

do with an issue of health care and emergency health. It is regarding a fundamental question which most people cannot answer, cancer in women.

I ask people to be thinking what the appropriate answer is, What is the deadliest cancer in women today? What is the leading cause of cancer death among 55 percent of our population today? Most people think breast cancer, cervical cancer, ovarian cancer, or one of the gynecological cancers. It is not. The deadliest cancer is lung cancer.

It is preventable and it does not have to be that way. Therefore, the solution comes with education. I will take 3 or 4 minutes to comment.

The Journal of the American Medical Association this spring published the astonishing finding that lung cancer is the No. 1 cause of cancer deaths in American women. In fact, breast cancer, all the gynecological cancers, add those up and they still do not equal the number of women who die from lung cancer.

The female death rate from lung cancer has risen 600 percent over the last six decades. The last lung cancer operation I performed was about 10 years ago. Since then, the death rate has increased. It is a problem that is getting worse. The death rate continues to grow, even though the rate of smoking among women has begun to taper off since the 1960s. The whole point is that lung cancer can continue to strike even after someone stops smoking.

Lung cancer is the deadliest of all cancers. It tends to spread to the brain. It tends to spread to the bones. It is usually diagnosed very late. The 5-year survival, which is the end point that we in medicine use, is very low. If you take all women who were diagnosed with lung cancer from 1992 to 1999, only 12 percent—1 in 10—survived 5 years. In the Journal of the American Medical Association article, the survival rates, according to the researcher, to use his words, are “dismal.”

It is interesting that the disease affects women differently than men. Probably estrogen plays a role in that. We see female smokers suffer a higher result of genetic damage from the smoke and the ingredients in smoke. Females are less able to repair genetic damage from the smoke. It is an epidemic. It is an epidemic in this country with these high death rates, but there are also great smoking increases across the world, so it becomes a pandemic when we look at Asia, or a continent I go to on a regular basis, Africa, where smoking is gaining in popularity. Thus, lung cancer and death will be increasing in decades to come.

The good thing is we can prevent it. Up to 80 percent of lung cancer is caused by one thing: smoking. It is as simple as that. A lot of people try to dance around it but it is as simple as that. It does not matter statistically whether you are smoking light cigarettes or regular, even heavy smokers versus social smokers. There is no such thing as a safe cigarette today.

You can quit and that is tough to do. I have counseled hundreds and hundreds of patients, being a heart surgeon, a lung surgeon, and lung cancer surgeon before. I have counseled hundreds of patients, probably thousands of patients. It is tough to quit smoking. Nevertheless, if you put your mind to it, you can quit, and if you quit you can reduce that risk.

The best thing we can do is have people never start. That means we have an obligation to take the very latest scientific data, what we know today, and educate the American people. I argue, also, we need to educate people in high school today because the easiest thing to do is stop people from smoking up front.

I urge my colleagues, educators, parents, and the media to convey that message loud and clear. We know where smoking leads. It leads to addiction, to cancer, contributes to heart disease, to stroke, blood vessel disease, and cardiovascular disease. We need to educate young women to the consequences of smoking before they have done irreparable damage to their lungs.

Although I know my colleagues will not read the Journal of the American Medical Association, the article itself is factual, very well researched. I believe at least I have an obligation to share this with my colleagues so they can share the current state of the art with their constituents and reverse a growing challenge to women's health.

I yield the floor.

Mr. REID. I suggest the absence of a quorum.

Mr. WARNER. Could we speak for a minute before the quorum call?

Mr. REID. Senator DASCHLE is going to give a speech.

Mr. WARNER. I was going to recommend that our colleague from Alaska, who has commitments early this morning, be able to initiate on this side comments in rebuttal to the distinguished Senator from Wisconsin and the Senator from Michigan can follow and then the Presiding Officer wishes to say something, and I will wrap.

Mr. REID. I am sure that is appropriate.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

Mr. DASCHLE. Mr. President, I will use my leader time.

#### CONGRESSIONAL OVERSIGHT

Mr. DASCHLE. Mr. President, no question more occupied the minds of our Founding Fathers than how to keep American democracy from devolving into despotism.

The delicate and elaborate structure of our Government is designed not merely to represent the will of the American people but to prevent the concentration and abuse of power. To eliminate the prospects that tyranny could take hold, the Framers not only created a separation of equal powers, but they gave each branch authority over its peers.

“Unless these departments be so far connected and blended as to give each a constitutional control over the others,” James Madison wrote in *The Federalist Papers*, “the degree of separation . . . essential to a free government, can never in practice be duly maintained.”

For our system to work, no part of Government can be free from scrutiny—not Congress, not the judiciary, and not the White House.

Unfortunately, Congress seems to have abdicated its role in our system of checks and balances. Partisan loyalty is taking precedence over our constitutional responsibilities, and oversight has ground to a halt. There are few clearer examples than Congress' failure to investigate the decision to withhold the cost estimates for its controversial Medicare proposal.

There have been serious allegations that the administration misled Congress about the projected cost of the Medicare legislation, denying access to a study that projected much higher costs than those administration officials, including the President, discussed publicly. These allegations included charges that the former Administrator of the Centers for Medicare & Medicaid Services violated Federal law by threatening to fire Medicare's Chief Actuary if he disclosed the cost information to Members of Congress. Yet the allegations are being ignored in both the House and the Senate. The White House, too, has stonewalled. There have been no hearings, no inquiries, nothing but silence.

These charges are too serious to ignore. There are four crucial questions relating to those facts that urgently need investigation.

First, who in the administration knew about the higher cost estimates? CMS Chief Actuary Richard Foster has said that the HHS cost estimates were shared with White House officials.

To assess whether there was a coordinated effort within HHS and the White House to mislead Congress, we need to know who in the administration knew about the higher cost estimates and when they knew it.

Second, who in the administration participated in the decision to withhold the cost estimates from Congress?

According to the Congressional Research Service, Federal employees have a statutory right to communicate with