

American Association of Neurological Surgeons
 American College of Chest Physicians
 American College of Emergency Physicians
 American College of Preventive Medicine
 American College of Radiology
 American Heart Association/American Stroke Association
 American Occupational Therapy Association
 American Physical Therapy Association
 American Society of Interventional and Therapeutic Neuroradiology
 American Society of Neuroradiology
 Association of American Medical Colleges
 Association of State and Territorial Chronic Disease Program Directors
 Association of State and Territorial Directors of Health
 Promotion and Public Health Education
 Boston Scientific
 Brain Injury Association, Inc.
 Congress of Neurological Surgeons
 Emergency Nurses Association
 Genentech, Inc.
 Johnson & Johnson
 National Association of Public Hospitals and Health Systems
 National Stroke Association
 North American Society of Pacing and Electrophysiology
 Partnership for Prevention
 Society of Cardiovascular and Interventional Radiology
 Stroke Belt Consortium

It underscores for us all that there is cooperation within the constituency of health care providers and now it is time for us to become partners in this effort.

I urge my colleagues to pass this bill and move this process forward.

Mr. DINGELL. Mr. Speaker, I rise in support of H.R. 3658, the "Stroke Treatment and Ongoing Prevention Act." Stroke is the third leading cause of death in America and is a major contributor to long-term disability. Timely diagnosis and treatment of strokes is crucial. Outcomes for those who receive care within the first few hours of a stroke at facilities with highly trained health care professionals are dramatically improved over those who receive treatment later. According to the American Heart Association, approximately 700,000 Americans suffer from stroke each year and 170,000 die from stroke.

This bill will help reduce premature death and disability from stroke in several ways. First, H.R. 3658 will authorize stroke prevention and treatment education and information programs for the public and health professionals. Second, this bill strengthens and improves the Paul Coverdell National Acute Registry and Clearinghouse, an important source of information on stroke incidence and outcomes. Third, H.R. 3658 authorizes grants for residence training programs and appropriate training of other health professions in emergency medicine to improve stroke and traumatic injury prevention, diagnosis, treatment, and rehabilitation. Finally, this bill establishes a five-year pilot project aimed at improving stroke patient outcomes by coordinating health care delivery through telehealth networks.

Mr. Speaker, I want to thank my distinguished colleagues, Chairman BARTON, Chairman BILIRAKIS, and Subcommittee on Health Ranking Member BROWN for their leadership on this matter. I particularly want to thank Representative CAPPS for her hard work and dedication to the issue of stroke prevention and treatment. Representative CAPPS has once again demonstrated her effectiveness

and tireless effort on behalf of the health of our nation. She is a thoughtful legislator and skillful negotiator and I give her much of the credit for making today possible.

I urge all of my colleagues to support this bill.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. PICKERING. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PETRI). The question is on the motion offered by the gentleman from Mississippi (Mr. PICKERING) that the House suspend the rules and pass the bill, H.R. 3658, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1530

EXPRESSING SENSE OF CONGRESS WITH RESPECT TO NEED TO PROVIDE PROSTATE CANCER PATIENTS WITH MEANINGFUL ACCESS TO INFORMATION ON TREATMENT OPTIONS

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 669) expressing the sense of Congress with respect to the need to provide prostate cancer patients with meaningful access to information on treatment options, and for other purposes.

The Clerk read as follows:

H. RES. 669

Whereas, in 2004, it is estimated that approximately 230,000 new cases of prostate cancer will be diagnosed in the United States, and nearly 30,000 men in the United States will die from prostate cancer;

Whereas prostate cancer is the second leading cause of cancer death in men in the United States;

Whereas over \$4,700,000,000 is spent annually in the United States in direct treatment costs for prostate cancer;

Whereas African American men are diagnosed with and die from prostate cancer more frequently than men of other ethnic backgrounds;

Whereas increased education among health care providers and patients regarding the need for prostate cancer screening tests has resulted in the diagnosis of approximately 86 percent of prostate cancer patients before the cancerous cells have spread appreciably beyond the prostate gland, thereby enhancing the odds of successful treatment;

