

flags on grave markers in common cemeteries, I am reminded of why we are free. Those brave and honored Americans gave the ultimate "See to America".

PERSONAL EXPLANATION

HON. JULIA CARSON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 14, 1999

Ms. CARSON. Mr. Speaker, I was unavoidably absent on Monday, April 12, 1999, and Tuesday, April 13, 1999, attending a family funeral, and as a result, missed rollcall votes 78 through 82. Had I been present, I would have voted "yes" on rollcall vote 78, "yes" on rollcall vote 79, "yes" on rollcall 80, "yes" or rollcall 81, and "yes" on rollcall 82.

HONORING HOUSTON POLICE DEPARTMENT OFFICER VONDA HIGGINS

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 14, 1999

Mr. BENTSEN. Mr. Speaker, I rise to honor Houston Police Department Officer Vonda Higgins, who is being honored as the Honorary Chairlady of the Top Ladies of Distinction on April 10, 1999. Officer Higgins is certainly deserving of this honor.

Mr. Speaker, police officers across the country show courage and bravery everyday. Vonda Higgins displayed this courage as an undercover narcotics officer protecting Houstonians from the evils of drugs. For five years she worked in this role to stop criminals from dealing drugs and ruining lives and neighborhoods. Vonda Higgins loved her work and was passionate about her work.

On February 4, 1998, Officer Higgins was working to stop drug dealers from overrunning an area on Bellaire Boulevard where children played, Buddhists worshipped, and families lived. On that day, while trying to apprehend a criminal, Officer Higgins was shot by an assailant. The bullet entered her neck and paralyzed her. She is now in a wheelchair.

Mr. Speaker, Vonda Higgins now faces a new challenge in life. She is facing that challenge with the same dignity, courage, passion, and integrity that she displayed while on the job. She is supported by loving parents and a new dog, "Latin," named after a fellow police officer.

Fortunately, the perpetrator of this despicable act of cowardice was charged and sentenced to 24 years in prison. The effects of Vonda Higgins and the efforts of the Houston Police Department have stopped the scourge of deadly drugs into the area on far west Bellaire Boulevard. Instead of criminals and needles, flags and balloons fly in front of the landscaped entrance of the Arbor Daily Ashford.

Mr. Speaker, Vonda Higgins is an inspiration to all of us working to make this world a better and safer place for our children and our neighbors. We wish her Godspeed as she recovers from this terrible tragedy. We wish her the best and with hard work and determined prayers, we know she will overcome.

IN MEMORY OF THE LATE PAUL
WILLIAM TANNER**HON. PETER J. VISCLOSKY**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 14, 1999

Mr. VISCLOSKY. Mr. Speaker, northwest Indiana lost an outstanding citizen last month. Paul William Tanner, Sr., who devoted his life to our county, passed away on March 10, 1999.

Throughout his life, Mr. Tanner served as an exceptional example of a good American. As a United States Army World War II veteran of the North African campaign against General Rommel, Mr. Tanner demonstrated the enduring qualities of loyalty, honor, devotion, and service to our country.

While serving in the Armed Forces during World War II, he suffered shrapnel wounds and was captured by the Germans. Following his capture, he was forced to march to Tunis, the capital of Tunisia, from where he was flown to Italy, where he remained for about a month. During his stay in Italy, he was fed one small bowl of cabbage daily. From Italy, he was forced to march to various countries, including Austria and Germany. As a prisoner of war, Mr. Tanner was required to work on a farm thrashing barley, and while performing this difficult manual labor, he inhaled thick dust which weakened his lungs. He contracted tuberculosis, which led to a lifelong debilitating battle with bronchitis and emphysema. After gaining his freedom and returning to the United States, Mr. Tanner completed his college education and became a public school teacher. His weakened lungs forced him to take an early retirement and led to his eventual death at the age of 76.

