

UNITED STATES CONGRESS

PRESS CONFERENCE ON THE SAFE MOTHERHOOD BILL

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WASHINGTON, DC

SENATOR BARBARA MIKULSKI (D-MD): Good afternoon, everybody. We're here today to introduce very important legislation and to talk about what we're going to be doing in terms insuring that motherhood is safe. My very good friend, Senator Tom Harkin, wanted to be here and be part of this very important press conference that is a bicameral one with our colleagues in the House, Congressman Dingell and Congresswoman Lowey. Senator Harkin is involved in the AG Conference and can't be physically here, but he's certainly been here in spirit because he's been one of the prime movers and the architect of this bill. So I'm proud to be here with my colleagues from the House and also with Liz Shanklin-Selby, a fellow Marylander, who is here to tell a very heartbreaking story.

You know, in this country, we take motherhood for granted. We think that motherhood is like apple pie. It's always going to be there when you want it and sometimes we worry more about apple pie and its ingredients than we worry about mothers and how we can support them.

When it comes for motherhood in the United States of America, they need more than one day and they need a lot more than some cards that say love and kisses. I believe the way we say thank you to all of the mothers who are here with us today, to our mothers who made us what we are, and to the mothers who are yet to be, is to insure that motherhood is safe. And this is what this legislation is about. To help pregnant women who are at high risk of serious complications, facing pregnancy related illnesses.

What is the problem? In the United States of America, we rank 20th in maternal mortality out of 49 developing nations. We're somewhere around Malta. Two to three pregnancy related deaths occur every single day. African-American women are four times likely--more--four times more likely to die from pregnancy than Caucasian women. In Maryland, 9 out of every 100,000 pregnant women die. We're 42 out 50. No decline--and there's been no decline in the US maternal death rate in the last 20 years even though there have been very important scientific and medical breakthroughs.

So what does this bill do? Well, the Safe Motherhood Bill is going to save women's lives and the lives of their children. It's going to do it by expanding research on maternity and child health, as well as the pregnancy related illnesses and put them into a coordinated, comprehensive approach. It's going to create a national public information campaign to give women the tools for safe and healthy pregnancies. It's going to include a Website to provide a one-stop shop for information on what you can do to make your pregnancy safe. It's going to improve the safety of drugs and medical devices. More studies of drugs and medical devices need to be done. There needs to be more updated labels on medication.

There needs to be more to be done but there needs to be a specific federal focus, and more importantly, a federal commitment legislatively and through the appropriations process.

I've been fighting for better research in women's health for a very long time. It started when I was on John Dingell's committee on the Energy and Commerce Committee, where we saw that women were systematically excluded from clinical trials, when those things that were gender specific to women were often ignored in the medical community. We often had to put up with sexism as good medicine.

Thanks to the leadership of the Congress with the congresswomen and the women of the Senate, with Galahads like John Dingell, we were able to change that. Now we have to make sure that include, as we work on the issues of women, one of the most important issues we can do is to work on motherhood.

Mom, thank you for being you. And to the moms everywhere, we're going to say thank you for who you are and we're going to thank you with not only words, cards and maybe a lunch out, we're going to thank you with deeds and an appropriations to match it up.

Now, I'd like to turn to one of my very dear friends and someone who's been a mentor to me and helped me really get started in Congress working on his committee. Someone I call a friend and a Galahad, Congressman John Dingell.

REPRESENTATIVE JOHN DINGELL (D-MI): I'll tell you, Barbara, you don't need anything, besides everything in this world. And the one thing I learned from my dear friend, Barbara Mikulski is size is not important. It's the size of the heart, the size of the will, the size of the mind. And I'm delighted to be associated with her again. We miss you on the committee, Barbara. You were a great member and we are proud of what you did there.

And I'm delighted to be with my dear friend, Nita Lowey, on this matter who serves us so well in the House of Representatives in so many ways. I regret that my friend, Tom Harkin isn't here but I understand and I know why he is elsewhere. And as one who represents a district with a large number of farmers, I appreciate that we have him working on behalf of us in this country to insure that we get a decent and good farm bill.

This is a good piece of legislation. It's a necessary piece of legislation. As Senator Mikulski said, it insures a woman's right to healthy and secure pregnancy and delivery. The United States has far too high a level of deaths to mothers and babies during pregnancy and immediately following. Our child mortality, particularly infant mortality, is a great shame to this country. And the level of health care which we afford to our mothers and our children is indeed a great shame.

