

Mr. COBURN. Mr. Speaker, I yield myself such time as I may consume. I want to relate a story about a woman by the name of Sharon Coburn Wetz. She was a scrub nurse RN for a surgeon in Midwest City, Oklahoma. The vast majority of her early career was spent in assisting on surgery of the breast. Ironically, in 1983 she developed breast cancer herself as a very young woman. This last year she died as a result of that disease. She spent the 15 years before she died doing nothing but helping other women in diagnosis, treatment and reaching for recovery as an expert in mammography, treatment medically and assistance in the breast cancer center at the University of Oklahoma. I think it is fitting that her name be mentioned at this time because in the true spirit of most women and most mothers, what she did was gave of herself.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Hampshire (Mr. BASS) for the concluding statements.

Mr. BASS. Mr. Speaker, I thank the gentleman for yielding me this time. I want to thank all of my colleagues in this body for supporting this significant resolution. As we have seen, there is probably no Member of Congress who cannot cite someone close to them who has had breast cancer. I will only relate one individual who is close to me who died of breast cancer some 28 years ago during a time when treatment for breast cancer was barbaric at best. She was 48 years old when she was diagnosed, and she died at the age of 51. That individual was my mother.

I want to commend this Congress for paying special attention to this significant disease, celebrating the progress that we have made in the last 20 years but understanding that there is enormous work yet to go, and we all must put our shoulders to the wheel to find a cure for this horrible disease.

GENERAL LEAVE

Mr. COBURN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material on the bill.

The SPEAKER pro tempore (Mr. LATOURETTE). Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

Mr. EVERETT. Mr. Speaker, today, I lend my wholehearted support to H. Res. 278, the Importance of Education and Early Detection in Fighting Breast Cancer Act and thank my colleague, Representative CHARLIE BASS, for introducing this resolution.

Breast cancer strikes an estimated 180,000 women a year and kills over 46,000 annually. As we all know, the best defense against this dreaded disease is early preventative screenings and treatment. This is crucial.

If cancer is detected, it is extremely important to have access to reliable and under-

standable information on breast cancer. Sources of knowledge and assistance, such as the American Cancer Society, deserve our thanks and recognition for their continued good work.

Americans also need information on all of the treatment options available to them. Unfortunately, I have learned this from personal experience.

Last January, my wife received the life-altering news that she had breast cancer. Despite her annual check-ups and mammograms, our doctors told us that she faced undergoing a radical bilateral mastectomy. We felt extreme shock that the prognosis was so drastic.

However, after much research on the subject, she made the decision that this was indeed the best option for her. Her surgery was a complete success, and she has not even required any followup chemotherapy or medication.

So, I close with the same message—We must support and encourage the utilization of all of the modern-day prevention, detection and treatment options available. Our experience has shown us that this is essential in the battle against breast cancer.

Mr. POMEROY. Mr. Speaker, I rise in strong support of H. Res. 278 and in honor of the millions of women who have shown the strength and courage to fight back against breast cancer. Breast cancer is the most common form of cancer among women in the United States. This year, almost 182,800 new cases of breast cancer will be diagnosed and an estimated 40,800 women will die from this terrible disease.

Breast cancer touches not only the lives of those afflicted with the disease, but also their loved ones. Recently, my fellow North Dakotans came together to pray for a courageous woman, a woman who has dedicated her life to improving the health and welfare of others. Heidi Heitkamp, our state Attorney General, was diagnosed with breast cancer. Like so many afflicted with this disease, however, the strength, determination, and sheer will that Heidi has displayed through this most difficult of times has been an inspiration to her family, friends and all who know her.

Mr. Speaker, the story of Heidi Heitkamp, like that of so many other women, is also a story of hope. Each year, the number of deaths caused by breast cancer has slowly fallen. Increased education and increased technology has extended the life and increased the survival rate of those afflicted with this disease. The fight against breast cancer can be won. I call on my colleagues to join the fight by increasing funding for breast cancer research, increasing access to screening and treatment options, and increasing awareness. I call on my colleagues to fight for the lives of their mothers, sisters and other loved ones.