Mr. Speaker and my distinguished colleagues, I ask you to join me in commending Mr. Paul William Tanner, Sr., for his dedication to this country. His family and friends can be proud of his strong devotion and service to the United States. He will be missed by all who loved him.

H.R. 1285, THE CANCER SCREENING
COVERAGE ACT OF 1999**HON. CAROLYN B. MALONEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 14, 1999

Mrs. MALONEY of New York. Mr. Speaker, I rise today to discuss a very important bipartisan piece of health legislation—H.R. 1285, The Cancer Screening Coverage Act of 1999 (CASCA). This bill was recently introduced by myself and Representative SUE KELLY. It provides coverage for cancer screening to private insurance patients.

Cancer is extremely prevalent in the United States. It is the second leading cause of death in the United States and, according to the Centers for Disease Control, almost half of these deaths are among women. One out of every 4 deaths is from cancer. The American Cancer Society has said that approximately 563,100 Americans will die from this disease this year. That's 1,500 cancer-related deaths per day. Everyone is at risk. Men have a 1 in 2 lifetime risk of developing or dying from can-

cer and women have a 1 in 3 lifetime risk. Those are pretty high odds.

Cancer also costs both individuals and our society a great deal. The National Institutes of Health has estimated that cancer has an annual lost productivity cost due to premature death of \$59 billion.

Since 1990, approximately 5 million people have died from cancer. In this day and age, getting diagnosed with cancer is not necessarily a death sentence. Treatments are being improved every day and the overall survival rate has increased dramatically in the last decade. However, according to the American Cancer Society, treatments are most effective if cancer is caught at an early stage. Early detection has been a particular problem for minorities. Cancers among African Americans are more frequently diagnosed after the cancer has metastasized.

The first step that needs to be taken to reduce the number of cancer related deaths is to increase access to screening exams in the private sector. We have already increased access for those over 65. In 1997, Congress gave Medicare patients many of the same benefits that are included in my bill. Americans under the age of 65 deserve this same benefit.

Cancer screening and early detection offer many benefits. Screening is the search for disease in persons who do not have symptoms or who do not recognize that they have the disease. Early detection can extend life, reduce treatment, and improve cancer patients' quality of life. When conducted regularly by a health care professional, screening examinations can result in the detection of cancers of the breast, colon, rectum, cervix, and prostate at earlier stages, when treatment is most likely to be successful. More than forty percent of all cancer cases occur in these screening-accessible cancer sites.

Another benefit is that screening tools allow for the detection of cancer in its early form, when treatment costs are less expensive. With an increased availability of screening, the economic and social costs of cancer are kept to a minimum. We know that cancer screening and early detection not only improve the chance of survival and quality of life but also save money. For example, patients diagnosed through colon cancer screenings at a cost of \$125-\$300 have a 90% chance of survival. Yet, if a patient is not diagnosed until symptoms are apparent, the chance of survival drops to 8% and care during the remaining 4-5 years of life can cost up to \$100,000. Similarly, the initial cost of treating rectal cancer that is detected early is about \$5,700. This is approximately 75% less than the estimated \$30,000-\$40,000 that it costs to initially treat rectal cancer that is detected further in its development. As a society, we can't afford not to screen.

Mr. Speaker, I would like to read into the record a statement by a woman who spoke about her own life saving experience with cancer screening at a press conference I recently held in New York City on this bill. This woman had the most advanced form of pre-invasive cervical cancer. If she had waited only a little longer for her screening, it may have been too late.

"Hi, my name is Theresa Nygard. I am someone who knows first hand the benefit of cancer screening tests. In November 1991, nine months after the birth of my second child,

I received the news that my Pap smear showed an irregularity. I had gone for a regular check-up, suspecting nothing, and came away with the news that I had what is called a 'level three dysplasia,' or a 'carcinoma in situ.' When my doctor, Dr. Goldstein, called to deliver the news, we immediately scheduled an in-office laser surgery for him to remove the cancerous tissues (that same day). In retrospect, this potentially devastating bit of news was almost rendered a non-event. I had the surgery, and beyond some lingering anxiety about having 'missed a bullet,' my life continued as if nothing had happened. In fact something very significant did happen—my life was saved."

