

Whereas 1 American man in 6 will be diagnosed with prostate cancer in his lifetime;

Whereas over the past decade prostate cancer has been the most commonly diagnosed nonskin cancer and the second most common cancer killer of American men;

Whereas 189,000 American men will be diagnosed with prostate cancer and 30,200 American men will die of prostate cancer in 2002, according to American Cancer Society estimates;

Whereas fully ¼ of new cases of prostate cancer occur in men during their prime working years;

Whereas African-Americans have the highest incidence and mortality rates of prostate cancer in the world;

Whereas screening by both digit rectal examination and prostate-specific antigen blood test (PSA) can diagnose the disease in earlier and more treatable stages and has reduced prostate cancer mortality;

Whereas the research pipeline promises further improvements in prostate cancer prevention, early detection, and treatments; and

Whereas educating Americans, including health care providers, about prostate cancer and early detection strategies is crucial to saving the lives of men and preserving and protecting our families: Now, therefore, be it

Resolved, That the Senate—

(1) designates the month of September 2002 as “National Prostate Cancer Awareness Month”;

(2) declares that the Federal Government has a responsibility—

(A) to raise awareness about the importance of screening methods and treatment of prostate cancer;

(B) to increase research funding that is commensurate with the burden of the disease so that the causes of, and improved methods for screening, treating, and curing prostate cancer may be discovered; and

(C) to continue to consider ways for improving access to, and the quality of, health care services for detecting and treating prostate cancer; and

(3) requests the President to issue a proclamation calling upon the people of the United States, interested groups, and affected persons to promote awareness of prostate cancer, to take an active role in the fight to end the devastating effects of prostate cancer on individuals, their families, and the economy, and to observe the month of September 2002 with appropriate ceremonies and activities.

Mr. SESSIONS. Mr. President, I rise today to submit, along with Senator REID and 36 of our colleagues from both sides of the aisle, a resolution to designate September 2002 as National Prostate Cancer Awareness Month. As a prostate cancer survivor myself, I understand the importance of public awareness and early detection, and I hope that by designating this month as National Prostate Cancer Awareness Month, we can help save lives.

Since the tragic events on September 11, 2001, Americans have continued to honor their heroes of that day with respect, gratitude and, too often, the memory of lives lost. The “first responders” protected our safety and well-being, not only in New York and Washington, but also in cities and towns across the country, where police, fire, emergency service, National Guard and the military have been laden with banners and bouquets of thanks, recognition and remembrance. September is also “Prostate Cancer

Awareness Month”, PCAM, a time to remember those who have perished from the disease and to celebrate those who are surviving, and a time to work together to accelerate a cure. Along with The National Prostate Cancer Coalition, NPCC, I look forward to raising awareness in September with commemorations of “911” joining the NPCC’s special campaign, “Protecting Our Protectors” which encourages men in law enforcement, fire service, and current and former servicemen to get screened for prostate cancer.

This resolution is an effort to help increase awareness and educate American men and their families about prostate cancer and early detection, as well as emphasize the need for more prostate cancer research. It will designate September 2002 as National Prostate Cancer Awareness Month. Together, Senator REID and I ask for your support and encourage all of our colleagues to join us in raising awareness. With your help, prostate cancer can be preventable, controllable, and curable.

Today prostate cancer remains the most commonly diagnosed nonskin cancer in America. According to estimates by the American Cancer Society and the National Cancer Institute, NCI, more than 189,000 American men will learn that they have the disease during 2002. Nearly 30,000 American men will lose their lives to prostate cancer this year, making it the second most common cause of cancer death among men. These statistics translate into devastating realities for men and families across this country.

This disease will affect one in six men in the United States during his lifetime. More than 25 percent of those battling this disease are under the age of 65, prime years of productivity for families and for this nation. The number of Americans impacted by cancer, and prostate cancer, is also expected to grow. If unchecked during the next decade, cancer incidence and mortality rates could increase by 25 percent-30 percent. In too many cases, prostate cancer remains undetected until advanced stages of the disease, when conventional therapies no longer work. This makes it critical that all American families understand the risks of prostate cancer and take measures to ensure early detection.

If a man has one close relative with prostate cancer, his risk of the disease is double that of the average male. With two close relatives, his risk is fivefold. Should he have three close relatives with prostate cancer, his likelihood of a prostate cancer diagnosis is nearly 97 percent.

African American families are at particular risk. African American men have the highest incidence and mortality rates in the world. According to the National Prostate Cancer Coalition, we must raise public awareness about the impact of prostate cancer and emphasize early detection with the PSA, prostate specific antigen, blood test and DRE, digital rectal examina-

tion. Over the last five years prostate cancer mortalities have decreased by 27 percent. This shows that, with the right investment in education and research, we are already saving lives.