Mr. GILMAN. Mr. Speaker, I rise today in support of H. Res. 278, which expresses the sense of the House that all Americans, and above all women, should take an active role in the fight against breast cancer by using all the means available to them, including regular clinical and self-examinations, regular mammograms, and biopsies.

By calling for greater awareness and education for all women, may will benefit from early detection and by following up a screen-

ing with medical treatment, fewer women will succumb to this devastating disease.

Mr. Speaker, this issue is especially important to me and to my constituents, especially those in Rockland County. Recent studies have found that Rockland County has the highest rate of breast cancer in New York State and according to some studies, in the Nation. This legislation will help inform many of my constituents of how they can take an active role in the fight against breast cancer. Moreover, this resolution applauds and recognizes the role played by national and community organizations and health care providers in promoting awareness of the importance of regular clinical and self-examinations, regular mammograms, and biopsies and in providing information, support, and access to services. I strongly support this legislation and urge my colleagues to fund support this measure.

Mr. COBURN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oklahoma (Mr. COBURN) that the House suspend the rules and agree to the resolution, House Resolution 278.

The question was taken.

Mr. BASS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CERVICAL CANCER PUBLIC AWARENESS RESOLUTION

Mr. COBURN. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 64) recognizing the severity of the issue of cervical health, and for other purposes.

The Clerk read as follows:

H. CON. RES. 64

Whereas cervical cancer annually strikes an estimated 15,000 women in the United States;

Whereas during an average woman's lifetime cervical cancer strikes one out of every 50 American women;

Whereas it is estimated that during this decade more than 150,000 women will be diagnosed with cervical cancer in the United States;

Whereas according to the Surveillance, Epidemiology, and End Results Program of the National Cancer Institute, when cervical cancer is detected at an early stage, the five-year survival rate is 91 percent;

Whereas in most cases cervical cancer is a preventable disease yet is one of the leading causes of death among women worldwide;

Whereas according to the Centers for Disease Control and Prevention, the mortality rate among American women with cervical cancer declined during the period 1960 through 1997, but now has begun to rise;

Whereas clinical studies have confirmed that the human papillomavirus (HPV) is a major cause of cervical cancer and unknown precursor lesions; and

Whereas cervical cancer survivors have shown tremendous courage and determination in the face of adversity: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring),

SECTION 1. SHORT TITLE.

This resolution may be cited as the "Cervical Cancer Public Awareness Resolution".

SEC. 2. RECOGNIZING THE SEVERITY OF CERVICAL CANCER.

The Congress—

(1) recognizes the severity of the issue of cervical health;

(2) calls on the United States as a whole to support both the individuals with cervical cancer as well as the family and loved ones of individuals with cervical cancer through public awareness and education;

(3) calls on the people of the United States to take this opportunity to learn about cervical cancer and the improved detection methods available;

(4) recognizes through education and early detection, women can lower their likelihood for developing cervical cancer;

(5) recognizes the importance of federally funded programs that provide cervical cancer screenings and follow-up services to medically underserved individuals; and

(6) encourages all women to have regular Pap smear tests.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oklahoma (Mr. COBURN) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Oklahoma (Mr. COBURN).

□ 1130

Mr. COBURN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, prior to coming to Congress, I had a full-time practice in obstetrics and family medicine; and it was not uncommon that 50 to 200 times a year I would diagnose cervical cancer, and over the 15 years in practice prior to coming here, what I saw was an ever-increasing number of people who were being diagnosed with either cancer or pre-cancer of their cervix.

What we have come to know on the science of this is this is all caused by one virus, different strains of the same virus. Squamous carcinoma of the cervix is rarely caused by anything other than human papilloma virus. What we have today is a bill to make awareness of this issue for women in our country.