"I know how lucky I am. When I was nineteen I lost my mother to ovarian cancer. I saw what cancer can do. To a person's health and vigor, to their family and friends. When I put my experience in the context of that knowledge I am incredibly thankful that this absolutely routine testing saved me from my own ignorance. I had never thought to fear cervical cancer. Since my mother's death I have been concerned (maybe even obsessed) with fears of contracting ovarian cancer, but I had never even thought of the danger of cervical cancer. I had specifically sought out Dr. Goldstein because I had heard that he was an expert on ovarian cancer detection. I thought I was being vigilant, but in fact I was simply lucky. Lucky that this form of cancer screening test was conducted as a routine part of my regular exam and lucky that my mother's experience has at least taught me to assume nothing about my health. I had no clue, no symptom, no ache or pain that would have compelled me to make a special appointment in 1991. Only because this testing had become a routine part of my life was my condition rendered a completely curable 'non-event.' I wish that this could have been so for my mother, as I wish it were so for all women faced with this sort of discovery."

Another woman, Lee Ann Taylor, also shared her story about cervical cancer screening at the New York City press conference. I would also like her statement placed into the RECORD.

"Hi—my name is Lee Ann Taylor and I would like to briefly explain how pre-cancer screening tests or preventive care has helped me lead a normal life."

"I have been a patient of Dr. Goldstein for over 10 years. With Dr. Goldstein's guidance and recommendation I have diligently followed a regimen of annual PAP tests are now semi-annual tests. During these years there has been a number of times when abnormal cells have been detected in early stages."

"My family also has a history of breast cancer. Once again annual mammograms and now at the age of 40 and over, a semi-annual sonogram test is recommended for women with a family history of breast cancer."

"For me, these annual/semi-annual pre-cancer screening tests have detected abnormal cell changes in such early stages that only minor procedures had to be performed to correct the problem."

"I strongly believe that pre-cancer screening tests are absolutely necessary and have helped me lead a normal active life. I have two beautiful healthy children and I want to think that I am doing everything that I can to prevent any unnecessary risk to my health and to my family's health."

Mr. Speaker, most insurance companies provide coverage for some cancer screening. The problem is that coverage is very inconsistent and plans do not always provide coverage for the appropriate type of screening test given a person's risk level. For example, some New York City health plans have made mammographies available, but would deny coverage for a colonoscopy to a woman with a family history of colorectal cancer.

Studies have shown that there is a direct correlation between the utilization of preventive services and the level of service provided by health insurance coverage. The more comprehensive an individual's health insurance coverage is, including cancer screening, the more likely that the person will use these important preventive services. Health insurance, covered items and services, deductibles, co-insurance, and other co-payments all affect care seeking behavior.

My bill assures that all individuals with health insurance are guaranteed coverage for important cancer screening tools used for the detection of breast, cervical, colorectal, and prostate cancers. Science has shown that the screening exams contained in my bill are effective. If a physician and patient have decided that a patient would benefit from a screening exam, insurance companies should not deny access to this exam. This bill will save lives and lower the cost of treating cancer by increasing the rates of early detection.

Mr. Speaker, I would like to share the following facts and statistics on these four cancers with you and my colleagues.

Breast cancer is the second most common cause of cancer-related deaths among American women. This type of cancer also strikes men. The American Cancer Society has estimated that there will be 175,000 new invasive cases of breast cancer in 1999 among women and about 1,300 new cases among men. 43,700 people will die of breast cancer in this year. Regular mammography screening has been shown to reduce breast cancer mortality significantly by at least 30% in women aged 50 and older. Recent scientific evidence has also shown that women in their 40s also benefit from regular mammography.

