

wrong kind of approach to solving a very difficult problem in terms of the kind of help the President could give. If the President showed leadership, if he brought ideas to the table, if he empowered his appointees to sit down and work with the Senator from Louisiana, the chairman of the committee, Senator BREAUX, all of those would be positive.

Our hope is that in the remaining weeks of February, the President will engage, he will lead and assist us in reaching a solution that all of us want: a better Medicare for our seniors.

Mr. KINGSTON. Mr. Speaker, I thank the gentleman.

Mr. Speaker, I yield to the other gentleman from California (Mr. OSE).

Mr. OSE. Mr. Speaker, I realize my time is short. I just would like to emphasize, following the comments from my distinguished colleague from California, the importance of this issue for me personally. I can recall on numerous occasions being visited by residents of the Third District talking about their need for adequate medical care. We are going to work on this, this year. The gentleman from California (Mr. THOMAS) is leading us forward, together with the gentleman from Louisiana. I think we are going to make progress.

Mr. KINGSTON. Mr. Speaker, I just want to say, what we are trying to do is find the balance to protect and preserve Medicare, not for the next election, but on a bipartisan basis for the next generation.

THE BREAST AND CERVICAL CANCER TREATMENT ACT OF 1999

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROSLEHTINEN) is recognized for 5 minutes.

Ms. ROSLEHTINEN. Mr. Speaker, this afternoon I would like to highlight an issue that is of great importance to the future of our wonderful country. I want to talk about a rapidly-growing, pervasive disease that is affecting the stability of many families and many homes throughout our land.

Mr. Speaker, I would like to talk about breast and cervical cancer and how it is up to each and every one of us to eradicate this disease, and how each one of us could be faced with the opportunity to help eradicate these diseases by cosponsoring the bill sponsored by the gentleman from New York (Mr. LAZIO), The Breast and Cervical Cancer Treatment Act of 1999.

Breast and cervical cancer do not discriminate. These diseases can affect every mother, daughter, sister, including ours. And although these diseases are not as of yet preventable, they can be stopped in their tracks with treatment if they are detected early in their development.

Congress has gone as far as passing the Centers for Disease Control and

Prevention's Breast and Cervical Cancer Early Detection Program, and this provides screening for women who do not have health insurance coverage and who do not qualify for either Medicaid nor Medicare. While this was a great advancement, it became evident that it was only an initial step and that a more viable yet long-term solution was needed. What is needed is funding for treatment services once a woman is diagnosed with breast or cervical cancer.

What happens to the woman who is diagnosed with this through the Federal CDC program and is not able, not financially able to afford treatment? Should she be left to die? Should she be forced to spend her days holding bake sales and car washes to get the funds needed to treat her potentially fatal disease? Should she be forced to let time elapse as she scrambles for money from various health care agencies and dwindling State funds?

Unfortunately, this is the scenario that is occurring in the lives of many women who are diagnosed positively through the CDC program. In my congressional district of Miami, for example, Mr. Speaker, a lady named Yolanda qualified for a free mammogram screening, and after suspicious results, was recommended for a surgical biopsy. This recommendation took place a year ago, yet Yolanda has yet to undergo a biopsy for fear of placing an even bigger financial burden on her husband, who holds only a low-paying job.

Another constituent of my congressional district named Maria was recommended to undergo diagnostic procedures after an abnormal screening in 1996. Although she qualified for free diagnostic procedures, she was told that treatment would not be covered. As a result, Maria has yet to undergo these necessary procedures for fear that she would not be able to pay for treatment if, in fact, the treatment is needed.

The bill of the gentleman from New York (Mr. LAZIO), The Breast and Cervical Cancer Treatment Act, will put an end to the cruel and heartbreaking irony of providing screenings, yet no treatment. His bill will provide States an optional Medicaid benefit to provide coverage for treatment to low-income women screened and diagnosed with breast and cervical cancer through the CDC early detection program.

Fortunately, the number of women who need actual treatment for these cancers are not many. In fact, through the CDC program less than 4,000 women have been diagnosed with breast cancer and less than 350 women have been diagnosed with cervical cancer over a period of 9 years. With little cost to the taxpayer, the legislation of the gentleman from New York (Mr. LAZIO) would positively impact the lives of thousands of women and their families by providing guaranteed access to treatment.

I salute the National Breast Cancer Coalition and especially my con-

stituent, Jane Torres, who is the President of the Florida Breast Cancer Coalition, for bringing this important issue to the forefront of our agenda. Through their many years of hard work and dedication to advocate sufficient funding for research and education, and for ensuring quality in health care for all without fear of discrimination, many of these women have been helped.

Before my colleagues prepare to go back to their districts, I hope that all of us in the Congress will remember the Yolandas and the Marias in their districts as well. I hope that they will acknowledge the many cases that resemble theirs and the many women who are counting on us to do the right thing. I hope that all of us will support The Breast and Cervical Cancer Treatment Act, to give women a fighting chance against this disease and to truly reduce the incidence of death from breast and cervical cancer.

DEALING WITH THE DEFICIT

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

Mr. SMITH of Washington. Mr. Speaker, throughout the 1980s and into the 1990s, no problem loomed larger in our Nation than the growing, seemingly never-ending Federal debt. Now, we have gotten to the point where that Federal debt is at \$5.5 trillion, and in the early 1990s we were adding to it to the tune of almost \$300 billion a year and more, and projections showed that going up forever. It looked like it was never going to end and it did not seem like we were ever going to get out of the debt spiral.

I rise today to give a little good news, that we are headed in the right direction finally on the debt issue, but also to emphasize the importance of going the whole way: getting the budget balanced, and perhaps as important, paying down some of that debt.

Since 1992 we have seen reductions in the yearly deficit, to the point where in this past year that deficit is only about \$30 billion.

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I know Members have heard we have a surplus, but we really do not, because we are still counting the money we borrow from the social security trust fund as income, and it is really not. We have to pay that money back. So within the unified budget we are \$30 billion in debt this year, and have a projected surplus for 2001. So we are headed in the right direction, but we need to maintain that fiscal discipline to get there, to get the budget balanced.

To show just how big a problem the debt is, I have brought a chart with me today that shows where the Federal Government spends its money. It