Whereas the potential complication rates for significant side effects vary among the most common forms of treatment for prostate cancer;

Whereas prostate cancer often strikes elderly people in the United States, highlighting the importance of balancing the potential benefits and risks of various treatments on an individual basis; and

Whereas Congress as a whole, and Members of Congress as individuals, are in unique positions to support the fight against prostate cancer, to help raise public awareness about the need to make screening tests available to all people at risk for prostate cancer, and to

provide prostate cancer patients with adequate information to assess the relative benefits and risks of treatment options: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) national and community organizations and health care providers have played a commendable role in supplying information concerning the importance of screening for prostate cancer and the treatment options for patients with prostate cancer; and

(2) the Federal Government and the States should ensure that health care providers supply prostate cancer patients with appropriate information and any other tools necessary for prostate cancer patients to receive readily understandable descriptions of the advantages, disadvantages, benefits, and risks of all medically efficacious treatments for prostate cancer, including brachytherapy, hormonal treatments, external beam radiation, chemotherapy, surgery, and watchful waiting.

The SPEAKER pro tempore (Mr. PETRI). Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia (Mr. DEAL).

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Res. 669.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

As we celebrate the 10th anniversary this week of the National Men's Health Week, few topics are more germane than prostate cancer.

This year, 2004, the American Cancer Society estimates that approximately 230,000 new cases of prostate cancer will be diagnosed in our country and that nearly 30,000 men in this country will die from prostate cancer. It is, in fact, the second leading cause of cancer death in men in the United States.

About 16 percent of American men will be diagnosed with prostate cancer during their lifetime, 8 percent will develop significant symptoms, and 3 percent will die of the disease. Over \$4.7 billion is spent annually in the United States in direct treatment costs for prostate cancer. African American men are diagnosed with and die from prostate cancer more frequently than men of other ethnic backgrounds.

Increased education among health care providers and patients regarding the need for prostate cancer screening tests has resulted in the diagnosis of approximately 86 percent of prostate cancer patients before the cancerous cells have spread appreciably beyond the prostate gland, thereby enhancing the odds of successful treatment.

The potential complication rates for significant side effects vary among the most common form of treatment for

prostate cancer, however. It is a disease that strikes elderly people in the United States, which also highlights the importance of balancing the potential benefits and risks of various treatments on an individual basis.

Congress as a whole, and Members of Congress as individuals, are in unique positions to support the fight against prostate cancer to help raise public awareness about the need to make screening tests available to all people at risk and to provide prostate cancer patients with adequate information to assess the relative benefits and risks of their treatment options.

This resolution does several things. First of all, it recognizes that national and community organizations and health care providers have played a commendable role in supplying information concerning the importance of screening prostate cancer and the treatment options for patients with prostate cancer; and the Federal Government and States should ensure that health care providers supply prostate cancer patients with appropriate information and any other tools necessary for them to receive readily understandable descriptions of the advantages, disadvantages, benefits, and risks of all medically efficacious treatments for prostate cancer, including brachytherapy, hormonal treatments, external beam radiation, chemotherapy, surgery and, in some cases, simply watchful waiting.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 3 minutes.

I would like to commend my colleague, the gentleman from Georgia (Mr. DEAL), and my colleague, the gentleman from New York (Mr. TOWNS), and other Members who helped put this resolution together.

One in six American men will develop prostate cancer in their lifetimes, one in six. Only skin cancer is more prevalent in our population. Approximately 30,000 men will die from prostate cancer this year. Early detection can obviously reduce that number. In fact, early detection is crucial in raising awareness about this disease as the best way to promote regular testing.

A friend of mine in Columbus recently learned that lesson. He had a regular test, early detection, successful surgery and back to his normal active life.

This resolution says Congress can play a unique role in raising public awareness about prostate cancer. We can and we should. There have been exciting developments recently in prostate cancer prevention. A class of drugs called statins hold promise for keeping this form of cancer at bay.

