often, people are turning to the federal government to secure the force necessary to take from others something that they are not by right entitled to. I may have the right to eat, but I don't have the right to steal someone else's food. I have the right to have children, but I don't have the right to force someone else to pay for my child's food, house, clothes or education. The decision is mine; it therefore follows that the responsibility is also mine. Many federal ''entitlement'' programs, including Medicare, Medicaid and Social Security, are morally wrong because they require, by threat of force, that people give up part of what they earn so that it can be redistributed to someone who did not earn it.

But wait a minute, you say. All of the above mentioned federal programs were created by the will of the majority of Americans, and it is therefore our civic duty to contribute. My response to that is, ''So what?'' My rights are not bestowed to me by government or by a majority of the electorate. They do not have the legitimate authority to force me to contribute to programs that are not enumerated in the Constitution. In too many cases in the history of mankind, the majority has used the power of government to enslave the minority, or at least create an unfair advantage for themselves.

Say that a congressman and a police officer were riding in a bus that was full of other passengers. On the bus was a ''rich'' man, who had one dollar more than the others. The Congressman announced: ''If you vote for me, I will use the government's police power to take the dollar from the rich man, and redistribute it to you.'' A vote was held, and the majority of those on the bus decided the rich man should contribute his dollar for the good of all the rest. The policeman seized the dollar, and the congressman divided it up. He gave 25 cents to the policeman, 25 cents was given to the people on the bus, (which they immediately started fighting over), and he kept 50 cents for himself. It seemed that everyone, except the rich man, was happy, but were they right?

In his first inaugural address, Thomas Jefferson said of the ''sacred principle'' of our federal government, ''that though the will of the majority is in all cases to prevail, that will, to be rightful, must be reasonable; that the minority possess their equal rights, which equal law must protect, and to violate would be oppression.'' It could be argued that it was wrong to take the dollar from the rich man because he could have used it to build a factory, employ everyone on the bus, and thus create wealth for all.

My point is that it doesn't matter what you or I may think, the person who earns the money is the only one with the right to decide how to spend it, so long as doing so does not infringe on your or my legitimate rights. Jefferson continued by defining the ''good government'' as being ''wise and frugal, which shall restrain men from injuring one another, shall leave them otherwise free to regulate their own pursuits of industry and improvement, and shall not take from the mouth of labor the bread it has earned.''

The next time a politician promises you an ''entitlement,'' think about who he is going to rob to pay for it. Ask yourself if, by accepting it, you would have to abdicate your personal responsibility and therefore your freedom. Ask yourself if you are legitimately entitled to it because you earned it. If the government has the power to ''take from Peter to pay Paul,'' what is to stop it from taking from both? Ask yourself why the politician isn't battling to restore your lost liberty.

Please understand that I am not against charity. There are people who, through no fault of their own, need temporary assistance, and I believe we have a moral obligation to help them if we can. But to lose our freedom, in the name of ''charity,'' by allowing confiscatory taxation of our money, really only benefits politicians and bureaucrats. This is not only dangerous, it is absurd.

Only by accepting our responsibility to honor the rights of others can we hope to protect our own rights. As Jefferson said, only by protecting our rights can we hope to ''regain the road which alone leads to peace, liberty, and safety.''

SUPPORT OF THE SCREENING APPROACH ADOPTED IN THE COLORECTAL CANCER SCREENING ACT, H.R. 1128

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 20, 1997

Mr. HASTINGS of Florida. Mr. Speaker, I rise today to discuss important information on the issue of colorectal cancer screening. Earlier this year, I introduced the Colorectal Cancer Screening Act, H.R. 1128, which would provide Medicare coverage for all available colorectal cancer screening procedures including the fecal occult blood test, sigmoidoscopy, the barium exam, and colonoscopy. I hope that Congress will soon consider colorectal cancer screening as part of a package of preventive benefits to be included in Medicare reform legislation.