Unfortunately, over the past two decades we've done little to unravel or understand the mysteries that surround the complications from pregnancies and that also result in death or permanent illness to the mother or the baby.

In the United States, one in three women will have a severe pregnancy related complication before, during or after delivery. This is perhaps the more terrible that we can note. But beyond that is this, and that is African-American women are four times more likely than white women to die from pregnancy related complications. This is especially true, I'm ashamed to say, in my home state of Michigan, which leads the country in racial disparity between pregnancy and related complications.

80 percent of approved drugs, many of which are taken by pregnant women, lack specific scientific evidence about their safe and effective use in pregnancy. In fact, only 1 percent of drugs have been shown in control studies to pose no risk to pregnant women and their children.

The Safe Motherhood Bill addresses these concerns and contains provisions to rectify the distressing state of pregnant women's health care in this society by increasing research, data collection, improving information about medication and medical devices, and providing accurate and current information to pregnant women and health care providers who look after them.

This bill is going to assure that pregnancy and birth are as healthy and safe for mother and child as it can be made. Aggressive and well monitored research will be conducted through our top health agencies. The research is going to improve pregnancy outcomes by reducing the rate of maternal morbidity and mortality and by eliminating racial and ethnic disparities in maternal health outcomes which are a shame in this country and by improving awareness and treatment of chronic conditions, physical impairments or mental health problems of women during and following pregnancy.

And information vacuum exists here regarding the effects of most drugs on pregnant women. This bill will concentrate on how information about use of medication during pregnancy and lactation is communicated through drug labeling and on how to increase the dissemination of information pertaining to those drugs and medical devices during pregnancy and lactation.

Finally, the bill will expand public health prevention, education and outreach so as to insure that women will have the necessary information to make educated and informed decisions about their health during pregnancy.

Let me add that the bill that we've introduced today only deals with one very important aspect to women's health agenda. There's much more that we need to do in a host of other areas. I know many of my colleagues who are here and many others will keep pushing for progress in all areas of health care policy and to try to see to it that we affect in all ways the health and well being of women. And I'm proud to be a part of this effort.

I also want to thank the American College of Nurse Midwives, the Society for Maternal and Fetal Medicine, American Psychological Association, the National Black Women's Health Project, the March of Dimes, whose president and others from that organization are here, the National Partnership for Women and Families, American College of Obstetricians and Gynecologists, the Association of Women's Health Obstetric and Neonatal Nurse, the Society for Women's Health Research. We're glad that they join us today, but we're even more pleased and grateful that they join us in support of this

legislation. And now, I introduce with a great deal of pleasure, my dear friend and colleague, Congresswoman Nita Lowey, who's a great leader in the House of Representatives.

REPRESENTATIVE NITA LOWEY (D-NY): Thank you very much. And I am truly honored to stand here today with my good friend, Senator Mikulski and my good friend, Congressman Dingell. Together, we've fought hard for these issues for a very long time. But we understand that we have a lot more work to do. And with the leadership of Congressman Dingell and Senator Mikulski, we're going to continue to fight the good battles until we see clear progress.

We come together today to work towards dramatically improving the frightening maternal mortality that continues to plague American women. In the year 2000, it is both sobering, amazing, unacceptable that pregnancy still kills some women here in the United States of America. We've made computers the size of wallets, mapped the human genome, yet about 1,000 American women still die each year from pregnancy related complications.

Too many Americans, too many legislators assume that pregnancy and childbirth are completely safe. But the numbers don't lie. Unfortunately, women still suffer severe health complications and even death as a result of pregnancy.

In the 105th Congress, Representative Henry Hyde and I began the effort to keep pregnant women safe by introducing a bill that would allow states to use money in their child health insurance program to cover pregnant women. As a mother and a grandmother, I believe keeping moms healthy is critical to our effort to bring healthy children into this world.

While more and better prenatal care will save women's and infants' lives, it alone will not close the gaps between black, Hispanic and white women's rate of death. We must do more. We need better quality of care, positive changes in lifestyle, and more research.

And that's why in 1998, Representative Jo Ann Emerson, Cynthia McKinney and I introduced the Safe Motherhood Monitoring and Prevention Research Act. Similar to the bill being discussed today, it would have made it possible for us to collect comprehensive data, conduct the best research, and identify the programs that help women make wise, healthy, and informed decisions about their health during pregnancy.