Each year, I join the gentleman from New York (Mr. KING), my friend, on a letter signed by many Members on both sides of the aisle urging the Committee on Appropriations to provide ample funding for prostate cancer research. That is one piece of the puzzle; public awareness is the other.

We have a ready tool in the fight against prostate cancer. That tool is information.

I urge my colleagues on both sides of the aisle to support this resolution and continue to help get the word out.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Georgia (Mr. BURNS), my colleague.

Mr. BURNS. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I rise today in support of H. Res. 669 and the families and victims of prostate cancer throughout our Nation.

Almost 30,000 Americans died of prostate cancer last year; and Mr. Speaker, that is far too many families who are left behind, losing the company of their loved ones. When it is identified early, like many cancers, prostate cancer can be treated and treated effectively. That is why it is crucial for all Americans to receive periodic screenings.

None of us are in a hurry to leave this world. Our time with our children and grandchildren is precious, and we should all protect ourselves in every manner possible. Our health care providers in America are performing an important service by advocating periodic screenings for this deadly disease.

I am proud to join my colleague, the gentleman from Georgia (Mr. DEAL), and to offer my thanks to these men and women, as well as those who assist all Americans, in recognizing the challenges of prostate cancer. As a Congress, we must pass this resolution to reaffirm Congress' commitment to supporting their efforts.

Mr. BROWN of Ohio. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

There are many who have played an important role in making the public aware of the ability to treat and to deal with prostate cancer. One of those is a constituent of mine, Theragenix, that is located in my district, manufacturer of a seed that is used in brachytherapy. They, along with many other organizations who provide other treatments, have been very instrumental in passing this resolution to the floor today to get it available to the public for information and also to ensure that adequate reimbursements are made to the providers so that when a treatment is selected by a patient and by a physician that adequate reimbursement will be made to make that treatment available.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and agree to the resolution, H. Res. 669. The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of

those present have voted in the affirmative.

Mr. DEAL of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PROVIDING FOR ESTABLISHMENT OF HEADQUARTERS FOR DEPARTMENT OF HOMELAND SECURITY

Mr. HUNTER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4322) to provide for the establishment of the headquarters for the Department of Homeland Security in the District of Columbia, to require the transfer of administrative jurisdiction over the Nebraska Avenue Naval Complex in the District of Columbia to serve as the location for the headquarters, to facilitate the acquisition by the Department of the Navy of suitable replacement facilities, and for other purposes, as amended.

The Clerk read as follows:

H.R. 4322

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TRANSFER OF NEBRASKA AVENUE NAVAL COMPLEX, DISTRICT OF COLUMBIA.

(a) TRANSFER REQUIRED.—Except as provided in subsection (b), the Secretary of the Navy shall transfer the parcel of Department of the Navy real property in the District of Columbia known as the Nebraska Avenue Complex to the jurisdiction, custody, and control of the Administrator of General Services for the purpose of permitting the Administrator to use the Complex to accommodate the Department of Homeland Security. The Complex shall be transferred in its existing condition.

(b) AUTHORITY TO RETAIN MILITARY FAMILY HOUSING.—At the option of the Secretary of the Navy, the Secretary may retain jurisdiction, custody, and control over that portion of the Complex that, as of the date of the enactment of this Act, is being used to provide Navy family housing.

(c) TIME FOR TRANSFER AND RELOCATION OF NAVY ACTIVITIES.—Not later than nine months after the date of the enactment of this Act, the Secretary of the Navy shall—

(1) complete the transfer of the Complex to the Administrator of General Services under subsection (a); and

(2) relocate Department of the Navy activities to the Complex to other locations.

(d) PAYMENT OF INITIAL RELOCATION COSTS.—

(1) PAYMENT RESPONSIBILITY.—Subject to the availability of appropriations for this purpose, the Secretary of the Department of Homeland Security shall be responsible for the payment of—

(A) all reasonable costs, including costs to move furnishings and equipment, related to the initial relocation of Department of the Navy activities from the Nebraska Avenue Complex; and

(B) all reasonable costs incident to the initial occupancy by such activities of interim leased space, including rental costs for the first year.

(2) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out paragraph (1),