was there for metropolitan Dade County. In meeting those challenges head on and conquering them, he touched and improved the lives of millions of Florida residents. Mr. Speaker, Stephen Clark is an example for us all as to what an elected official should strive to become. I thank and praise him for his lifetime of service and dedication.

LINDSEY SEDLACK WRITES A POEM FOR PEACE

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 20, 1996

Mr. LANTOS. Mr. Speaker, I would like to bring my colleagues' attention to a beautiful poem, ''Helping the World,'' that was sent to me by an eight-year-old girl from my district. The author Lindsey Sedlack, is the great-grand-daughter of Ben Swig, a great humanitarian of the San Francisco Bay area and a longtime friend. Mr. Swig was a benefactor of my cause that needed help, including the Salvation Army and the Jewish Community Federation. This poem by his granddaughter embodies his humanitarian spirit.

Lindsey's awareness of the social problems of our times, the love and sensitivity she brings to these issues and her dedication to make this world a better place for all of us gives us hope for the future. It is a young generation of multitalented individuals like Lindsey who will comprise the next generation of leaders. Mr. Speaker, I ask that her poem be included in the RECORD, and I urge my colleagues to encourge young leadership like Lindsey's.

HELPING THE WORLD

(By Lindsey Sedlack)

If I were wind,
I would blow free.
Wishing the world
was as happy as me.
I would carry seeds
across the world,
making flowers and plants
for boys and girls.
On hot summer days,
I would make a cool breeze
that would cool people down
and russle through the leaves.
I would blow all the war and fighting away
wishing that only peace would stay.
I wish that the homeless could have their own town.
I wish that people would stop cutting trees down.
I wish people would stop making animals extinct
and would draw more pictures on paper with ink.
If I were the wind I would blow free
wishing the world
was a happy as me.

PROVIDING COLORECTAL CANCER SCREENING COVERAGE FOR ALL AMERICANS

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 20, 1996

Mr. HASTINGS of Florida. Mr. Speaker, when I first became involved in the issue of colorectal cancer screening, I did so not because I am an African-American, but because providing colorectal cancer screening as a covered benefit funded the Medicare Program has the potential to save thousands of lives each year in this country. The statistics on colorectal cancer cannot be ignored. There are about 150,000 new cases of colorectal cancer each year in the United States, and about 60,000 people will die in the United States from that disease each year. Colorectal cancer is the second leading killer of all the cancers. It also is an equal opportunity disease whose victims include Americans of all races, creeds, and ethnic groups.

I recently became aware, however, of a number of medical studies that make me realize that, as an African-American, I have a special reason to be concerned about this issue. These studies have found that colorectal cancer strikes African-Americans differently than it does the general population in the United States. Moreover, these differences are critical with regard to screening to detect this disease. The data in these studies make clear that sigmoidoscopy is not an effective screening procedure for African-Americans. Rather, a barium enema or other procedure that views the full colon is clearly preferred for this population, and perhaps for other groups as well.

In the opening weeks of this Congress, I introduced a bill, H.R. 1046, that would expand the Medicare Program to provide coverage of periodic colorectal cancer screening services. Because this bill provides coverage for all of the currently available screening procedures, it would allow all Medicare recipients at average-risk for colorectal cancer, including African-Americans, to decide to be screened with the more comprehensive barium enema procedure or, if they prefer, sigmoidoscopy. As of last week, the Colorectal Cancer Screening Act has 30 cosponsors in the House of Representatives, from both sides of the aisle, and the key provisions of the bill were included as part of the comprehensive reform of the Medicare Program in President Clinton's most recent budget proposals.

H.R. 1046 is distinguished from other colorectal cancer screening legislation by the fundamental belief that the decision on how to screen each patient should be left to the patient and his or her physician—not the Federal Government. For this reason, H.R. 1046 authorizes Medicare coverage for colorectal cancer screening for individuals at average-risk for colorectal cancer that includes an annual fecal occult blood test [FOBT] and direct screening every 5 years with either a barium enema procedure or sigmoidoscopy. For individuals at high-risk for colorectal cancer, the bill provides an annual FOBT and direct screening every 2 years with either a barium enema procedure or colonoscopy. The bill also authorizes the Secretary of Health and Human Services [HHS] to authorize coverage for new screening procedures as they become available. Unlike other colorectal cancer screening bills that would provide Medicare reimbursement for only some of the currently available screening procedures, H.R. 1046 recognizes that different screening procedures may be appropriate for different individuals. The bill, therefore, provides a range of options and leaves the choice to patients and their physicians.