So once again, I am so proud to be working with so many distinguished colleagues on legislation that will save lives. No woman, regardless of her race or where she lives, should die due to pregnancy. The Smart Moms Act will improve state data collection, investigate maternal deaths, research risks and examine how mental health conditions and chronic disease affects pregnancies. And once we have that information and research, our bill will get the word out to the women who need it most and the doctors who serve them.

The bill will also take a careful look at how prescription drugs affect pregnancy, provide doctors with the information they need to prescribe safely during pregnancy. Smart moms are healthy moms and

healthy moms have healthy babies. We can and we must work together to get women to pay attention to their health, to plan pregnancies, and get preconception and prenatal care, to find the support in their families and communities for their pregnancies. That's how we'll have healthier babies and healthier moms.

Now, I want to close again by thanking Congressman John Dingell, who's been working on these issues a long time and is a real fighter, and of course, my good friend, Senator Mikulski. We're going to do this on both sides, the House and the Senate. We're going to pass it. We're going to get results. And we all feel very privileged to be part of this effort. Thank you very much.

SENATOR MIKULSKI: Thank you very much, Congresswoman. I'm going to announce the next order of speakers so that everyone has a sense of the press conference. The next speaker will be Liz Shanklin-Selby. And I want to say a special word about my constituent from Frederick. Then that will be followed by Dr. Tom Gallhaus, and Iowa gynecologist; Dr. Jennifer Howse, the President of the March of Dimes; Dr. Haywood Brown, the President--.

REP. LOWEY: -- constituent from (inaudible)

SENATOR MIKULSKI: --Dr. Haywood Brown, the President of the Society for Maternal and Fetal Health. And then we're going to be--the summary--the last speaker will be Anne Garrett, the President of the Preeclampsia Foundation.

I want to say a word about Miss Selby and if I have to leave, it's because we are in the midst of several markups. I have a little saying: I wish I was as thin as I am stretched. But I really wanted to be sure that I was here to really welcome Ms. Selby, a constituent from Frederick, a research associate in her own right at the National Cancer Institute. She's married and has a step-daughter. She has a son who passed away. And she's a volunteer for a group called Sidelines, which supports women during high risk pregnancy.

Liz had a little boy by the name of Spencer who was born premature. And following several complications of pregnancy, developed E-coli spinal meningitis three weeks after he was born. He died four months later. Now Liz and her husband, Greg, are using their experience to help others. And she'll tell you all about it and why this bill is so important. But she's taken a personal tragedy and converted it into a community effort and a national cause. And I'm just so proud of her and I'd like to give her a very warm welcome here today.

Liz. I don't think you need my little stool, right?

MS. LIZ SELBY: No. Yes. My name is Liz Shanklin-Selby. And I am a volunteer with Sidelines. I have been for about 4-1/2 years. And I just wanted to briefly tell my story because I feel that it illustrates the need for better education as regards to premature birth and also we need an increased awareness of pregnancy complications and how to treat them.

My son, Spencer, died 5-1/2 years ago. He died at home with us. He had developed spinal meningitis at three weeks and he suffered massive neurological devastation and anti-cephaly (sp) and that caused increased inter-cranial pressure. And that's what caused, I mean, his brain stem to shut down. He died with us at home.

He was born at 30 weeks. My membranes ruptured at 29 weeks. And I believe that the events leading up to his premature birth could have been prevented. My pregnancy I felt was mismanaged. My doctors did not know how to manage a high risk pregnancy. There are no standard operating procedures for pregnancy--for treating pregnancy complications. There are no protocols for educated women about premature birth.

When I became pregnant, I was in excellent health. I was swimming competitively with Masters Swimming which is swimming for old people. And I was swimming about six days a week. I mean, I was in great health. I was older. I was 38 years old but I didn't anticipate any problems. I didn't know about pregnancy complications despite that I worked in biomedical research.

And when I went to my first prenatal visit, I was not given any information on premature birth or pregnancy complications. I guess they figured that what I needed to know, I'd read it in a book, What to Expect While Expecting, or something like that.

I started to bleed at approximately 12 weeks. I started to bleed heavily. And I went to the doctor. And beyond a routine sonogram, they did no other test. And basically they sent me home and said nature will take its course one way or another.

I was not put on bed rest. I was allowed to continue working. Three weeks later, I went to a Perinatologist for amniocentesis because of my advanced maternal age. And so he said: Well, you're chronically--you have a partial chronic abruption but had to would defer to my obstetrician as to what the course of treatment was. And they took no course of treatment. I--they believed--they didn't in bed rest. They really--they just thought that what was going to happen was going to happen. If it was meant to be, it was meant to be.