The purpose of my remarks today is to share with my colleagues important recent statements in support of the colorectal cancer screening approach taken in H.R. 1128 by the American Cancer Society, former Virginia Governor L. Douglas Wilder, and the Washington D.C. Chapter of the NAACP. The Colorectal Cancer Screening Act is the only legislation in the House which provides coverage for all available colorectal cancer screening procedures, including the barium exam, allowing doctors and patients to choose procedures, rather than the Federal Government. H.R. 1128 is also important because it is the only House legislation which assures that adequate screening options will be available to meet the screening needs of African-American Medicare recipients.

In remarks submitted last Congress, I cited several medical studies which show that African-Americans disproportionately develop cancer in the right side of the colon, the portion of the colon that is beyond the reach of sigmoidoscopy, a common screening procedure. These studies make clear that a procedure, such as the barium exam, which can screen the entire colon, must be made available to meet the needs of African-American patients. The barium examination is the safest and most cost-effective way to screen the entire colon, and is one of only two procedures which can image the entire colon. The studies also indicate that colorectal cancer screening programs that do not include barium exams are inadequate for African-Americans.

The American Cancer Society recently released its new colorectal cancer screening guidelines. These screening recommendations were produced as a result of a comprehensive examination of all available information regarding the cost and availability of various screening procedures. One of the significant changes from earlier versions is that the ACS now recommends the barium enema as one of the options for the initial screening of average and moderate-risk individuals over age 50. The American Cancer Society recommendations are as follows:

* * * the National Board of the American Cancer Society recently approved new colorectal guidelines which provide clear guidance to practitioners and their patients for the early detection of colorectal polyps and cancer at various levels of risk. These guidelines include the following:

For average risk individuals (65 percent–75 percent of cases), the American Cancer Society recommends annual fecal occult blood test plus sigmoidoscopy every 5 years; or colonoscopy every 10 years or double contrast barium enema every 5 to 10 years. Testing should begin at age 50.

For moderate risk individuals (20 percent–30 percent of cases), the American Cancer Society recommends colonoscopy or a total colon exam, which includes colonoscopy or double contrast barium enema, depending on family history and the size of the polyps. Testing interval and age to begin depend on initial diagnosis and family history.

For high risk individuals (5 percent–8 percent of cases) with a history of familial adenomatous polyps, the Society recommends early surveillance with endoscopy, counseling to consider genetic testing, and referral to a specialty center. Testing should begin at puberty. For high risk individuals with a family history of hereditary non-polyposis colon cancer, the Society recommends colonoscopy and counseling to consider genetic testing. Testing should begin at age 21.

In addition, former Governor L. Douglas Wilder recently wrote a commentary in the Richmond Times Dispatch, which discussed the importance of prostate and colorectal cancer screening procedures. His comments support the colorectal cancer screening approach adopted in H.R. 1128. Governor Wilder's commentary follows.

Finally, the Washington Branch of the NAACP wrote a letter to the House Ways and Means Health Subcommittee on the importance of colorectal cancer screening for African-Americans. The letter written by the NAACP supports the screening provisions of H.R. 1128 and barium exams. The letter follows.

I commend Governor Wilder and the Washington Branch of the NAACP for their involvement in this issue, and I urge my colleagues to read and examine all of the aforementioned statements.

Mr. Speaker, colorectal cancer screening is an important part of providing preventive services to our Nation's seniors, a concept which I strongly support. However, it is also important that colorectal cancer screening legislation meet the needs of our Nation's seniors. There is an emerging consensus that barium exams must be included in colorectal cancer screening legislation. I urge my colleagues to join this consensus by supporting the provisions of H.R. 1128, the Colorectal Cancer Screening Act.

[From the Richmond Times-Dispatch, Apr. 6, 1997]

BLACKS NEED BETTER ACCESS TO SCREENING TESTS FOR CANCER

(By L. Douglas Wilder)

RICHMOND.—A recent symposium on ''Race and Health Care as We Approach the Twenty-First Century'' at Virginia Commonwealth University was the first of what will

be annual topical discussions on matters of utmost concern to all of us. I was privileged, in my post at the Center for Public Policy, to convene the two-day meeting. Participants included scholars who have achieved national acclaim for providing solutions to the problems; they represented a broad spectrum of women, minorities, academicians, practitioners, and others. The participants discussed not only the unique challenges faced by African Americans in health care, but also the obstacles they face in gaining access to adequate screening for certain kinds of cancer.