I want to thank the gentlewoman from California (Ms. MILLENDER-MCDONALD) for her work in this area, and also in the area of HIV and her care for those most affected by this. Raising the awareness of the high risk of cervical cancer is important not just to the more mature women in our country, but also to the young women in our country.

Along with that comes the very sad fact that our institutions that we should be trusting in this area have failed us. The Center for Disease Control has failed, because the full name of the Center for Disease Control is the Center for Disease Control and Prevention. The NIH has released a statement, as well as NCI, and on their Web site you can find that this disease is caused by human papilloma virus and

that a condom fails to protect. We are so sold on this concept of "safe sex" in this country that we refuse to accept the etiology and pathogenesis of this disease, and we refuse to be honest with the American public in that a condom cannot protect them from this.

The thing that is exciting to me about this resolution coming up is it perhaps will have some honesty coming out of the institutions that are funded with the taxpayers' money in this country, both the NIH and the NCI, as well as the CDC.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it is tragic that this year alone 15,000 women will be diagnosed with cervical cancer. More than 4,500 women will lose their lives to it. It is tragic that cervical cancer remains such a virulent killer when it is within our power to prevent it. In my own State of Ohio, over 200 deaths each year are attributable to cervical cancer.

Experts believe that cervical cancer deaths can be virtually eliminated through behavioral changes, early detection, and timely access to treatment, all of which hinge on public awareness.

The public needs to know that safe behaviors and proper screening can reduce cervical cancer death rates dramatically. The public needs the facts about screening test accuracy, new detection methods and about treatment breakthroughs so that all of us can play an active role in prevention and in treatment decisions.

The public needs to know about initiatives like the CDC's breast and cervical cancer early detection program, which has reached millions of uninsured women with free screening tests. Public awareness can help us garner the resources needed for CDC and its State and local partners to do more than scratch the surface of this problem.

As currently funded, the CDC program can only reach 15 percent of uninsured women. Unfortunately, because of congressional inaction, we make the early detection almost a cruel hoax on uninsured women, because we have not funded well enough the treatment for these women if early detection actually shows cervical cancer. We can do much better than that.

Mr. Speaker, knowledge fuels advocacy, and in the case of cervical cancer, advocacy can save countless lives. I am proud to be a cosponsor of the resolution offered by the gentlewoman from California (Ms. MILLENDER-MCDONALD) affirming that principle. I thank my colleague from California for her excellent work on this issue.

Mr. Speaker, I would add that I would hope that Congress, while pass-

ing this resolution, would do its job and move forward on other health care legislation that has the force of law, that sends money where it is needed, that changes laws where they are needed, that can help with prescription drugs, that can help with the Patients' Bill of Rights, that can help with Ryan White, that can do all the things that this Congress in the health care areas all too unfortunately bottled up.

Mr. Speaker, I reserve the balance of my time.

Mr. COBURN. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. SHAW).

Mr. SHAW. Mr. Speaker, I thank the gentleman for yielding me time. I would like to say the gentleman is certainly going to be missed next year. I wish he were coming back.

Mr. Speaker, today I rise in strong support of H. Con. Res. 64, the Cervical Cancer Public Awareness Resolution. Educating women of all ages on risk factors associated with cervical cancer and the importance of early diagnosis is imperative in reducing the number of women who are diagnosed and die of the disease each year.

I have been a long-standing supporter of efforts to raise the public's awareness of cervical cancer, and I strongly believe education is a critical first step in our fight against this dreadful disease that strikes one out of every 50 American women.

A real tragedy exists, because in many cases, cervical cancer is a disease that, if detected in its initial stage, can be successfully treated. We have a proven and effective screening tool in the Pap test, and we have the medical advances necessary to treat and save women's lives. Yet, unfortunately, cervical cancer remains a leading cause of death among women.

Increasing public awareness about cervical cancer will help educate women about the need to seek preventive care. It is a vital part of our fight against this disease.

Also vital to our fight is to make certain that women have access to and coverage for appropriate preventive care that will reduce cervical cancer deaths. That is why I, along with my colleague, the gentlewoman from Florida (Mrs. THURMAN), have introduced the Providing Annual Pap Test to Save Women's Lives Act of 2000, which would require Medicare to cover Pap tests and pelvic exams.