The validity of this approach is confirmed by the medical studies on colorectal cancer in African-Americans. The studies were unanimous in their conclusions—that ''the entire colon of * * * black patients is at greater risk than that of white patients to develop cancer of the colon.'' They found that colon cancer tends to strike African-Americans more commonly on the right side of the colon than the general population in the United States.

These studies raise serious questions about the approach taken by other colorectal cancer screening bills, which provide coverage only for sigmoidoscopy and not the barium enema. While the barium procedure allows for screening the whole colon, the flexible sigmoidoscope screens only about one-half of the colon. Sigmoidoscopy does not screen the right side of the colon where African-Americans more frequently develop colon cancer. Thus, providing coverage only for sigmoidoscopy puts African-Americans and possible other unidentified ethnic groups at risk. Let me cite the conclusions of several of these studies:

''Current screening recommendations [sigmoidoscopy] may not be effective enough for preventing colon cancer in this population.'' ''Distribution of Adenomatous Polyps in African-Americans,'' Lisa A. Ozick, MD, Leslie Jacob, MD, Shirley S. Donelson, MD, Sudhir K. Agarwal, MD, and Harold P. Freeman, MD, The American Journal of Gastroenterology, May 1995, p. 758.

''This study points out the potentially discrepant sensitivity and value of this instrument [sigmoidoscope] between black and white patients, suggesting that colonoscopy and/or air contrast barium enema examinations are the screening methodologies of choice in black patients.'' ''Anatomical Distribution of Colonic Carcinomas Interracial Differences in a Community Hospital Population,'' Houston Johnson, Jr., MD and Rita Carstens, RN, Cancer, 1986, p. 999.

''This study challenges this recommendation [sigmoidoscopy every three to five years] as unsatisfactory for blacks since 50 percent of neoplasms could be missed in blacks compared to only 20 percent in whites.'' ''Site-Specific Distribution of Large Bowel Adenomatous Polyps: Emphasis on Ethnic Differences,'' Houston Johnson, Jr., MD, Irving Margolis, MD, Leslie Wise, MD, Dis. Colon Rectum, April 1988, p. 260.

''Data support the clinical impression that blacks have relatively more proximal colonic tumors than the general population. They also suggest that early full study of the colon, including barium enema with air contrast or colonoscopy (opposed to flexible sigmoidoscopy), is highly indicated in screening or work up for earlier diagnosis in patients, especially blacks suspected of polyps or carcinoma of the colon.'' ''Anatomic Distribution of Colonic Cancers in Middle Class Black Americans,'' John W.V. Cordice, Jr. MD, Houston Johnson, Jr. MD, Journal of the American Medical Association, 1991, p. 730.

''Unless barium enema studies or colonoscopic studies are employed, significant numbers of premalignant lesions or early cancers could be missed in a black population if the distribution of lesions found in this study is generally applicable to black populations.'' ''Untreated Colorectal Cancer in a Community Hospital,'' Dr. Houston Johnson, Jr., Journal of Surgical Oncology, July 3, 1984, p. 198.

These medical studies have caused me to redouble my efforts on this legislation. We need to enact a colorectal cancer screening bill that serves all Americans, and that provides an equal opportunity for all Americans to have a screening procedure that is effective

for them, and which will prevent this horrible disease.

Mr. Speaker, I encourage all of my colleagues to reexamine this issue, and to contact me or my staff if you would like to obtain copies of the studies I have cited here, or other studies on colorectal cancer and the alternatives for screening. I also encourage you to join me as a sponsor of H.R. 1046, and to work to establish colorectal cancer screening as a covered benefit under the Medicare program. With this step, we can begin to make serious progress in reducing the avoidable pain, anguish, and excessive medical costs that this disease imposes on all of our citizens.

