

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.

□ 1915

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

my colleagues and the House to the urgent problem of juvenile diabetes.

Today, I was visited in my office by one of my 9-year-old constituents, Ruth Hendren of Raleigh, North Carolina.

Ruth came to Washington with the Juvenile Diabetes Foundation to lobby Congress to provide needed funds for diabetes research.

We in Congress are used to being lobbied all of the time by high-priced hired guns and other big-time lobbyists who represent any number of special interests in this body.

But when one looks into the eyes of a child, whose daily battle with this terrible disease is truly the embodiment of bravery, one cannot help but be moved.

Diabetes is a chronic, debilitating disease that affects every organ system, every age group, both genders, and all ethnic minorities.

Sixteen million people suffer from diabetes. Eight hundred thousand Americans and children will be diagnosed this year alone. Victims of diabetes, of juvenile diabetes, must endure as many as six injections of insulin a day and eight finger-prick blood glucose tests every day. It would be tough for an adult to do that, but it is especially tough to see a child.

We in Congress need to do what is right on behalf of the victims of juvenile diabetes in every congressional district in the country.

Diabetes is a disease in search of a cure, a problem in search of a solution. Medical research has brought us close to the cure of diabetes.

I call on my colleagues to step up to the plate and support increased funding for the National Institute of Health for diabetes research.

On behalf of Ruth and all of America's victims of diabetes and their families, I trust that Congress will do it this year.

EDUCATION AND SCHOOL CONSTRUCTION

Mr. Speaker, while I am talking on this issue of education and funding, it is important that I cover an issue that is also very important for this Congress to deal with, and that is school construction. It is an urgent problem all across this country.

I want to thank my colleagues in the New Democratic Coalition for their leadership and help in this issue of school construction.

As a former State superintendent of schools in North Carolina, I have been working to help pass a school construction bill since I arrived in this Congress in 1997.

The statistics tell the tale. Today, there are nearly 53 million students in schools in America, more than at any time in our Nation's history. Schools are busting at the seams.

Children find themselves in trailers, gyms, closets, bathrooms, and other make-shift classrooms and gyms and on stages.

Substandard learning environments are unacceptable. We want higher standards for our children in academics and places for our teachers to teach.

If we are to succeed in the next generation and the new millennium, our children must have world-class education; and to have that, we must have quality facilities.

In my district alone, we have places that have grown almost a third since 1990. Wake County, our capital county, will add about 3,500 to 4,500 new students to enrollment rolls every year. That is 3,500 to 4,500 students every year.

The crisis is getting worse. What kind of example do we set for our children when we neglect their schools? Over the next 10 years, more than 1.5 million more public school children will show up at the schoolhouse door. In North Carolina alone, our high schools are projected to grow by 21.4 percent over the next 10 years; and that will be third in growth in the United States.

I have introduced a school bill, School Construction Act, that will provide \$7.2 billion in school construction bonds across the United States for our fastest growing school districts.

I am working with the gentleman from New York (Mr. RANGEL) and the administration, and I will work with anyone else who wants to work to make sure that we have school funds for our children.

Our legislation uses Federal resources to leverage more local financing for schools. This does not take place with local money. It leverages it. Local systems get to make the decisions. We will only provide the avenue to do it. Taxpayers get more bang for their buck, and young people get good education environments, exactly the kind of assistance that local schools need.

The Etheridge School Construction Act now enjoys more than 88 cosponsors in the House and many members of the New Democratic Coalition. I invite others of my colleagues to join me.

My bill has been endorsed by the National Education Association, by the Chief State School Offices, and many other organizations who realize that we must act and we must act now.

I join my colleagues in calling for the congressional leadership in this House to bring up school construction now so that we can act on it and we can have the resources next year.

IMPACT OF ILLEGAL NARCOTICS ON OUR SOCIETY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Florida (Mr. MICA) is recognized for 60 minutes as the designee of the majority leader.

Mr. MICA. Mr. Speaker, it is Tuesday night, and again I rush to the floor to

talk about illegal narcotics and its impact upon our society and the responsibility we have as a Congress to deal with probably the most important pressing social issue.

It is interesting to sit here and listen to some of my colleagues, not the last two speakers, but previous speakers who talked about the focus of the tension of this Congress during the last week and last several weeks since Columbine.

The latest solution is, I guess, to control gun show sales and then also putting child safety locks on guns, both remedies that may solve some incidences and crime and the use of firearms. But it is amazing how the people who really, I think, got us into this situation we are into, with some of the disrespect for the law, some of the lack of law and order, some of the lack of discipline in our schools, the liberal court decisions and appointments that have gotten us into this situation where young people do not know right from wrong and where anything goes in our society, they come up with solutions that address a tiny part of the problem.

They will go to the heart and soul of this subject, the child or the young person that is committing that crime. It is interesting.

There were 10,000 murders by guns last year in this country, and there should not be one murder in this Nation by a gun or a knife or an explosive or through any other mayhem.

But, again, the liberal side likes to look at these issues and address a little bit of the symptoms and not really address the root problems.

One of the problems that I continually come to the floor and talk about is the problem of illegal narcotics. Certainly if we looked at the root of violence in this country and crime in this country, there is a direct correlation between crime and illegal narcotics use.

Probably a vast majority of the murders committed in the United States were drug related or the individual involved was involved in some type of substance abuse. While there were 10,000 murdered by guns in this country, there were 14,000 who died from the direct cause of drug-related deaths. That does not get much attention. It is unfortunate that, again, we just address some of the symptoms, we do not address the root problems.

□ 1930

I am here again tonight to talk about a problem that we have in our communities. As I said before in the House, we have a Columbine in our Nation every single day times three with the number of young people that are dying of drug-related deaths. I am not talking totally about the number of suicides, the number of automobile accidents, the other unreported deaths, but more than 14,000