Medicare generally only covers Pap tests for women every 3 years. Since the Pap test's introduction shortly after World War II, death rates from cervical cancer have decreased 70 percent in the United States. However, despite the Pap test's unparalleled record of success, studies show of those women who die of cervical cancer, 80 percent had not had a Pap test in 5 years preceding their death. A January 1999 report on cervical cancer by the

Agency for Health Care Research and Quality showed that cancer deaths and cancer cases are reduced with annual screening.

Fighting cervical cancer should be a national priority. Without question, we need to promote public awareness about the severity of cervical cancer and the risk factors associated with the disease. At the same time, we must promote a health care policy that allows women to be routinely covered for screening Pap tests. Therefore, Mr. Speaker, I urge my colleagues to take this important step in the battle against cervical cancer and support H. Con. Res. 64.

I look forward to continuing to work to improve coverage policies so that women across this country can get the life-saving care that they need and they deserve.

Mr. BROWN of Ohio. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD), the sponsor of the resolution.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I would like to thank all of those Members, the gentleman from Oklahoma (Mr. COBURN) for his leadership in helping me with this resolution and the input for the language, as well as the ranking member and the chairman.

Mr. Speaker, I am proud to sponsor the Cervical Cancer Public Awareness Resolution with the gentleman from Oklahoma (Mr. COBURN). Together we have worked to raise awareness of cervical cancer throughout the past 2 years. Our work began with the Committee on Commerce, which held an eye-opening hearing on cervical cancer in early 1999.

I appreciate all of the support the gentleman from Virginia (Chairman BLILEY), the ranking member, the gentleman from Michigan (Mr. DINGELL), the gentleman from Florida (Mr. BILLIRAKIS), and the gentleman from Ohio (Mr. BROWN) have given to this cause, and especially the gentleman from Ohio (Mr. BROWN). He has been most helpful.

More than 50 years ago, Dr. George Papanicolaou developed what is considered the most effective cancer screen in the history of medicine, the Pap smear test. This test is still one of the most effective tools in saving lives and preventing invasive cervical cancer.

When cervical cancer is detected at an early stage, the 5-year survival rate is 91 percent, according to the National Cancer Institute. The CDC reports that the mortality rate among American women with cervical cancer declined from 1960 to 1997 in large part because of the extensive use of the Pap smear test.

However, in 1997, the number of women with cervical cancer began to rise. An estimated 15,000 women in the United States develop cervical cancer each year, and far too many of these women do not get annual screenings.

In October of 1997, a Gallup survey found that almost 87 percent of the women surveyed know they should have a Pap smear every year. Nearly 40 percent of these same women failed to do so in the previous year. One in four of the women who had not had an annual Pap smear test said they did not have the time. Other reasons include the belief that they are too old, feel embarrassed, are afraid of the results, or think it is too expensive. While all of these reasons are valid, they are not acceptable, when one considers that 80 percent of the women who die of cervical cancer have not had a Pap smear test in the past 5 years or more.

Women must understand what cervical cancer is, what steps they can take to reduce the likelihood of getting cervical cancer, how it can be detected early, and what all of their treatment options are when facing this disease.

While it is encouraging that women seem to know of the Pap smear test, many women do not understand just how life-saving this annual screening can be. That is why I sponsored this resolution, Mr. Speaker, with the gentleman from Oklahoma (Mr. COBURN).

Our resolution is part of a national campaign to raise awareness and increase annual screenings among women. I want to end the confusion, discomfort, and misunderstanding that form an unnecessary barrier to too many women, and particularly low-income and minority women. One out of every three Hispanic women reported in an HHS study that they failed to get a Pap smear test in the preceding 3 years, compared with about one-quarter of all American women. In addition, another survey by HHS found that 87 percent of employed women had a recent Pap test within the past three years, while 73 percent of women who were not in the labor force had done so.