COLORECTAL CANCER IN AFRICAN-AMERICANS: MEDICAL STUDIES INDICATE THAT SCREENING WITH SIGMOIDOSCOPY AND FOBT IS INADEQUATE FOR THIS POPULATION

A number of recent medical studies have confirmed earlier reports that polyps and colon cancer occur more commonly in the right (proximal) colon of African-Americans, as compared with the general population. These studies raise questions with regard to the adequacy of colorectal cancer (CRC) screening with sigmoidoscopy, given that a sigmoidoscopy procedure examines only the left (distal) side of the colon, and suggest the use of the barium enema or colonoscopy as preferred screening methodologies for African-Americans.

The principal findings of these studies are as follows:

(1) ''Distribution of Adenomatous Polyps in African-Americans,'' Lisa A. Ozick, MD, Leslie Jacob, MD, Shirley S. Donelson, MD, Sudhir K. Agarwal, MD, and Harold P. Freeman, MD, The American Journal of Gastroenterology, May 1995, pp. 758–760.

''Previous research has suggested that polyps and colon cancer occur more commonly in the right colon in African Americans compared with the general population.'' (p. 758).

''This study supports previous work that suggests that there is a significant shift to the right in the anatomical distribution of polyps in African-Americans. It also shows that the malignant potential is as high for right-sided polyps as it is for those on the left. Current screening recommendations [sigmoidoscopy] may not be effective enough for preventing colon cancer in this population.'' (p. 758).

(2) ''Anatomical Distribution of Colonic Carcinomas Interracial Differences in a Community Hospital Population,'' Houston Johnson, Jr., MD and Rita Carstens, RN, Cancer, 1986, pp. 997–1000.

''This study points out the potentially discrepant sensitivity and value of this instrument [sigmoidoscope] between black and white patients, suggesting that colonoscopy and/or air contrast barium enema examinations are the screening methodologies of choice in black patients.'' (p. 999).

''The finding that . . . indeed the entire colon of this population of black patients is at greater risk than that of white patients to develop cancer of the colon is astounding.'' (p. 1000).

(3) ''Site-Specific Distribution of Large Bowel Adenomatous Polyps: Emphasis on Ethnic Differences,'' Houston Johnson, Jr., MD, Irving Margolis, MD, Leslie Wise, MD, Dis. Colon Rectum, April 1988, pp. 258–260.

In a study at Queens Hospital Center in New York, it was found that ''[f]ifty-two black and 46 white patients had 130 adenomatous polyps. . . . A separate racial analysis demonstrated an unexpected pattern of distribution among blacks and whites. Adenomatous lesions were more broadly distributed in all segments of the large bowel for blacks, but were disproportionately concentrated in the sigmoid and rectum of whites.'' (p. 259).

''The findings of this study underscore the important ethnic differences in the site distribution of adenomatous polyps. The right-sided dominance of neoplastic lesions in blacks emphasizes the importance of total colonic surveillance to detect these large bowel neoplasms in this racial group.'' (p. 259).

''This study challenges this recommendation [sigmoidoscopy every three to five years] as unsatisfactory for blacks since 50 percent of neoplasms could be missed in blacks compared to only 20 percent in whites.'' (p. 260).

(4) ''Anatomic Distribution of Colonic Cancers in Middle Class Black Americans,'' John W.V. Cordice, Jr. MD, Houston Johnson, Jr. MD, Journal of the American Medical Association 1991, pp. 730–732.

''Data support the clinical impression that blacks have relatively more proximal colonic tumors than the general population. They also suggest that early full study of the colon, including barium enema with air contrast or colonoscopy (opposed to flexible sigmoidoscopy), is highly indicated in screening or work up for earlier diagnosis in patients, especially blacks suspected of polyps or carcinoma of the colon.'' (p. 730).

(5) ''Untreated Colorectal Cancer in a Community Hospital,'' Dr. Houston Johnson, Jr., Journal of Surgical Oncology, July 3, 1984, pp. 198–200.