My bill provides annual mammograms for women ages 40 and over and for women under 40 who are at high risk of developing breast cancer. Annual clinical breast exams will also be provided for women ages 40 and over and for women between the ages of 20 and 40 who are at high risk of developing cancer and every three years for women in the 20 to 40 age group who are at normal to moderate risk.

An estimated 4,800 women will die from cervical cancer this year. When detected at an early stage, invasive cervical cancer is one of the most successfully treatable cancers. The five year survival rate for localized cancer, cervical cancer that is detected in the early stage, is 91%. According to the CDC, the costs of diagnosis, treatment, and follow-up associated with early stages of cervical cancer are \$4,359, whereas the same costs for late, invasive cervical cancer are more than triple that amount. CASCA ensures that women ages 18 and over and women who are under age 18 and are or have been sexually active will have coverage for annual pap tests and pelvic exams.

Colorectal cancer is the third leading cause of cancer-related deaths in the United States.

While colorectal cancer is often thought of as a men's disease, women are almost equally affected by it. Early detection is essential for survival of colorectal cancer. When colorectal cancers are detected in an early, localized stage, the 5-year relative survival rate is 91%; however, only 37% of colorectal cancers are currently discovered at that stage.

There are several tests that can be used to screen for colorectal cancer. Only a physician can determine in consultation with the patient which test is appropriate. My bill ensures coverage for the appropriate test for men and women ages 50 and those under 50 who are at high risk for an annual screening fecal occult blood test and a screening flexible sigmoidoscopy every four years or a screening barium enema. Because science has demonstrated the effectiveness of colonoscopy in detecting colon cancer throughout the entire colon, coverage for this exam is ensured for men and women at high risk in any age group.

In the past five years, more than 20,000 American men lost their lives to prostate cancer. About one in four prostate cancer cases strikes a man under the age of 65. The number of men in their 40s and 50s who are battling prostate cancer is increasing, and clinicians around the country report seeing more aggressive forms of the disease in younger men. African American men are diagnosed with prostate cancer 35% more frequently than Caucasians and are more than twice as likely to die of the disease. In fact, prostate cancer is the second leading cause of death among this group. Last year, the American Cancer Society reported a 23% rise in the prostate cancer death rate over a twenty year period. CASCA ensures coverage for annual digital rectal examination and/or annual prostate-specific antigen blood tests for men ages 50 and over. This specific provision is supported by not only the American Cancer Society, but also the American Urological Association.

The provisions in CASCA are based on the latest scientific knowledge and have been shown to be effective in reducing cancer mortality. The bill is based on the guidelines of the American Cancer Society and follows the Medicare cancer screening benefits as provided by the Balanced Budget Act of 1997.

The following 28 organizations have endorsed CASCA: The American Cancer Society, American Society of Clinical Oncologists, Society of Gynecologic Oncologists, Association of Reproductive Health Professionals, American Urological Association, American College of Obstetricians & Gynecologists, American Medical Women's Association, Cancer Research Foundation of America, American Public Health Association, American Society of Colon & Rectal Surgeons, American Nurses Association, National Alliance of Nurse Practitioners, American College of Nurse Practitioners, American Society of Reproductive Medicine, Cancer Care, Inc., Susan G. Komen Breast Cancer Foundation, Cure for Lymphoma Foundation, National Alliance of Breast Cancer Organizations, National Patient Advocate Foundation, National Coalition for Cancer Survivorship, Oncology Nursing Society, North American Brain Tumor Coalition, American College of Gastroenterology, Y-ME National Breast Cancer Organization, Alliance for Lung Cancer Advocacy, Support & Education, the Center for Patient Advocacy, the Kidney Cancer Association, and the National Cervical Cancer Coalition.

"The Cancer Screening Coverage Act of 1999" is an important first step to ensuring that the goals of reducing cancer mortality and incidence, as well as improving the quality of life for all cancer patients, are met. Mr. Speaker, I hope my colleagues will join me in taking this opportunity to save almost 150,000 Americans a year.

