

John and James, his daughter Julie Mulligan, his stepdaughter, Barbara Evans, his stepson James Madigan and his seven grandchildren.

Mr. Speaker, the State of Michigan lost one of its most important leaders; his family has lost a father and husband and many have lost a friend. It is with great sadness that we acknowledge his passing but is also my honor to acknowledge the important contributions he has made throughout his life. I will miss his friendship and the State of Michigan will miss his wisdom and service on the bench.

IN RECOGNITION OF CECIL O.
SEWELL, JR.

HON. MIKE ROGERS

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 22, 2004

Mr. ROGERS of Alabama. Mr. Speaker, I rise today to pay tribute to Cecil O. Sewell, Jr., who on April 25, 2004 will celebrate his 50th year in the ministry.

Pastor Sewell was born on August 12, 1936, and was called to the ministry in April of 1954. He continued serving as a minister while he attended college and divinity school. He graduated from Samford University in Birmingham, Alabama, in 1958, and went on to graduate studies at the University of Alabama. He then attended Divinity School at Houston Baptist University, where he graduated in 1982.

Pastor Sewell has been pastor to six churches. He has gone on missions and done evangelism in twelve states and eight foreign countries, including three missions to Romania and six missions to Brazil. He has served on numerous state and national convention committees and as Trustee of the Baptist Health System. One of the most telling things about Cecil Sewell is that he has been an interim pastor for four churches in his most recent years, having retired from the ministry and been called back to service on these four occasions. He is now interim pastor of First Baptist Church in Saks, Alabama.

I am so very proud to salute Cecil O. Sewell, Jr., for his 50 years of ministry, and appreciate the House's attention today in observance of his ministry.

HONORING MICHAEL SCHOPP

HON. WM. LACY CLAY

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 22, 2004

Mr. CLAY. Mr. Speaker, I rise today to honor fifteen year old Michael Schopp, from Creve Coeur, Missouri. In a ceremony honoring his achievement on May 2, 2004, Mr. Schopp will receive the Eagle Scout Award. This award is the highest advancement rank a young man may earn in scouting.

To earn his Eagle Scout Award, Mr. Schopp designed, planned and supervised the construction and landscaping of a planter and two dugout benches for the Ballwin Athletic Association baseball fields where he played ball for several years.

Mr. Schopp began his scouting experience as a Cub Scout in elementary school and has

been a member of Troop 631, sponsored by St. Mark Presbyterian Church in Ballwin, Missouri, since March 2000. Mr. Schopp's dedication to the values of scouting and his leadership ability are demonstrated in his many scouting activities over the years: he has served his Boy Scout Troop as Patrol Leader and Assistant Patrol Leader, and is currently one of the leaders of his troop as a member of the Executive Patrol and as Assistant Senior Patrol Leader. Mr. Schopp participated in the Junior Leader Training Camp and also attended three Boy Scout High Adventure Camps: Northern Tier in Ely, MN; Sea Base in FL; and OKPIL Winter Camp in MN.

I congratulate Mr. Schopp for his success in earning his Eagle Scout Award. First awarded in 1912, the rigorous standards are demonstrated in the fact that only 4 percent of Boy Scouts across America earn this prestigious award. I also commend his peers, members of his troop, coaches, teachers and parents for their support and encouragement that has helped him succeed.

Mr. Speaker. It is with great privilege that I recognize Michael Schopp today before Congress. I applaud him for his success and extend best wishes for all of his future endeavors. I urge my colleagues to join me in honoring Michael Schopp.

IN RECOGNITION OF THE 18TH AN-
NIVERSARY OF NATIONAL MI-
NORITY CANCER AWARENESS
WEEK

HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 22, 2004

Mr. CUMMINGS. Mr. Speaker, I rise today to recognize the 18th annual National Minority Cancer Awareness Week and to address an issue that is of grave concern to thousands of Americans. Cancer is the second leading cause of death among Americans, responsible for one of every four deaths. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Over 18 million new cases of cancer have been diagnosed since 1990, and about 1.4 million new cases will be diagnosed in 2004 alone. I am sure that each of us has either lost a family member or close loved one to this dreadful disease or know of someone who has suffered such a loss.

In 1971, President Nixon and Congress declared an all out war on cancer. Since then, national investment in cancer research and programs have reaped remarkable returns, including a 57 percent decline in cancer mortality rates. Unfortunately, cancer still remains the number two killer in America, just behind heart disease. And despite all the progress that has been made in the battle against cancer, this disease does not affect all races equally. The burden of cancer continues to fall on communities of color. Mr. Speaker, African Americans are more likely to die of cancer than people of any other racial or ethnic group. From 1996 through 2000, the average annual death rate per 100,000 people for all cancers combined was 257 for African Americans, 199 for whites, 138 for Hispanics, 138 for Native Americans/Alaska Natives, and 125 for Asians/Pacific Islanders. In fact, my state

of Maryland ranks 12th in cancer mortality rates among the 50 states and the District of Columbia. Between 1996 and 2000, African Americans in Maryland outpaced the national average on every leading cancer mortality index: lung cancer (68.7 per 100,000 persons), colorectal cancer (30.6 per 100,000 persons), breast cancer (35.5 per 100,000 persons), and prostate cancer (75.6 per 100,000 persons). It is estimated that 25,310 new cancer cases will be diagnosed in Maryland, and 10,430 members of my community will die from this disease in 2004.