More disturbing than the gap in lack of screening is that more women of color are dying from this disease. The rate of mortality for African American women is nearly twice that of Caucasian women, according to HHS. Equally disturbing is the high rate of STD transmission within this community. The World Health Organization and the National Institutes of Health report that the principal cause of cervical cancer is HPV infection, which is also the most common STD.

In my own district of South-Central Los Angeles, including Watts, the County Health Department reports that the rates of STD among African Americans are up to 20 percent higher than among Caucasians. The main reason is lack of information on how to prevent this transmission, which undetected years later, can lead to cervical cancer.

Although the risk factors for cervical cancer can vary, the cultural, financial and even geographical areas that complicate the fluid delivery of quality

health care linger as a dangerous indication of the need for more dialogue on this issue.

Mr. Speaker, let me thank my colleagues, the gentleman from Oklahoma (Mr. COBURN) first for his leadership in joining me on this resolution and all of the national effort in raising the awareness of this deadly disease. I applaud the thousands of persons who are out there helping to make this awareness possible.

Mr. COBURN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to read some literature from experts at the National Cancer Institute and the American Cancer Society, their published statements, and I will include them for the record. This is a quote from the National Cancer Institute:

“Condoms are ineffective against human papilloma virus because the virus is present not only in the mucosal tissue, but also on dry skin of the surrounding abdomen and groin, and it can migrate from those areas into other areas into the vagina and the cervix. Additional research efforts by NCI on the effectiveness of virus transmission are not warranted.”

□ 1145

The American Cancer Society recent research shows that condoms cannot protect against infection with HPV. The absence of visible signs of this disease cannot be used to decide whether caution is warranted since this disease can be passed on to another person when there are no visible signs of the disease externally. That is the American Cancer Society and the National Institutes of Health.

National Institutes of Health, April 3, 1996, the data on the use of barrier methods of contraception condoms to prevent the spread of human papilloma virus is controversial but does not support it as an effective method of prevention.

I include for the RECORD the following information:

DO CONDOMS PROTECT AGAINST HPV INFECTION?—ACCORDING TO THE SCIENTIFIC EXPERTS, THE ANSWER IS A RESOUNDING AND CONCLUSIVE “NO”.

NATIONAL CANCER INSTITUTE

“Condoms are ineffective against HPV because the virus is prevalent not only in mucosal tissue (genitalia) but also on dry skin of the surrounding abdomen and groin, and it can migrate from those areas into the vagina and the cervix. Additional research efforts by NCI on the effectiveness of condoms in preventing HPV transmission are not warranted.”—Excerpt from a February 19, 1999 letter to House Commerce Committee Chairman Tom Bliley from Dr. Richard D. Klausner, Director of the National Cancer Institute at the National Institutes of Health.

AMERICAN CANCER SOCIETY

“Recent research shows that condoms (“rubbers”) cannot protect against infection with HPV. This is because HPV can be passed from person to person with any skin-to-skin

contact with any HPV-infected area of the body, such as skin of the genital or anal area not covered by the condom. The absence of visible warts cannot be used to decide whether caution is warranted, since HPV can be passed on to another person even when there are no visible warts or other symptoms. HPV can be present for years with no symptoms."—Excerpt from the American Cancer Society website (www.cancer.org).

NATIONAL INSTITUTES OF HEALTH

"The data on the use of barrier methods of contraception to prevent the spread of HPV is controversial but does not support this as an effective method of prevention. . . . Reducing the rate of HPV infection by encouraging changes in the sexual behavior of young people and/or through developing an effective HPV vaccine would reduce the incidence of this disease."—National Institutes of Health Consensus Development Conference Statement on Cervical Cancer, April 1-3, 1996.

Mr. Speaker, the reason that is important is we have a breast and cervical cancer treatment bill by the gentleman from New York (Mr. LAZIO) and the gentlewoman from North Carolina (Mrs. MYRICK) that is being held up at this time on the basis of the Senate conferees not wanting to agree to the language in that in regards to HPV and cervical cancer.

