also always willing to make speeches at schools and help at community events.

Today, we honor the memory of Assistant Chief Tom Underhill who served his community with distinction. Our most heartfelt prayers go out to his family, friends and fellow police officers, especially to his wife, Stacey and his parents, Bill and Linda Underhill.

INTRODUCTION OF A RESOLUTION RECOGNIZING THE SURVIVORS AND RAISING AWARENESS OF CERVICAL CANCER

HON. MARK E. SOUDER

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Monday, December 8, 2003

Mr. SOUDER. Mr. Speaker, January is Cervical Cancer Awareness Month and today I have introduced a resolution to recognize the survivors of cervical cancer and to raise awareness of cervical cancer, including the importance of prevention, early diagnosis and treatment.

Each year in the United States, approximately 12,200 women are diagnosed with cervical cancer and 4,100 women die from the disease. Worldwide, cervical cancer affects approximately 288,000 women annually, and in some parts of the world, cervical cancer is the most common cancer in women.

Clinical studies have confirmed that the human papillomavirus (HPV) is the cause of nearly all cervical cancer. In addition, HPV is associated with more than 1 million precancerous lesions of varying severity. With 20 million Americans believed to be infected, HPV is one of the most common sexually transmitted diseases in the United States. An estimated 5.5 million people become infected with HPV every year. Not everyone infected with HPV will develop cancer but those with persistent, high risk strains of HPV are at increased risk as are their partners.

However, the majority of women are unaware of these facts. In a recent survey, 70 percent of women were unable to name the cause of cervical cancer, and 76 percent had never heard of HPV.

Many also confuse treatment with prevention. While treatment can prevent the progression of cervical disease or death from cervical cancer, treatment is not prevention of the presence of disease. Furthermore, treatment can often be invasive, unpleasant, and costly and not preclude the necessity for additional treatments.

Cervical cancer is treated using surgery, radiation and chemotherapy; sometimes two or more methods are used. The most common types of surgery include cryosurgery, laser surgery, cone biopsy, simple hysterectomy, radical hysterectomy and pelvis lymph node dissection, and pelvic exenteration. Radiation therapy may involve external radiation or internal radiation (radioactive materials implanted in the tumor).

Treatment for cervical dysplasia—a premalignant or precancerous change in the cells of the cervix that may progress to cancer—include surgery, cone biopsy, cryosurgery, laser surgery, and electrosurgery.

The direct medical cost of treating a patient with cervical cancer is $9,200 to $13,360, while surgery to remove a precancerous lesion is $1,100 to $4,360. The financial burden of HPV in the United States has been estimated to range from $1.6 billion to $6 billion annually, making HPV one of the most costly sexually transmitted diseases after HIV/AIDS.

To alleviate the burden of these costs to women who are faced with the threat of cervical cancer, Congress approved Public Law 106–354 in 2000 allowing states to provide medical assistance through Medicaid to eligible women who were screened for and found to have breast or cervical cancer, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program.

The best protection against cervical cancer and cervical disease, however, remains prevention of HPV infection. Public Law 106–554, also approved by Congress in 2000, directs the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration to take action to educate the public about HPV. The law specifically requires CDC to issue a report on HPV not later than December 21, 2003, ''including a detailed summary of the significant findings and problems and best strategies to prevent future infections, based on the available science.''

With Cervical Cancer Awareness Month just weeks away, the statutory release date mandated for the CDC HPV prevention report is well timed to allow all members of Congress, federal agencies, health care professionals and the public to educate themselves and others about HPV. During this month, we should also recognize the survivors of HPV and cervical cancer who have shown tremendous courage and determination in the face of adversity.

TEXAS FIRM WINS TOP AWARD

HON. LAMAR S. SMITH

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, December 8, 2003

Mr. SMITH of Texas. Mr. Speaker, an architecture firm in my hometown of San Antonio recently received well-deserved national recognition. Lake/Flato Architects Inc. won the 2004 American Institute of Architects Architecture Firm Award, the highest honor given in its category.

The annual award goes to a firm that consistently has produced distinguished architecture for at least 10 years. Founded in 1984 by David Lake and Ted Flato, the firm today employees forty-four talented people, including six partners.

At its best, architecture warms the heart, uplifts the spirit, and engages the mind. It inspires us, even if we don't know all the reasons why.

That Lake/Flato would be singled out by the AIA is no surprise. The firm already has picked up more than 90 regional and national architecture awards, including honorable mention awards from the AIA in 1992, 1997 and 1999. And it has inspired thousands of individuals throughout the United States with its eye-catching designs.

This is only the second time that a Texas architecture firm has garnered the top prize from the AIA.

PERSONAL EXPLANATION

HON. JEB BRADLEY

OF NEW HAMPSHIRE

IN THE HOUSE OF REPRESENTATIVES

Monday, December 8, 2003

Mr. BRADLEY of New Hampshire. Mr. Speaker, due to my participation in a congressional delegation trip to Iraq, I missed several votes. I would like the record to reflect that had I been present, I would have voted in the following manner:

On rollcall 576, on the motion to suspend the rules and pass, as amended, H.R. 1720, the Veterans Health Care Facilities Capital Improvement Act, I would have voted ''aye''.

On rollcall 577, on the motion to suspend the rules and agree to the Senate amendments to H.R. 1516, the National Cemetery Expansion Act, I would have voted ''aye''.

On rollcall 578, on the motion to suspend the rules and agree to H.R. 3365, the Fallen Patriots Tax Relief Act, I would have voted ''aye''.

On rollcall 579, on the motion to suspend the rules and agree to H. Res. 414, to encourage the People's Republic of China to fulfill its commitments under international trade agreements, support the United States manufacturing sector, and establish monetary and financial market reforms, I would have voted ''aye''.

On rollcall 581, I would have voted ''aye''.

On rollcall 582, on expressing deep gratitude for the valor and commitment of the members of the United States Armed Forces who were deployed in Operation Restore Hope to provide humanitarian assistance to the people of Somalia in 1993, I would have voted ''aye''.

On rollcall 583, on making further continuing appropriations for the fiscal year 2004, I would have voted ''aye''.

On rollcall 586, I would have voted ''aye''.

On rollcall 587, I would have voted ''aye''. On rollcall 592, agreeing to the conference report on the Flight 100—FAA Reauthorization Act, I would have voted ''aye''.

On rollcall 593, on the motion to suspend the rules and agree to H. Res. 409—Repudiating the Anti-Semetic Remarks Expressed by Dr. Mahathir Mohamad, I would have voted ''aye''. On rollcall 595, agreeing to the conference report on the Department of Interior and related agencies Appropriations Act, I would have voted ''aye''.

On rollcall 596, on the motion to suspend the rules and agree to H. Con. Res. 302, A Sense of Congress welcoming President Chen Shui-bian of Taiwan to the United States on October 31, I would have voted ''aye''.

On rollcall 597, I would have voted ''aye''.

On rollcall 598, I would have voted ''aye''.

On rollcall 601, agreeing to the conference report on the Emergency Supplemental Appropriations for Defense and the Reconstruction of Iraq and Afghanistan, I would have voted ''aye''.

On rollcall 580, I would have voted ''no''.

On rollcall 584, I would have voted ''no''.

On rollcall 585, I would have voted ''no''.

On rollcall 588, I would have voted ''no''.

On rollcall 589, I would have voted ''no''.

On rollcall 590, I would have voted ''no''.

On rollcall 591, I would have voted ''no''.

On rollcall 594, I would have voted ''no''.

On rollcall 599, I would have voted ''no''.

On rollcall 600, I would have voted ''no''.