And so they sent me back to work and I was not put on bed rest. I can remember at one point in time, started to hemorrhage at work and going into the doctor and they said: Well, we've got a heartbeat. I mean, this baby's heartbeat is there. Go back to work.

The never told me that (inaudible) such as mine put a woman at increased risk for premature birth. I really was not--they didn't educate me. And when you're pregnant, you're vulnerable. And despite how well educated you are, you're vulnerable and you trust your doctor and you expect them to take care of you. And I didn't get that. I was seeing different doctors every time and it was a big practice and it's kind of--they called, you know, they're kind of like five minutes, you know, you're in, you're out.

So when I stopped bleeding, they told me well, you're fine. And they allowed me to resume swimming and they gave me the green light to travel. At 29 weeks, I got on a plane to visit--to go to Boston to visit my mother. And as I was sitting waiting for the plane to taxi, I started hemorrhaging. So I kind of scurried over, you know, to not draw attention to myself. And the stewardess took me off the plane. I was admitted to the hospital. And ultimately, I ended up being transported back to University in Maryland because my membranes had ruptured. And I was kept on complete bed rest there. And a week later, Spencer was born.

And because I had ruptured, he developed the infection. He developed the infection at three weeks of spinal meningitis. And so, I mean, it was just a nightmare from then until he died. You know, people asked us, well, are you going to take any action, any kind of legal action? I said: Well, that's not going to bring him back.

We decided to try to do something positive. As I said, I'm a volunteer with Sidelines and we support women. But I knew nothing about Sidelines until well after, I mean, the next year. Found it on the Internet. And so I became a volunteer with Sidelines. My husband and I also established a Nick-U (sp) Parents Research Library down at the University of Maryland Nick-U for parents with babies in the Nick-U because I just feel that education is the most important step towards--I feel like if--if I had been better educated by my doctors while I was pregnant, I think it would have made a big difference. If I had known about Sidelines, I think it would have made a big difference.

And I feel that the parents of babies in the Nick-U need to be educated. They need to know that they're not alone. And so that's what we're trying to do is--so we've--we have numerous books and videos there for the parents in Spencer's memory.

SENATOR MIKULSKI: Thank you very much.

MS. SELBY: Thank you.

SENATOR MIKULSKI: Now we'd like to hear from Dr. Tom Gellhaus.

DR. TOM GELLHAUS: Good afternoon. My name is Tom Gellhaus. I'm an obstetrician/gynecologist practicing in Davenport, Iowa. And I've done that for the last 12 years. I'd like to thank Senator Harkin for allowing me to be present today in Washington for this important legislation. I would also like to thank all the other authors and co-sponsors of this bill.

Safe Motherhood is a vital and social economic investment. And it's wonderful that we are moving this out of the federal level in obtaining the funding that we need for these problems.

Approximately 4 million American women become pregnant each year and more than 10,000 give birth each day. Most women can count on having a healthy pregnancy, however, every pregnancy faces risk. And every pregnant woman can develop sudden life threatening complications that require high quality obstetric care.

Each year in the United States, 30 percent of pregnant women have pregnancy related complications before, during, and after delivery that may lead to long term health problems. Approximately 1,000 of these women die each year. That's two to three deaths each and every day. Over half of these deaths could be prevented through improved health care access, improved quality of care, and changes in maternal health and lifestyle habits.

The importance of legislation to help insure a safe pregnancy for all women in the United States must not be underestimated. Unfortunately, there is still much we do not know about pregnancy and its complications.

Very alarming, as we've already discussed, is disparity in maternal mortality and morbidity in relation to race and ethnicity. Why are African-American women four times more likely than Caucasian women to die from pregnancy related causes? How do we protect minority women and low income women who are already at risk for chronic disease?

And as a practicing physician, I applaud the efforts to increase knowledge and data on the effects of drugs on pregnant women. Pregnant women become ill just like we all do. The difference is that we do not know how--we do not know how even some of the most commonly prescribed medications affect a pregnant woman or a developing fetus. Currently, two-thirds of all drugs fall into the FDA's category C, which is considered potentially unsafe to use during pregnancy either because no studies demonstrating their safety for pregnant women are available or because they have been shown to harm animal fetuses.