To make these numbers real, on a national basis if you are a black man in the United States and contract prostate cancer, you have a 73.0 percent mortality rate versus the national average of 32.9 percent. If you are an African American woman and contract breast cancer, you have a higher mortality rate, 35.5 percent versus the national average of 27.7 percent. I am sure like me many of you find these statistics truly shocking.

According to the American Cancer Society, the primary cause of disparities in cancer between African Americans and the general population is poverty. Biological or inherited characteristics are less important than socioeconomic factors in explaining differences in cancer incidence and mortality among major racial and ethnic populations in the United States. As a result, many economically challenged racial and ethnic minorities lack access to high quality health care. The major consequences of inadequate access to preventive services and early detection are that diseases like cancer are more often diagnosed at later stages when the severity is likely to be greater and options for treatment, as well as the odds of survival, are decreased. The future health of America as a whole will be substantially influenced by our success in improving the health of minority and other medically underserved populations.

Mr. Speaker, this year marks the 18th annual National Minority Cancer Awareness Week, a national campaign initiated by Congress in 1987 to heighten awareness of the unequal cancer burden borne by racial and ethnic minority populations and other medically underserved communities. This week incorporates the theme "Cancer is a Burden, Finding Help Shouldn't Be". The goal is to increase the nation's awareness of the programs and services available in minority communities and to provide an opportunity to engage impacted communities in the fight against cancer. This week also provides an important opportunity to commend those working tirelessly in my district and in communities across this nation to improve the quality of life for all Americans.

Mr. Speaker, on this 18th anniversary of National Minority Cancer Awareness Week, I urge my colleagues to make cancer research and the eradication of this terrible disease a national priority. Cancer research saves lives. We must maintain the pace of cancer research by increasing the budget of the National Institutes of Health at least 8.5 percent for fiscal year 2005. Unfortunately, the Administration's FY 2005 budget proposal only calls for a 2.6 percent increase, where an 8 percent increase is needed; thereby falling behind inflation and far short of what is required to sustain the current pace of discovery.

Mr. Speaker, we must also address the national nursing shortage. Nurses serve on the

front-line in the battle against cancer, providing critical patient care services and also helping conduct cancer research through clinical trials. This complex and multifaceted chronic disease demands an adequate supply of trained, educated, and experienced nurses. As such, we must adequately fund the Nurse Reinvestment Act and other nursing workforce programs.

Finally, Mr. Speaker, advances in cancer prevention, detection and treatment over the past several decades have increased longevity and improved the quality of life for many people. Once again, however, not all segments of the U.S. population have benefited equally. A strong investment in the National Center for Minority Health and Health Disparities (NCMHHD) will expand our knowledge about health disparities and target initiatives geared to reduce, and ultimately eliminate, the disparate burden of cancer and other diseases on minority and medically underserved communities. The Healthcare Equality and Accountability Act of 2003, H.R. 3459, introduced by the Congressional Black Caucus, Congressional Hispanic Caucus and the Asian-Pacific Caucus, would help enable community-based organizations to increase detection and screening efforts; would establish guidelines for treatment modalities for minorities; and would provide additional funding for cancers that impact minorities more adversely, such as prostate and breast cancer.

Mr. Speaker, I urge this body to use the 18th anniversary of National Minority Cancer Awareness Week to renew its commitment to the eradication of this devastating disease. Together, we can reduce and ultimately eliminate the disparate burden of cancer and other diseases on minority and medically underserved communities.

RENEWING THE ASSAULT WEAPONS BAN

HON. JAMES R. LANGEVIN

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 22, 2004

Mr. LANGEVIN. Mr. Speaker, today I rise in strong support of renewal of the Assault Weapons Ban. In 1994, President Clinton signed the Violent Crime Control and Law Enforcement Act, which banned the manufacture and importation of many semiautomatic assault weapons. This law is set to expire on September 13, 2004, just 144 days away.

In 1995, the FBI reported that trace requests for assault weapons declined 20 percent only one year after enactment of the ban. Since enactment, criminals are using these guns less frequently, and innocent lives are saved every day as a result.

I am proud to join 108 of my colleagues as a cosponsor of H.R. 2038, the Assault Weapons Ban and Law Enforcement Protection Act. This vital legislation will permanently extend the 1994 Act and help keep these weapons out of our country and away from criminals.

If we allow the assault weapons ban to expire, our streets will again be flooded with an arsenal of Uzis and AK-47s—guns which are responsible for pre-ban killings such as the Stockton Schoolyard Massacre and a shooting at the CIA Headquarters.