At a time when President and Congress are considering measures to provide preventive screening to the Medicare population for certain cancers, it is essential that we consider the differences in how cancer manifests itself in American Americans, and what this means to appropriate screening.

The challenge is particularly acute for prostate and colorectal cancers. The data on these diseases are clear and simple: While the nation's focus has been on the 40,000 deaths each year from AIDS and the more than 44,000 deaths each year from breast cancer in the United States, it is important to recognize that colorectal cancer will claim more than 50,000 and prostate cancer more than 42,000, Americans in 1997. For African Americans, the statistics are particularly frightening, as African Americans are struck more frequently than, and differently from, other Americans. And surprise, surprise, there are no genetic or hereditary deficiencies that account for this.

For prostate cancer, African Americans males have the highest incidence in the world—66 percent higher than white men, with a mortality rate more than two times higher. If detected while localized, the five-year survival rate for prostate cancer is 99 percent. For colorectal cancer, the mortality rate among African Americans continues to rise, even as the American Cancer Society reports declines in colorectal cancer among other segments of the population.

African Americans who get colorectal cancer are 50 percent more likely to die of the disease than others in this country. In addition, the disease affects African Americans differently from the way it affects white Americans: The National Cancer Institute's Black/White Cancer Survival Study found that African Americans have a greater tendency to get colorectal cancer in the right colon—the portion not reached by sigmoidoscopy—than other Americans, explaining, at least in part, the higher mortality rate from the disease. These data illustrate the special importance of regular prostate and colorectal screening for African Americans to detect these cancers at the earliest stages and, to the extent possible, correct the disparity in the incidence of the disease.

What can be done to meet the challenge of reducing the mortality rate for these cancers among all segments of the Medicare population? I am pleased to see that Medicare coverage for preventive screening benefits is one area where President Clinton and Republican congressional leaders appear to agree. President Clinton has recognized the importance of preventive screening, and his FY 1998 budget proposes to extend Medicare coverage to including screening for prostate and colorectal cancer, as well as other preventive benefits. In addition, a group led by Republican Congressmen Bill Thomas and Mike Bilirakis, who head the two key Health Subcommittees in the House of Representatives, has introduced legislation to provide similar benefits under Medicare. Similar efforts are underway in the U.S. Senate as well. With bipartisan support, these important screenings will be available to all elderly Americans served by Medicare.

The extension of Medicare coverage to include these new benefits may screening of the entire colon—with colonscopy or barium enema—possible for early detection of colorectal cancer. Key members of the U.S. Congress have adopted an approach that provides appropriate choice for patients in the Medicare population, including the African Americans population and other Medicare recipients who prefer a comprehensive screening option. Congressman Norman Sisisky of Virginia, himself a colorectal cancer survivor, has taken a leading role in advocating regular preventive screening and has indicated that his ''mission in the 105th Congress [is] to enact Medicare coverage for colorectal cancer screening.''

Congressman Sisisky has supported the excellent work of Congressman Alcee Hastings and Senator John Breaux, who in the 104th Congress introduced legislation in the House and Senate to provide Medicare coverage for colorectal cancer screening and who are likely to do so again in the 105th Congress. Their approach has also been supported by a number of members of the Congressional Black Caucus, including the distinguished Ranking Member of the Ways and Means Committee, Congressman Charles Rangel. Caucus members know and understand the special needs of the African American population and are personally committed to providing appropriate screening options to accommodate those needs.

Legislation alone will not be enough to persuade Americans—including African Americans—to undergo preventive screening. A broad public education campaign is needed to foster serious discussion about the benefits of these screening procedures for all Americans. I hope part of this campaign will provide African Americans with information about the special impact of these cancers on our population, and about our special screening needs. I am pleased that the American Gastroenterology Association recently published recommendations for regular colorrectal cancer screening, which recommended procedures appropriate for the African American population. I understand the America Cancer Society will also be issuing its recommendations for preventive colorrectal cancer screening.