''Generally, sigmoidoscopic examinations are recommended to complement physical examinations and stool blood tests. While this recommendation may be appropriate for white patients, it may not be appropriate for black patients. Unless barium enema studies or colonoscopic studies are employed, significant numbers of premalignant lesions or early cancers could be missed in a black population if the distribution of lesions found in this study is generally applicable to black populations.'' (p. 198).

TRIBUTE TO LOUISE AND GERALD STEIN

HON. THOMAS M. BARRETT

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 20, 1996

Mr. BARRETT of Wisconsin. Mr. Speaker, I pay tribute today to two of Milwaukee County's outstanding citizens, Louise and Gerald Stein. As the Milwaukee Chapter of the International State of Israel Bonds organization prepares to honor Louise and Gerald for their many contributions to our community, I would like to take a moment to reflect on the remarkable achievements of this great couple.

Louise was educated as a registered medical technologist, and is exceptionally involved in the Milwaukee Jewish Federation as an officer, and cochair of the Lead Community Project for Systemic Change in Jewish Education. Louise is a past president in the women's division. Louise also serves as a board member of the Jewish Education Service of North America and the Hillel Academy.

Jerry Stein is a distinguished attorney and certified public accountant who for the past 39 years, has worked for the Zilber-Towne Realty family of companies. He is the president and CEO of Zilber, Ltd., which is responsible for all investments and operations of the Zilber companies. Jerry presently serves with distinction as the president of the Milwaukee Jewish Federation and is the past campaign chair. Jerry is also director and past president of the Milwaukee Center for Independence and the Milwaukee Public Museum, as well as past general chairman of Israel Bonds in Wisconsin. Jerry presently continues to serve as a board member of the Jewish Home and Care Center and the University of Wisconsin-Milwaukee Foundation Board. In addition to these endeavors, Jerry selflessly devotes his time to the advisory boards of the Milwaukee Heart Institute, First Bank Milwaukee, University of Wisconsin Milwaukee School of Business Administration and the Marquette University Law School and Multicultural Council.

Louise and Jerry have been married for 36 years and have three daughters and four grandchildren. Their commitment to their faith, family, country, and community is truly extraordinary, and they have been an inspiration to us all.

Mr. Speaker, I commend the Milwaukee Chapter of the international State of Israel Bonds organization on its excellent selection of Louise and Gerald Stein as this year's honorees. I wish Louise and Jerry continued success in all of their endeavors.

INTRODUCTION OF RESOLUTION TO DEVELOP PLAN TO REOPEN PENNSYLVANIA AVENUE

HON. ELEANOR HOLMES NORTON

OF DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 20, 1996

Ms. NORTON. Mr. Speaker, today, I am introducing a resolution to develop a plan for the reopening of Pennsylvania Avenue. This resolution, similar to a resolution enacted in the Senate last night, brings together and reconciles House and Senate approaches to the closing of Pennsylvania Avenue. At my request after the closing last year, the House D.C. Subcommittee held hearings on June 30, 1995, and again this year on June 7, 1996. At both hearings, truly devastating damage to downtown traffic and commerce was reported. The victims of the closing are pervasive—residents, commuters, tourists, and businesses. In effect, downtown D.C. is disjoined and disfigured. No large city today, healthy or not—and D.C. is insolvent—could absorb the enormous costs associated with closing the most important cross town street.

Some in Congress had called for an immediate reopening of the avenue. Recognizing that this was impractical and impossible because of the obligations of the Secret Service written into law, I have sought ways to open the avenue while safeguarding the White House and to keep the Park Service from foreclosing the possibility. This has also been the view of D.C. Subcommittee Chair TOM DAVIS, who joins me as a cosponsor today.

The bipartisan resolution we introduce today requires that all the relevant parties participate. Thus, this resolution is the most useful response to the closing. It depolarizes and depoliticizes an issue that has two important sides. It puts everyone to work on solving the problem, rather than facing off against one another, leaving the problem begging for attention. I appreciate the attention that the House and the Senate have given to the effect of the