SENATE RESOLUTION 326—DESIGNATING OCTOBER 18, 2002, AS “NATIONAL MAMMOGRAPHY DAY”

Mr. BIDEN (for himself, Mr. AKAKA, Mr. ALLEN, Mr. BAYH, Mr. BINGAMAN, Mrs. BOXER, Mr. BREAUX, Mr. BROWNBACK, Mr. BUNNING, Ms. CANTWELL, Mrs. CARNAHAN, Mr. CARPER, Mr. CLELAND, Ms. COLLINS, Mr. CRAIG, Mr. DEWINE, Mr. DODD, Mr. DOMENICI, Mr. DORGAN, Mr. DURBIN, Mr. FITZGERALD, Mr. GRAHAM, Mr. GRASSLEY, Mr. HAGEL, Mr. HATCH, Mr. HELMS, Mrs. HUTCHISON, Mr. INHOFE, Mr. INOUE, Mr. JOHNSON, Mr. KENNEDY, Mr. KERRY, Ms. LANDRIEU, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. LUGAR, Ms. MIKULSKI, Mr. MILLER, Mr. MURKOWSKI, Mrs. MURRAY, Mr. NELSON of Nebraska, Mr. REID, Mr. ROCKEFELLER, Mr. SARBANES, Mr. SMITH of Oregon, Ms. SNOWE, Mr. SPECTER, Ms. STABENOW, Mr. THURMOND, Mr. TORRICELLI, Mr. VOINOVICH, Mr. WELLSTONE, Mr. WYDEN, and Mrs. CLINTON) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 326

Whereas according to the American Cancer Society, in 2002, 203,500 women will be diagnosed with breast cancer and 39,600 women will die from this disease;

Whereas it is estimated that about 2,000,000 women were diagnosed with breast cancer in the 1990s, and that in nearly 500,000 of those cases, the cancer resulted in death;

Whereas the risk of breast cancer increases with age, with a woman at age 70 years having twice as much of a chance of developing the disease as a woman at age 50 years;

Whereas at least 80 percent of the women who get breast cancer have no family history of the disease;

Whereas mammograms, when operated professionally at a certified facility, can provide safe screening and early detection of breast cancer in many women;

Whereas mammography is an excellent method for early detection of localized breast cancer, which has a 5-year survival rate of more than 97 percent;

Whereas the National Cancer Institute and the American Cancer Society continue to recommend periodic mammograms; and

Whereas the National Breast Cancer Coalition recommends that each woman and her health care provider make an individual decision about mammography: Now, therefore, be it

Resolved, That the Senate—

(1) designates October 18, 2002, as “National Mammography Day”; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe the day with appropriate programs and activities.

Mr. BIDEN. Mr. President, today I am submitting a resolution designating October 18, 2002, as “National Mammography Day”. I am pleased that 54 of my colleagues have endorsed this proposal by agreeing to be original cosponsors. I might note that I have introduced a similar resolution each year

since 1993, and on each occasion the Senate has shown its support for the fight against breast cancer by approving the resolution.

Each year, as I prepare to submit this resolution, I review the latest information from the American Cancer Society about breast cancer. For the year 2002, it is estimated that over 203,000 women will be diagnosed with breast cancer and slightly fewer than 40,000 women will die of this disease.

In past years, I have often commented on how gloomy these statistics were. But as I review how these numbers are changing over time, I have come to the realization that it is really more appropriate to be optimistic. The number of deaths from breast cancer is falling from year to year. Early detection of breast cancer continues to result in extremely favorable outcomes: 97 percent of women with localized breast cancer will survive 5 years or longer. New digital techniques make the process of mammography much more rapid and precise than before. Government programs will provide free mammograms to those who can't afford them, as well as Medicaid eligibility for treatment if breast cancer is diagnosed. Information about treatment of breast cancer with surgery, chemotherapy, and radiation therapy has exploded, reflecting enormous research advances in this disease. So I am feeling quite positive about our battle against breast cancer. A diagnosis of breast cancer is not a death sentence, and I encounter long-term survivors of breast cancer nearly daily.

In recent months, the newspapers have been filled with discussion over whether the scientific evidence actually supports the conclusion that periodic screening mammography saves lives. It seems that much of this controversy relates to new interpretations of old studies, and the relatively few recent studies of this matter have not clarified this issue. Most sources seem to agree that all of the existing scientific studies have some weaknesses, but it is far from clear whether the very large and truly unambiguous study needed to settle this matter definitively can ever be done.

