.

I was proud last night to highlight an example of two young entrepreneurs, enterprising constituents in my district, that began their own efforts to drive attention on this deadly disease. They started their own lawn care business, but on the side they decided to dedicate a portion of their profits toward breast cancer research.

So these two young 15-year-olds have begun one of the most inspiring and philanthropic organizations throughout Minnesota, and now they are trying to drive more attention to this