INTRODUCTION OF LEGISLATION

HON. JIM McCRERY

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 14, 1999

Mr. McCRERY. Mr. Speaker, once again, I am introducing legislation to remedy a problem brought to my attention by the U.S. utility industry involving the taxation of foreign operations of U.S. electric and gas utilities. These firms were prohibited for many years from doing business abroad until the National Energy Policy Act (NEPA), enacted in 1992, removed that prohibition. With passage of NEPA, and as some foreign governments began privatizing their national utilities and increasing energy demands necessitated the construction of new facilities to fulfill the new capacity, U.S. utilities began to make foreign investments. Since 1992, U.S. utility companies have made significant investments in utility operations in the United Kingdom, Australia, Eastern Europe, and South America.

Foreign utilities are particularly attractive investments from a U.S. viewpoint. They are not "runaway plants", but rather stimulate job creation in the U.S. in design, architecture, engineering, construction and heavy equipment manufacturing. When the subsidiary of an U.S. utility builds generating plants, transmission lines, or distribution facilities to serve its foreign customers, these most often come from U.S. suppliers. Given that the U.S. energy market is mature, overseas investments are a good way for U.S. utilities to diversify and grow, to the benefit of their employees and their shareholders.

Unfortunately, the Internal Revenue Code penalizes these investments by subjecting them to double taxation. Under the foreign tax credit rules, the interest expense of a U.S. person is allocated in part to its foreign operations based on the theory of the "fungibility of money." The allocation formula in Internal Revenue Code section 864 requires U.S. domestic interest expense to be allocated based on the value of the company's foreign and domestic assets. If a firm has mature (depreciated) U.S. assets and newly acquired overseas assets, like many U.S. utilities, a disproportionate amount of U.S. interest expense will be allocated abroad. The result is a very high effective tax rate on that foreign investment and a loss of U.S. foreign tax credits. Rather than face this double tax penalty, some U.S. utilities have actually chosen not to invest overseas and others have pulled back from their initial investments.

One solution to this problem is found in the legislation that I am introducing today. Our remedy is to exempt the debt associated with a regulated U.S. utility business (the furnishing and sale of electricity or natural gas) from the interest allocation rules of Internal Revenue Code section 864. The proposal would allocate and apportion interest expense attrib-

utable to qualified infrastructure solely to sources within the United States. "Qualified infrastructure indebtedness" would be defined as debt incurred in a corporation's trade or business of furnishing or selling electricity or natural gas in the United States. Further, the rates for such furnishing or sale of electrical energy must be regulated or set by the Federal Government, a State, the District of Columbia or a political subdivision thereof.

I am also aware that my colleagues on the Committee on Ways and Means, Congressmen HOUGHTON and LEVIN, together with Senators HATCH and BAUCUS, have been leading a multiyear effort to reform the international tax laws. I am a strong supporter of that effort, which is intended in part to rectify the disconnect between our Nation's favorable trade laws and our tax laws, which too often penalize American firms wanting to expand into foreign markets. The problem of interest allocation has not yet been addressed in the Houghton-Levin legislation, but I strongly urge that this provision be included in any foreign tax reform bill introduced in the next Congress. Further, because the process of getting legislation enacted into law properly involves consultation with Treasury, the affected industry, and the bar, we encourage those with subject matter expertise in this area to review our bill. I believe my bill reflects the best thinking now available on how to address this serious problem, but we are certain that further reflection will yield even better for U.S. utilities attempting to invest overseas.

IN RECOGNITION OF KICK BUTTS DAY

HON. PETER T. KING

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 14, 1999

Mr. KING. Mr. Speaker, I rise today to recognize McKenna Elementary School in Massapequa, New York, for their participation in the national anti-smoking campaign, "Kick Butts Day." This truly motivational program has been diligently organized by the students of this elementary school.