Twenty percent of police officers killed in the line of duty today are shot using these banned

assault weapons. This number is sure to increase if these weapons are more readily available. The weapons banned under current law pose too great a risk to the general public, and especially law enforcement officers, to be legalized. For this reason, the International Association of Chiefs of Police and the Fraternal Order of Police both support extending the ban.

In addition to this important measure, I have introduced two other pieces of legislation to cut down on shooting deaths. Approximately 1 percent of the nation's gun stores are the source of 57 percent of the firearms traced to crimes. H.R. 1540, the Crackdown on Deadbeat Dealers Act, would increase the ability of the Bureau of Alcohol, Tobacco, Firearms and Explosives to investigate record-keeping compliance among these delinquent gun dealers. The second bill is H.R. 821, the Accidental Shooting Prevention Act, which requires chamber load indicators on handguns, allowing gun owners to quickly recognize if their weapons are loaded. I encourage my colleagues to cosponsor these two bills and help reduce the number of gun deaths in America without infringing on the rights of lawful gun owners.

The three pieces of legislation I have mentioned do not unreasonably restrict law-abiding citizens from using appropriate firearms for sporting purposes or self-protection. Rather, sensible gun control prevents firearms from getting into the wrong hands.

My colleagues in the House and Senate must understand how important it is that we continue this ban on assault weapons to prevent parents and children from suffering life-altering senseless violence should these guns again become legal.

**WILLIAM A. BOOTHE, M.D.,
REACHES 50,000**

HON. MICHAEL C. BURGESS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 22, 2004

Mr. BURGESS. Mr. Speaker, I rise today to congratulate William A. Boothe, M.D. on his successful completion of 50,000 laser vision correction procedures. Dr. Boothe, a benchmark of success and a pioneer in his field, has certainly set the standard for which his colleagues will aspire.

For years, Dr. William Boothe has administered a state-of-the-art refractive surgical procedure called Laser In-Situ Keratomileusis (LASIK) which requires much experience and extensive research. Dr. Boothe, second to none, is one of the first surgeons in the country with the necessary talent required to use the technologically advanced equipment required in LASIK procedures.

As a member of several professional organizations, with an impressive educational background and years of experience, Dr. William Boothe has provided a better quality of life for all who receive this surgery under his care. I place great confidence in Dr. Boothe. He will continue to lead the corrective eye surgery profession for years to come.

I congratulate Dr. Boothe for his lasting dedication and selfless efforts in helping correct people's vision. Best wishes to Dr. Boothe and his staff in their future endeavors.

150TH ANNIVERSARY OF THE
VILLAGE OF YOUNGSTOWN, NY

HON. LOUISE MCINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 22, 2004

Ms. SLAUGHTER. Mr. Speaker, I rise today to commemorate the 150th anniversary of the Village of Youngstown, New York.

The Village of Youngstown is a small village that has evolved with the times, but whose residents have never lost touch with their roots. Its history resembles that of many of the small towns on which our Nation was built. The area began to grow after the American forces took over Historic Old Fort Niagara. Many tradesmen and shopkeepers came to the area during the War of 1812 to provide needed supplies and services to the Fort, which sits at the edge of the village. The village was the site of many major battles during the War of 1812 and was also a major shipping port in the 1800's.

The village was named for John Young who originally came from across the river in Canada. One hundred fifty years ago, the Village of Youngstown was officially incorporated in Niagara County, on the shores of the mighty Niagara River and Lake Ontario.

The village sits on beautiful, fertile Western New York land which is renowned for its sailing regattas and year round sportfishing. The surrounding area is home to many of New York's famous apple orchards. Youngstown is an internationally designated important Bird Area.

With a population of nearly 2,000 people, Youngstown is a close-knit community where everyone is a neighbor. Most people know each other, and even if you are not well acquainted, faces smile with recognition and greetings are exchanged with warmth. Friendly inquiries are made when there has been an experience with pain—or joy. Anytime a neighbor is suffering from ill health or some loss, the community is there to help, to lighten the burden, and to express its loving concern. Beyond the village's long and distinguished history, Youngstown is simply a place residents are proud to raise a family.

Mr. Speaker, on the occasion of the Village of Youngstown's 150th birthday, I unite with its residents to celebrate their accomplishments and contributions to Niagara County, our state, and our Nation.

RECOGNITION OF THE 25TH ANNI-
VERSARY OF THE LEAGUE OF
WOMEN VOTERS OF ALAMEDA

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 22, 2004

Mr. STARK. Mr. Speaker, I rise today to pay tribute to the 25th Anniversary of the League of Women Voters of Alameda, California. The League of Women Voters of Alameda became a fully approved Local League in September 1978. The founders of the League established the organization based on their belief that our Nation's democracy depends on an informed and participative citizenry.

The Alameda League has made significant contributions to the City of Alameda, as well