It is vitally important that preventive screening be covered by Medicare and that all Americans—have access to affordable, appropriate screening methodologies. Now is the time to act. I challenge President Clinton and the Republican-led Congress to make good on their promise to the American people that the next two years will be ones of action rather than delay and partisanship.

In this instance, the lives of tens of thousands of elderly Americans could be saved and their quality of life improved if President Clinton and the Congress have the courage to meet the people's challenge to work together for the common good.

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE,
Washington, DC, March 27, 1997.

Hon. WILLIAM THOMAS,
Chairman, Health Subcommittee, House Ways and Means Committee, U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: I would like to commend you for convening a hearing on the issue of Medicare coverage for preventive benefits. The legislation you have introduced, the Medicare Preventive Benefits Improvement Act, H.R. 15, is a good first step towards addressing the health concerns of African Americans, who suffer disproportionately from diseases such as breast cancer, prostate cancer, and colorectal cancer. While I support the overall effort to enact preventive benefits legislation represented by H.R. 15, I believe that significant changes need to be made to address the colorectal cancer screening provisions of this legislation, which I believe are inadequate for screening the African American population.

You and I would agree that preventive screening is the key to detecting colorectal cancer in its earliest stage, so colorectal cancer can be treated and removed before it becomes fatal. It is my understanding that over the years you have supported several bills that provide Medicare coverage for colorectal cancer screening, and I applaud your efforts.

However, I am very concerned about the impact of H.R. 15 on the African American community. As it stands now, African Americans who develop colorectal cancer have a fifty percent greater mortality rate than the general population. In addition, medical studies have shown that African Americans disproportionately develop cancer in the right side of the colon, which means that African Americans need access to screening procedures that can view the entire colon. Legislation that provides for screening with only fecal occult blood tests and flexible sigmoidoscopy is inadequate to meet the screening needs of African Americans. In addition, the high-cost and risk associated with colonoscopy also make this procedure an inadequate solution for screening African Americans for colorectal cancer. African American patients and their doctors should be given a choice of all available options.

As mentioned, the issue of choice is crucial for African American patients and their doctors when deciding which procedures to use for colorectal cancer screening. The Medicare Preventive Benefits Improvement Act (H.R. 15), does not provide Medicare coverage for all commonly used colorectal cancer screening procedures, and therefore, limits the choices of doctors and patients. This legislation would have a devastating effect on screening for African Americans, who would be denied access to one of the most cost-effective procedures for screening the entire colon, the barium enema. This lack of access to such an important screening procedure will needlessly cost thousands of lives.

Colorectal cancer screening is an important issue for all Americans, not only African Americans. Patients and doctors, whether they are African American or not, should decide which screening procedures are appropriate—not the federal government.

I urge you to support the provisions included in bi-partisan legislation introduced by Congressman Alcee Hastings and co-sponsored by members of the Congressional Black Caucus which provides Medicare coverage for colorectal cancer screening using all commonly used procedures including fecal occult blood tests (FOBT), flexible sigmoidoscopy, colonoscopy, and the barium enema. Congressman Hastings' legislation, the Colorectal Cancer Screening Act, provides the same Medicare coverage for FOBT, flexible sigmoidoscopy, and colonoscopy as H.R. 15, but also corrects a significant omission in H.R. 15 by including the barium enema. I believe that Congressman Hastings' provisions should be included in H.R. 15 to give all Americans a complete choice of colorectal cancer screening procedures.

Once again, thank you for your work to support and promote Medicare coverage for preventive benefits. As a supporter of Medicare coverage for preventive services, I also thank you in advance for pursuing the passage of inclusive colorectal cancer screening legislation which is not biased against African Americans.

Please include these remarks in the record of your March 13, 1997 Health Subcommittee hearing.

Sincerely,

REV. MORRIS L. SHEARIN,
President.