As we all know, young people are easy targets for the tobacco industry and this is evidenced by the increase in teen smoking throughout the nation. Smoking hurts young people's physical well-being. It can be associated with poor overall health and can lead to more severe conditions if continued. Many children are pressured into smoking. The younger a child begins smoking, the more likely he is to become strongly addicted to nicotine. Nicotine is a drug that causes cancer, heart disease and emphysema. Statistics show that teens who smoke are more likely than nonsmokers to use alcohol, marijuana, and cocaine. Children are only putting themselves at risk by starting to smoke.

Again, it is important to recognize all the schools throughout the nation participating in "Kick Butts Day." Mr. Speaker, I would especially like to commend Principal John Gleason and all the staff and students of McKenna Elementary School in Massapequa, New York for their outstanding work promoting their message: "Don't start smoking! If you smoke, stop!"

A TRIBUTE TO JUSTO RODRIGUEZ SANTOS

HON. LINCOLN DIAZ-BALART

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 14, 1999

Mr. DIAZ-BALART. Mr. Speaker, a great poet, Dr. Justo Rodriguez Santos, recently passed away in New York.

Dr. Rodriguez Santos was a man of extraordinary talent and sensitivity whose commitment to democracy and his fellow man will be enormously missed. Born in Santiago, Cuba in 1915, he received his doctorate in philosophy and literature from the University of Havana. His writings capture the human experience and demonstrate the triumph of the human spirit. Through his poetry and writings, he communicated his vision of the world with grace and flair. His wisdom and generous spirit will live on in the poems he left for us. He was a great Cuban who will always be remembered as a lover of freedom.

I am privileged to personally know Mari R. Ichaso and Leon Ichaso, the very talented daughter and son of Dr. Rodriguez Santos. I send them and Dr. Rodriguez Santos' widow, Mrs. Antonia Ichaso Rodriguez, my sympathy and deep affection of this difficult time.

Below is the obituary from the New York Times, dated April 13, 1999, that details further the life of this great Cuban poet.

JUSTO RODRIGUEZ SANTOS, 83, EXPATRIATE CUBAN POET

(By Nick Ravo)

NEW YORK.—Justo Rodriguez Santos, a Cuban poet who became disenchanted with Fidel Castro in the 1960s, exiled himself from his native land and became an advertising executive in the United States, died on Wednesday at St. Luke's-Roosevelt Hospital Center in Manhattan. He was 83.

Rodriguez Santos was a minor member of Origenes, a prominent group of writers and painters founded by the poet Jose Lezama Lima in the 1930s and loosely linked to the American poet Wallace Stevens. The name Origenes was a play on words, meaning both origins and a church father; the group's work was strongly influenced by the Roman Catholic faith. Origenes was also the name the artists chose for an influential literary magazine they published from 1944 to 1954.

"It was a very important journal in the history of Latin American culture," said Roberto Gonzalez Echevarria, a professor of Hispanic and comparative literature at Yale University.

Rodriguez Santos was born in Santiago, Cuba, on Sept. 28, 1915, and moved to Havana at an early age. He earned a degree at the University of La Salle in Havana and a doctorate in philosophy and literature from the University of Havana. He also worked in television and radio in Cuba.

His books of poetry include "Luz Cautiva" ("Captive Light," 1936), "La Belleza Que el Cielo No Amortaja" ("The Beauty the Sky Will Not Shroud," 1950), "El Diapason del Ventisquero" ("Echoes of a Whirlwind," 1976), "Los Naipes Conjurados y las Operas del Sueno" ("The Conjured Cards and the Operas of Dreams," 1979 and 1989).

He also wrote a nonfiction account of the Cuban revolution, "The Moncada Epic: Poetry of History," in 1963.

"It was translated into several languages, and it was a favorite of Mao's," said Rodriguez Santos' daughter, Mari Rodriguez Ichaso of Manhattan.