Mr. Speaker, I would like to ask the body that they would put pressure on their fellow Senators that they might accede to this. The fact is, the reason we have this awareness up is we want women to get treated. This is a disease that is absolutely curable. It is not like breast cancer; we cannot always cure breast cancer.

This disease, if diagnosed properly and treated, is 100 percent curable. Knowledge and the fact that we are allowing a safe sex message of condoms preventing this disease to continue will do nothing but harm women. It will not undermine anybody's position on sexuality or abortion or any other issue. The fact is, it is harmful to women to let that lie continue.

Mr. Speaker, I would ask that as we support this, that we remember what we are really talking about is our sisters, our nieces and our daughters in the future that they would be given the knowledge with which to make great decisions, and the knowledge is that a condom does not prevent transmission of this disease. And until young women know that and know that certainly so that they can make a different choice, at least allow the young women in this country the ability to make an informed choice.

Mr. Speaker, I yield back the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I ask for support of this resolution, and I also ask that Congress move on the conference committee on the breast and cervical cancer bill. Public health officials want us to move on the Senate version of the

bill. We should not bog this legislation down in this argument that we heard today. We should move forward, pass this legislation, and also move forward and pass the Millender-McDonald resolution.

Mr. Speaker, I have no other speakers, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LATOURETTE). The question is on the motion offered by the gentleman from Oklahoma (Mr. COBURN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 64.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. COBURN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Con. Res. 64.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

WAIVING POINTS OF ORDER ON CONFERENCE REPORT ON H.R. 4578, DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. HASTINGS of Washington. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 603 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 603

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 4578) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2001, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentleman from Washington (Mr. HASTINGS) is recognized for 1 hour.

Mr. HASTINGS of Washington. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, H. Res. 603 is a rule waiving all points of order against the conference report to accompany H.R. 4578, the Department of Interior and

Related Agencies Appropriations Act of 2001, and against its consideration. The rule provides that the conference report shall be considered as read.

The Interior conference report appropriates \$18.8 billion in new fiscal year 2001 budget authority, which is \$3.9 billion more than the House passed and \$2.5 billion above the President's request. Approximately half of this funding, \$8.4 billion finances Interior Department programs to manage and study the Nation's animal, plant and mineral resources and to support Indian programs.

Among the Interior agencies receiving increases in this conference report are the National Park Service, the Fish and Wildlife Service, the Bureau of Land Management, the Minerals Management Service and the U.S. Geological Survey.

The balance of the measure's funds support other non-Interior agencies that carry out related functions. These include the Forest Service in the Department of Agriculture, conservation and fossil programs run by the Department of Energy as well as the Smithsonian Institution and similar cultural organizations.

Notably, the bill includes increased funding \$300 million above the President's request, for wildfire readiness, wildfire suppression and the rehabilitation of areas damaged by wildfires this summer.

Finally, I am particularly pleased that the bill appropriates \$5 million to be used solely for the reduction of the national debt. Mr. Speaker, although many Members, myself included, have concerns about certain sections of the bill, overall this is a responsible and balanced conference agreement. Accordingly, I urge my colleagues to support both the rule and the Interior conference report itself.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume and I thank the gentleman from Washington (Mr. HASTINGS) for yielding me the customary 30 minutes.

Mr. Speaker, the conference report has come after extensive negotiations to produce a bill that the President can sign. The underlying bill will provide \$18.8 billion for fiscal year 2001, \$3.9 billion more than the current fiscal year.

The measure will establish a new land legacy trust program which will provide \$12 billion over 6 years for land conservation, preservation and maintenance and provides \$1.8 billion for efforts to fight forest fires. Moreover, \$8 million is slated for the Northeast for the heating oil reserve, a program of critical importance to the Northeast.

I am especially pleased that the conferees provided \$105 million for the National Endowment for the Arts, a \$7 million increase over fiscal year 2000 and the first increase since fiscal year