

COMMENDING MR. JONATHON WARE ON HIS RECENT ELECTION TO THE POST OF SENIOR VICE PRESIDENT OF THE PETROLEUM MARKETERS ASSOCIATION OF AMERICA

HON. RAY LAHOOD

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 26, 1997

Mr. LAHOOD. Mr. Speaker, I rise, today, to congratulate Mr. Jon Ware, a constituent of mine, on his recent election to the post of senior vice president of the Petroleum Marketers Association of America [PMAA].

It is, indeed, an honor for me to be able to offer my compliments and best wishes to Mr. Ware.

This recent election only serves to highlight his exemplary career and service to his community.

His depth and breadth of experience in the oil and petroleum business will undoubtedly serve his organization well as he assumes the post of senior vice president.

Jon has been a petroleum marketer since 1959, and over the years he has served in a variety of jobs and capacities within the petroleum industry, including past president of the Illinois Petroleum Marketers Association [IPMA], director of the IPMA to the PMAA, and a regional vice president of the PMAA.

In addition to Jon's outstanding record in his profession, he has been actively involved in serving his community of Jacksonville, IL.

His civic services have included involvement in community youth sports leagues, service as past president of a local YMCA, chairman of the Jacksonville Airport Authority, and a member of the Advisory Council of the Illinois Department of Agriculture.

Again, Mr. Speaker, it is an honor to be able to offer my sincerest congratulations to Jon Ware on his latest achievement. I wish him good luck as he assumes his new responsibilities.

AMERICAN HEART MONTH

HON. HENRY BONILLA

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 26, 1997

Mr. BONILLA. Mr. Speaker, I rise today in recognition of American Heart Month. Heart attack, stroke, and other cardiovascular diseases remain the No. 1 killer in the United States. On an average day in Texas in 1995, 150 Texans died due to cardiovascular diseases and stroke. Heart disease affected my family this year, and, it affected many other families too.

Every year since 1963, February has been designated American Heart Month. This month is the time to learn more about cardiovascular disease detection, prevention, and treatment. The American Heart Association has designated this year's educational message as "Get in on the Action!," urging Americans to make physical activity a part of their daily lives.

There are a few simple things we can all do to reduce the risk of heart disease. Exercising regularly is an important step. We all enjoy some form of exercise. So, whether it's horseback riding, jogging, walking, or bike riding, help keep your heart healthy and "just do it!" Other easy approaches to control heart disease include eating a diet low in fat and high in fiber, and controlling stress.

One of the myths surrounding heart attack and stroke is that it is a "male disease." Wrong. Heart attack and stroke do not discriminate. In fact, heart attack, stroke, and other cardiovascular diseases remain the No. 1 killer of American females.

Research and education are key to battling and preventing heart disease. Today, the chances of saving a life and reducing disability from heart disease and stroke are better than ever because of research done in our lifetime. Important discoveries such as life-extending drugs, bypass surgery, and pacemakers, have improved the lives of many heart patients. But the fight against heart disease is far from over.

Hopefully, with more heart disease research and better education, fewer Americans will fall victim to the disease this year. As with any other health problem, please consult a physician immediately if you, or someone you know, shows any sign of a heart problem. For now, as we observe American Heart Awareness Month this February, get in on the action and increase your physical activity!

COMMENDING L. DOUGLAS WILDER FOR CONVENING THE WILDER SYMPOSIUM ON "RACE AND HEALTH CARE AS WE APPROACH THE 21ST CENTURY" AT VIRGINIA COMMONWEALTH UNIVERSITY

HON. NORMAN SISISKY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 26, 1997

Mr. SISISKY. Mr. Speaker, I want to commend my good friend and former colleague in the Virginia General Assembly, former Virginia Governor L. Douglas Wilder, for convening a very important symposium entitled "Race and Health Care as We Approach the 21st Century" at Virginia Commonwealth University, my alma mater. This symposium, which was held on January 28 and 29, 1997, is 1 of a 3-part symposia on "Race and American Society." The symposium brought together experts from the fields of medicine, academia, and public policy to explore two of the most far reaching and significant issues Americans face today—health care and race.

One of the health issues explored at the Wilder Symposium—colorectal cancer screening—has a special importance for me. As a colon cancer survivor, I have been working to enact colorectal cancer screening legislation. Preventive screening is an important issue for all Americans, and particularly African Americans, who suffer disproportionately from this deadly disease.

Every year over 150,000 people are diagnosed with colorectal cancer and over 55,000 people die from the disease each year. Colorectal cancer is the second leading killer

of all forms of cancer, primarily striking individuals over the age of 50. Surprisingly, however, only a small percentage of this population has ever been screened for this disease.

Screening is the key to early detection of colorectal cancer. Perhaps more than any other cancer disease, early detection of colorectal cancer has an immediate and dramatic impact on survival rates and improvements in the quality of life of individuals diagnosed with the disease. Medical studies have shown that if colorectal cancer is caught in its earliest stage rather than in later stages, the 5-year survival rates of patients double from 40 percent to 80 percent or greater.

Last congress, I cosponsored the Colorectal Cancer Screening Act (H.R. 1046) which would provide Medicare coverage for colorectal cancer screening using all commonly available screening procedures. This legislation is the only legislation which covers barium enema procedures in addition to the three other commonly used screening procedures—the fecal occult blood test (FOBT), flexible sigmoidoscopy, and colonoscopy. By offering the full range of procedures, the Colorectal Cancer Screening Act (H.R. 1046) allows patients and doctors, rather than the Federal Government, to decide which screening procedure is most appropriate.

In addition to offering choice to patients and doctors, the screening approach adopted in the Colorectal Cancer Screening Act is very important for the African American population. In his Symposium on health care and race, Governor Wilder examined this crucial issue in discussing the public policy challenges facing the African-American community.

The attendees at the symposium discussed medical studies which found that colorectal cancer strikes African-Americans in ways different from the general population, and that African-Americans who get colorectal cancer have a 50-percent greater chance of dying from the disease than the general population. These studies conclude that certain screening procedures, such as FOBT and flexible sigmoidoscopy, are inadequate colorectal cancer screening procedures for African-Americans. These same studies suggest that the barium enema, which, unlike FOBT or flexible sigmoidoscopy, can view the entire colon, is clearly preferred for the African-American population, and perhaps for other populations as well. As the only CRC screening legislation that provides Medicare coverage for the barium enema, the Colorectal Cancer Screening Act (H.R. 1046) is the only legislation adequate for the African-American population. New legislation will soon be introduced in the 105th Congress incorporating the important provisions of that act.

In closing, I want to praise Governor Wilder for being a leader in bringing attention to the issue of colorectal cancer screening and how it can improve the health and save the lives of literally thousands of African-Americans. Indeed, it is a very important issue for all Americans, particularly as Congress considers Medicare reform this year. With this in mind, I believe it is imperative that Congress pass CRC screening legislation which provides Medicare coverage for all screening procedures, and I strongly urge my colleagues to join me in this worthwhile endeavor.