Many women who become pregnant discontinue their medications during pregnancy, for example, high blood pressure medicines or cholesterol lowering drugs. And women who suffer from chronic diseases like epilepsy, HIV, or depression do not have the luxury of going without treatment for nine months. Indeed, pregnancy actually can exacerbate conditions like asthma, high blood pressure, making it even more difficult for physicians to make informed decisions about the treatment of their pregnant patients.

It's time to move forward with new research, new interventions, and new cooperation to insure that women and their doctors have the best information available to make informed decisions about their lives and their pregnancies. Thank you very much.

MS. JENNIFER HOWSE: Good afternoon. I'm Jennifer Howse. I'm President of the March of Dimes Foundation and very pleased to join my congresswoman, Nita Lowey and also Representative John Dingell, who with his wife, Debbie, have been wonderful March of Dimes volunteers for many, many years.

I just want to have an opportunity to say on behalf of the 3 million volunteers of the March of Dimes nationwide and on behalf of our 1,600 staff that we do support this legislation, the Smart Mom Bill. This is a bill that is completely congruent with the mission of the March of Dimes, which is to improve the health of babies by preventing infant mortality and birth defects and of course, having healthy moms.

And a healthy pregnancy and a pregnancy that is sustained for term is critical, is just critical to the mission of our organization.

So we support it. We support its provisions. You've heard the other speakers I think describe to you in some detail the provisions of the bill. I just want to focus on one aspect which is the research aspect. This bill explicitly calls for expansion of research to understand the causes of pre-term labor and delivery. And I think you heard from Liz just a few moments ago a completely sad and eloquent and courageous story about her pregnancy and the complications of her pregnancy and the result of the death of her son.

Well, I just want to focus on this: We do not understand yet from a biomedical perspective what causes pre-term labor. We do not understand this. We need more research into the causes of pre-term labor. And then from the research, we need to move into interventions, clinical trials, into treatment and into prevention.

There are 470,000 babies born every single year in this country premature. And a good number of them wind up in neonatal intensive care. Some number of them do not survive their first year or their first weeks. And a substantial number of those babies have neurological and developmental delays and physical problems that last throughout their lives. So this is a major league problem. It needs to be on the nation's health agenda. It is one of the many--this research, the call for expanded research is one of the many reasons why the Smart Mom Bill is a real smart bill for us to support.

So the March of Dimes is looking forward to the--supporting this legislation, supporting its development, and supporting the appropriations which will then be needed in order to provide investment funds to make this bill become a reality. It's translated to safer and more healthy pregnancies and healthier children. So thank you very, very much.

DR. HAYWOOD BROWN: Thank you. I'm Doctor Haywood Brown. I am the President of the Society for Maternal-Fetal Medicine. I want to talk a little bit about what our society is. A maternal-fetal medicine specialist or Perinatologist, as has been referred to here deal with high risk pregnancies on a daily basis.

And I'll share a personal story that most of the day yesterday I spent doing my second delivery in my 20 year practice in the coronary care unit. I had a patient there who happened to be 19 years old with major, major heart disease. And we ended up having to deliver her in the CCU. Very difficult thing. Her baby's going to survive. Unfortunately, she may not because of her disease being so severe.

We are actively involved in the care of women with complications such as hypertensive disorders including Preeclampsia, which you'll hear about, heart disease, diabetes and obviously concerned about prematurity and premature prevention, which is one of the leading causes for infant mortality in the United States.

Our members, Society for Maternal-Fetal Medicine members are involved in most of the current research efforts dedicated to these areas and to the prevention of the racial disparity and maternal mortality. We have 14 centers of excellence called Maternal-Fetal Medicine Network which is supported by the National Institutes of Health. And as we say, we are actively involved in those research efforts.

We are deeply concerned about us being 49th-- being 20th in the 49 developed countries for maternal mortality and even more concerned about the racial disparity between--maternal mortality between African-American and white women. Legislation is clearly needed to reduce these statistics. And the efforts that are going on here are very critical to conducting the research that we need to do.

So on behalf of the 2,000 members of our society, the Society for Maternal-Fetal Medicine, I am happy to endorse the Smart Mom Act to enhance research efforts for pregnancy related complications. You will hear about one of these complications called Preeclampsia or better known as toxemia and many of the issues which is one of the hypertensive disorders we talk about.

This act officially highlights the critical importance of these issues for women's health. Through this bill we hope to obtain the support necessary to make progress in treating, educating, and improving the care of all women throughout the United States, but particularly those at high risk for complications such as the one that I described in my practice yesterday. Thank you very much. Appreciate it.

