

might consider realizing their dream and making that change to a second career in teaching. Let us get together and pass this legislation, and begin to deal with the need to have quality teachers as more and more students are in our schools.

GUN CONTROL

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, it was pretty outrageous last week that the Republican leadership had the nerve to offer a watered-down version of the Senate gun safety legislation. It was clear to all that watched and listened that 80 percent of the Republicans were willing to wait until there is more blood on our hands before passing real gun control legislation, legislation that would make it harder for kids to get guns.

But thankfully, 80 percent of the Democrats and 20 percent of the Republicans know that our children should be worrying about hitting their books, not about getting hit by a bullet. They know that our children should see Gunsmoke as an old TV rerun, and not a reality in their daily lives. And they know that our children must be safe in their schools, their neighborhoods, and their homes.

Increased gun safety measures will save the lives of thousands of young people every year. Regardless of our political agendas, we have to put our children first.

Fortunately, last week good sense prevailed and the legislation that would not close the gaping loopholes in our gun laws and would not make our children any safer failed. Mr. Speaker, now we have another opportunity, an opportunity to consider meaningful anti-violence legislation, rather than legislation that sounds helpful but rings hollow. We need commonsense anti-violence legislation, and we need to now.

In fact, Mr. Speaker, some of the most effective programs that we should and could be considering would begin at the preschool level. We know that the early years of a child's life are pivotal in determining their personality, determining their values and their conscience. So we must stop Band-Aid approaches that put guns in the hands of youth and put criminals behind bars after the fact.

Instead, we must do some real crimefighting at the source through effective prevention programs. In other words, let us not do what we have been doing with the staggering amount of money and a staggering lack of success. Let us not lock up people behind bars, never mind where they bought their gun.

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Never mind where they bought their gun or never mind what made them so crazy in the first place because today's kids are trying to be older faster, and they do not know how to do it, and they should not have to do it. A lot of them come from homes with only one parent, and a lot of them live in poverty.

Unfortunately, the clear connection between poverty and antisocial behavior continues to be an afterthought. We think we can stumble our way to make sense of security by some puny legislation, by putting people behind iron bars instead of protecting them and preventing them from being in trouble in the first place.

Mr. Speaker, we must address the problem of youth violence in terms of prevention and in terms of effective punishment. We should be implementing solutions based upon what research, what judgments, and what other practitioners have indicated about what is needed to reduce juvenile crime and delinquency.

That is why we must step forward with real solutions. Following the good sense of 80 percent of the House Democrats and 20 percent of the House Republicans, we can strengthen gun control laws, and we can invest in prevention programs so our children will not result in violence to settle their problems.

IOM REPORT ON SILICONE BREAST IMPLANTS

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

Mr. GREEN of Texas. Mr. Speaker, yesterday, the Institute of Medicine released its report on silicone breast implant research. It evaluated past studies on the association between silicone implants and diseases as well as considering the frequency of complications including rupture, the need for additional surgeries, and problems with contraction.

Perhaps the Institute of Medicine's most important directive was to recommend areas of future research concerning silicone breast implants.

The IOM, the Institute of Medicine, report points to the undeniable need for additional scientific research on the long-term outcomes and local complications of silicone breast implants. In fact, the report states these complications occur frequently enough to be a cause for concern and to justify the conclusion that they are the primary safety issue with silicone breast implants.

Although the rate of implant rupture and silicone leakage has not been definitively established, a recent analysis of implant failure conducted by the University of Florida found silicone

breast implant rupture at a rate of 30 percent at 5 years, 50 percent at 10 years, and 70 percent at 17 years.

However, in information sent to women considering implants, manufacturers currently are grossly underestimating the rupture rate at 1 percent.

The Institute of Medicine, the IOM, also concluded that the information concerning the nature and relatively high frequency of local complications and reoperations is an essential element of adequate informed consent for women undergoing breast implantation.

Therefore, the IOM recommends the development of national model of informed consent of women undergoing breast implantation to ensure women fully understand the risks associated with silicone implants.

Women have the right to choose to get breast implants, but Congress has the responsibility to make sure that they are fully aware of the risks associated with these products.

For these reasons, I, along with the gentlewoman from New Mexico (Mrs. WILSON) and nearly 45 cosponsors have introduced H.R. 1323, the Silicone Breast Implant Research and Information Act.

This bill promotes independent research at NIH in order to ensure impartial, scientifically sound studies on silicone breast implants. To date, there have been no National Institutes of Health, NIH, clinical studies of mastectomy patients who have had implants.

With the level of attention and controversy on this issue, supporters of H.R. 1323 believe leadership from NIH is critically important.

Our legislation would also require the FDA to strengthen informed consent procedures in clinical trials and institute better follow-up mechanisms for consumer complaints. Because the FDA has never approved silicone breast implants for the market, it is crucial that women and their doctors have access to accurate information concerning the possible risks.

Finally, the Institute of Medicine, the IOM, recommends additional research to determine safe levels of silicone in the human body. Everyone has some level of silicone in their body. However, there has never been any research to establish a safe level of silicone. How can scientists be expected to determine whether silicone is causing diseases if we do not know what is the safe level?

Mr. Speaker, I urge my colleagues to look at H.R. 1323.

JUVENILE DIABETES

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

Mr. ETHERIDGE. Mr. Speaker, I rise this evening to call to the attention of