

hope the administration will give serious consideration to imposing sanctions on China. If not, there are those of us in Congress who are ready to mandate such sanctions through legislation.

CALLING FOR EXTRADITION OF ALLEGED KILLER OF DEEPA AGARWAL, SLAIN CENTRAL FLORIDA STUDENT

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

Mr. MILLER of Florida. Mr. Speaker, I am here today to speak on behalf of the family of Deepa Agarwal, a promising and bright young student at the University of Central Florida, who was brutally murdered in her apartment in Orlando, Florida. Her alleged killer, Kamlesh Agarwal, fled to his home in India where he remains today. Today is an important day to Deepa's family and friends because it marks the 1-year anniversary of her tragic death. But halfway across the globe in India, it is just one more day that her alleged killer remains free.

I am here to speak today because I am concerned about the failure of India to pursue and arrest this suspect, let alone extradite him. As a result of a murder in my own congressional district and the efforts made to extradite the suspect from Mexico, I learned a lot about the international loopholes that criminals can use to escape justice in America. In fact, according to recent statements by the Department of Justice, only one in four international fugitives is returned to the United States.

It is easy to point fingers at the actions of other nations when it comes to extradition. But I want the administration to take note of one important point. Deepa's family and friends held a vigil today in front of the White House and not in front of the Embassy of India. After more than 2 years of working on the issue of international extraditions and after talking to victims' families and local law enforcement, I have realized that there is a powerful and accurate perception that the administration is not doing enough to ensure that these suspects are returned. The American people are not content with being told that we have no influence over international law enforcement cooperation with countries like Mexico and India when we hand out millions of dollars in foreign aid and maintain a constant dialogue on a wide variety of other issues.

Cases like the Agarwal case should be a priority in U.S. foreign policy, and families should not feel like they need a Member of Congress to take the offensive on their behalf to get action on their case. I believe that there are employees within the State Department

and Justice Department who are committed to seeing these suspects return to face justice. But until that decision is made at the very top of the food chain to make these extraditions a top priority, we will continue to tread water on this issue, and tragically we will continue to see vigils like occurred today.

I ask the administration to make the Agarwal case and extradition a priority in our dealings with India, and I wish the Agarwal family and Deepa's friends the best of luck in their fight for justice. I also ask my colleagues to join me in support of international extradition reform and the legislation I have introduced, which is H.R. 3212, the International Extradition Enforcement Act.

IN SUPPORT OF H.R. 1323, SILICONE BREAST IMPLANT RESEARCH AND INFORMATION ACT

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, the reason this evening that I am asking for a 5-minute special order is to talk about some legislation that I have been working on and we have a great many cosponsors, H.R. 1323. As I begin to talk about it, Members need to understand when I first was brought to the problem's attention by some constituents of mine, I realized the first issue we need to deal with is what I call the candy effect, we need to get over the snicker factor and then really get on to dealing with the problems that some women in our country are having.

H.R. 1323 deals with breast implants, an issue that has been the subject of court cases. But my concern, Mr. Speaker, is that the Federal Food and Drug Administration, who is supposed to be America's watchdog, our protector, to make sure that we are not harmed by faulty drugs or medical devices. In fact, the FDA's own Web site calls itself the Nation's foremost consumer protection agency, and we pour millions and millions of Federal tax dollars into this agency every year. Unfortunately, when it comes to medical devices, the FDA is neither our watchdog nor our protector.

In May, I was disappointed to learn that the FDA approved saline breast implants for the general market. The FDA approved these breast implants despite data presented by the manufacturers showing that three out of four mastectomy patients who opt for saline breast implant reconstruction experience painful local complications.

The FDA approved breast implants despite the fact that the majority of implants rupture within the first 3 to 4 years. The FDA's own scientists concluded that the manufacturers have in-

correctly carried out their statistical analyses and therefore determined that the complication rates were as high as 84 percent with mastectomy patients within the first 3 to 4 years. These complication rates continue to increase over time.

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But, now with the FDA approval, the two leading manufacturers are able to market their saline breast implants. In fact, one of the manufacturers even has a pending FDA criminal investigation regarding its breast implant production and testing hanging over its head, and it still received approval by the FDA.

My concern for women who opt for a saline breast implant stems from hundreds of women who have contacted me with their experience, and I have heard from my own constituents and women from across the country who have suffered from the long-term consequences of reconstruction and cosmetic surgery, including infections, deformity and rupture.

These women also have suffered from inaccurate mammogram readings due to implants concealing breast tissue which is critical in detecting a recurrence of cancer. Studies show that up to 35 percent of the breast tissue can be obscured by these implants.

In addition, these women are experiencing difficulties with health insurance coverage to pay for the high cost of repeated surgeries and examinations. The cost of faulty implants is paid for by all of us. Just consider the number of women who have had breast implants. The Institute of Medicine estimated by 1997, 1.5 to 1.8 million American women had breast implants, with nearly one-third of these women being breast cancer survivors.

The American Society of Plastic and Reconstructive Surgeons cites breast augmentation as the most popular procedure for women ages 19 to 34. In 1998, nearly 80,000 women in this age bracket received breast implants for purely cosmetic reasons. By 1999, an additional 130,000 women received saline breast implants.

In spite of these escalating numbers, very little is known about the long-term effects of the silicone of these breast implants on the body. Few patients understand that even when they opt for the saline breast implants, the envelope of the implant is made of the silicone.

Following the FDA's decision to approve saline breast implants, the agency did warn women of the potential risk. FDA officials called upon implant manufacturers and plastic surgeons to ensure that thorough patient information is provided to women before they undergo the surgery.

So, now with the FDA approval process behind us, the only course of action to safeguard future women is an informed consent document. Somehow, a