MS. ANNE GARRETT: Thank you senators and members of Congress and a special thank you to Senator Harkin. I just wanted to mention that I'm from Iowa originally and I think my family is pretty proud back in Des Moines right now.

My name is Anne Garrett and I am a mother of four healthy and very energetic boys. I am also the Executive Director of the Preeclampsia Foundation, a 2-1/2 year old volunteer run, non-profit based near Seattle, Washington, with virtual members throughout the world.

Let me tell you why I'm here today. I am here today for the 20,000 American women who have died since 1982 due to complications of Preeclampsia during their pregnancy, for the 4 million women in the past 20 years who have suffered from Preeclampsia - 4 million, women who are still alive today, some of them, who are now having daughters, for the half million families whose babies have died as a result of Preeclampsia. And I am here today for the 3-1/2 million families who have had premature babies, some of whom struggle daily with the legacy of being born too soon and too small. And let's just keep in mind that these figures have only been compiled for the past ten years so only represent the tip of the iceberg.

Too many women like myself, learn of complications of Preeclampsia--of pregnancy like Preeclampsia through their own suffering and loss. In 1996, I was pregnant for the third time. I had no ambition of leading a national alliance of Preeclampsia survivors. Let me just tell you briefly what I went through.

At my 38 week check up after being given a clean bill of health, I suggested to my doctor that I had subtle signs of Preeclampsia. My blood pressure was elevated and I had protein in my urine. Within an hour, I was in the hospital and 12 hours later, I was having an emergency C-section. My kidneys were failing, my son was delivered, and my husband was convinced he was losing his wife. My doctor, an experienced DP, had sat by my side through the entire ordeal and later said to me: Do not come to me pregnant again. You will die.

This traumatic experience led me to the Internet seeking answers. I was shocked to learn that Preeclampsia, despite the numbers that I've mentioned, is listed by the CDC as a rare and orphaned disease, not because it's rare but because it was orphaned, orphaned because there was no national organization working to find a cure.

I found this incredible. And so along with my co-founders, Dr. Thomas Easterling (sp) of the University of Washington and Joe Lamberg (sp), we agreed to head up such an organization until we could find the real one. 36 months later, four Website updates, thousands of emails, phone calls, and Kleenexes, we realized we were it.

The fact is Preeclampsia is more common than breast cancer, yet is one of the least funded areas of research at the NIH. Through the Internet, I have joined with thousands of other women like me who find this appalling. Preeclampsia costs the US half a billion dollars in Medicare, Medicaid, and uninsured costs for mothers' hospital care alone, not including Nick-U, yet is second from the bottom at the NIH behind such burning issues as cosmetic dentistry and carpal tunnel syndrome.

The Preeclampsia Foundation is honored to lend our support to the Smart Bill and we're pleased to announce at this time, the Smart Moms Alliance. It is only fitting that an organization such as ours which was conceived on the Internet, functions virtually entirely over the Internet, should lead along with Sidelines, such an alliance.

Today, we have organized together to represent the growing force. We are creating a Web-based activism that is even more powerful than grassroots. We are wire roots. The Smart Moms Alliance is a non-partisan coalition of Internet based organizations committing to raising awareness about pregnancy related complications, lobbying for funding, and providing support. Many of our partners are listed in your information sheets and have representatives here today.

I am here today to say thank you but also to say it's about time. Thank you for joining us in saying it is not okay for women in the richest nation in the world to die in pregnancy. It is not okay to say we just don't know why. It is not okay to lose 27,000 infants every year and not ask why.

We stand before you today saying the mothers we have lost matter. Their babies matter. Women matter. Thank you. And this is me so you know what Preeclampsia looks like. Thank you very much. Appreciate it.

REP. DINGELL: Thank you. Were there any questions for the panel? Well, we'll expect all of you be diligent in helping us get this legislation through. It's desperately needed. I would mention that this is the year also when the mammographic--mammography standards legislation that was sponsored by Senator Mikulski and I a few years go became law over objections from the administration, was reenacted. It is going to expire and we'll have to reenact that so that women can keep on getting the truth from the best possible machinery, the best calibrated machinery, the most skilled operators and the best techniques with regard to their safety in regard to breast cancer.

So thank you all for being with us. It's a privilege to be here with this distinguished panel. Thank you, ladies and gentlemen. Thank you all.

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