So what is a woman to do? I do not claim any expertise in this highly technical area, so I rely on the experts. The American Cancer Society, the National Cancer Institute, and the U.S. Preventive Services Task Force all continue to recommend periodic screening mammography, and I endorse the statements of these distinguished bodies.

On the other hand, I recognize that some women who examine these research studies are unconvinced of the need for periodic screening mammography. However, even those scientists who do not support periodic mammography for all women believe that it is appropriate for some groups of women with particular risk factors. In agreement with these experts, I encourage all women who have doubts about the usefulness of screening mammography

in general to discuss with their individual physicians whether this test is appropriate in their specific situations.

So my message to women is: have a periodic mammogram, or at the very least discuss this option with your own physician.

I know that some women don't have annual mammograms because of either fear or forgetfulness. It is only human nature for some women to avoid mammograms because they are afraid of what they will find. To those who are fearful, I would say that if you have periodic routine mammograms, and the latest one comes out positive, even before you have any symptoms or have found a lump on self-examination, you have reason to be optimistic, not pessimistic. Such early-detected breast cancers are highly treatable.

Then there is forgetfulness. I certainly understand how difficult it is to remember to do something that only comes around once each year. I would suggest that this is where "National Mammography Day" comes in. On that day, let's make sure that each woman we know picks a specific date on which to get a mammogram each year, a date that she won't forget: a child's birthday, an anniversary, perhaps even the day her taxes are due. On National Mammography Day, let's ask our loved ones: pick one of these dates, fix it in your mind along with a picture of your child, your wedding, or another symbol of that date, and promise yourself to get a mammogram on that date every year. Do it for yourself and for the others that love you and want you to be part of their lives for as long as possible.

And to those women who are reluctant to have a mammogram, I say let National Mammography Day serve as a reminder to discuss this question each year with your physician. New scientific studies that are published and new mammography techniques that are developed may affect your decision on this matter from one year to the next. I encourage you to keep an open mind and not to feel that a decision at one point in time commits you irrevocably to a particular course of action for the indefinite future.

I urge my colleagues to join me in the ongoing fight against breast cancer by cosponsoring and voting for this resolution to designate October 18, 2002, as National Mammography Day.

AMENDMENTS SUBMITTED AND PROPOSED

SA 4532. Mr. BYRD (for himself and Mr. STEVENS) proposed an amendment to amendment SA 4472 proposed by Mr. BYRD to the bill H.R. 5093, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2003, and for other purposes.

SA 4533. Mr. HOLLINGS proposed an amendment to amendment SA 4471 proposed by Mr. LIEBERMAN to the bill H.R. 5005, to establish the Department of Homeland Security, and for other purposes.

SA 4534. Mr. LIEBERMAN (for himself and Mr. GRAHAM) proposed an amendment to

amendment SA 4513 proposed by Mr. THOMPSON (for himself and Mr. WARNER) to the amendment SA 4471 proposed by Mr. LIEBERMAN to the bill H.R. 5005, supra.

SA 4535. Mr. THOMAS submitted an amendment intended to be proposed to amendment SA 4471 proposed by Mr. LIEBERMAN to the bill H.R. 5005, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 4532 Mr. BYRD (for himself and Mr. STEVENS) proposed an amendment to amendment SA 4472 proposed by Mr. BYRD to the bill H.R. 5093, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2003, and for other purposes; as follows:

TITLE —SUPPLEMENTAL APPROPRIATIONS

That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2002, and for other purposes, namely:

CHAPTER 1

DEPARTMENT OF AGRICULTURE

Office of the Secretary

(INCLUDING TRANSFERS OF FUNDS)

For an additional amount for 'Office of the Secretary', \$18,000,000 to remain available until expended: Provided, That the Secretary shall transfer these funds to the Agricultural Research Service, the Animal and Plant Health Inspection Service, the Agricultural Marketing Service, and/or the Food Safety and Inspection Service; Provided further, That the entire amount is designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

CHAPTER 2

DEPARTMENT OF JUSTICE

Office of Justice Programs

COMMUNITY ORIENTED POLICING SERVICES

For an amount to establish the Community Oriented Policing Services, Interoperable Communications Technology Program in consultation with the Office of Science and Technology within the National Institute of Justice, and the Bureau of Justice Assistance, for emergency expenses for activities related to combating terrorism by providing grants to States and localities to improve communications within, and among, law enforcement agencies, \$50,000,000, to remain available until expended: Provided, That the entire amount is designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

DEPARTMENT OF STATE

EMBASSY SECURITY, CONSTRUCTION, AND MAINTENANCE

For an additional amount for 'Embassy Security, Construction, and Maintenance' for emergency expenses for activities related to combating international terrorism, \$10,000,000, to remain available until expended: Provided, That the entire amount is designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.