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SUPPORTING THE OBSERVANCE OF COLORECTAL CANCER AWARE- NESS MONTH

Mr. WYNN. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 302) supporting the observance of Colorectal Cancer Awareness Month, and for other purposes.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 302

Whereas colorectal cancer is the second most common cause of cancer deaths for men and women in the United States;

Whereas colorectal cancer affects men and women equally;

Whereas more than 148,810 people in the United States will be diagnosed with colon cancer this year;

Whereas over 49,960 people in the United States will die from colon cancer this year;

Whereas every 3.5 minutes, someone is diagnosed with colorectal cancer and every 9 minutes someone dies from colorectal cancer;

Whereas every 5 seconds someone who should be screened for colorectal cancer is not;

Whereas the vast majority of colon cancer deaths can be prevented through proper screening and early detection;

Whereas the survival rate of individuals who have colorectal cancer is 90 percent when detected in the early stages versus only a 10 percent survival rate when colorectal cancer is diagnosed after it has spread to distant organs;

Whereas only 39 percent of colorectal cancer patients have their cancers detected at an early stage;

Whereas uninsured Americans are more likely to be diagnosed with late stage colon cancer than patients with private insurance;

Whereas only 18.8 percent of those without health coverage in the United States have currently been properly screened for colorectal cancer;

Whereas if the majority of Americans age 50 or older were screened regularly for colorectal cancer, the death rate from this disease could plummet by up to 80 percent;

Whereas regular colorectal cancer screening has been ranked as one of the most cost effective screening interventions available, with the potential to save more than 30,000 lives a year;

Whereas treatment costs for colorectal cancer are extremely high, estimated at \$8,400,000,000 for 2004;

Whereas increasing the number of people between the ages of 50 years and 64 years of age who are regularly screened in the United States, would provide significant savings in billions of dollars to the Medicare program from cancer prevention and treatment costs;

Whereas the Blue Star, developed by the Members of the National Colorectal Cancer Roundtable, the American Cancer Society, the Colon Cancer Alliance, and C3: Colorectal Cancer Coalition represents the collective fight against colon cancer, the eternal memory of the people whose lives have already been lost to the disease, and the shining hope for a future free of colon cancer;

Whereas Coaches vs. Cancer (a partnership between the American Cancer Society and the National Association of Basketball Coaches), the Colon Cancer Alliance, and Ethicon Endo-Surgery have created "Earn a

Blue Star Day" as a means for individuals and corporations to raise awareness of the importance of screening for colon cancer;

Whereas greater awareness of this cancer and the means to prevent it will save the lives of tens of thousands of Americans each year; and

Whereas observing a Colorectal Cancer Awareness Month during the month of March would provide a special opportunity to offer education on the importance of early detection and screening: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) supports the observance of Colorectal Cancer Awareness Month in order to provide a special opportunity to offer education on the importance of early detection and screening;

(2) recognizes and applauds the national and community organizations for their work in promoting awareness about colorectal cancer, providing information on the importance of prevention and early detection through regular screening, and facilitating access to treatment for its sufferers; and

(3) urges organizations and health practitioners to "earn a Blue Star" by using this opportunity to promote awareness about colorectal cancer and to support early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Maryland (Mr. WYNN) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from Maryland.

GENERAL LEAVE

Mr. WYNN. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. WYNN. Madam Speaker, I yield myself such time as I may consume.

I rise today in strong support of H. Con. Res. 302. This bill does three things: First, it calls for the designation of March as Colorectal Cancer Awareness Month. Second, it recognizes national and community organizations for their work in promoting the importance of prevention and early detection through regular colorectal screenings. Third, it urges organizations and health practitioners to "earn a Blue Star" by using this opportunity to increase awareness about colorectal cancer. And I will talk more about the blue star in just a minute.

But first let me note that colorectal cancer is the third most common type of cancer and the second most deadly. Approximately 148,000 Americans will be diagnosed with colorectal cancer this year, and 49,000 will die from the disease.

Every 3 minutes a loved one is diagnosed with colorectal cancer. Every 9 minutes a loved one dies from the disease. Every 5 seconds a loved one who should be screened for colorectal cancer is not.

Colorectal cancer is a silent killer which often causes no symptoms until it reaches the latest stages. Colorectal screenings save lives by catching the disease in its earlier stages. If detected at an early stage, the 5-year survival rate for colorectal cancer is 90 percent. If it is not detected until the later stage, the 5-year survival rate plummets to just 10 percent.

This tragedy disproportionately affects minorities, particularly African Americans, who are less likely to have access to health insurance or see a doctor on a regular basis. As a result, African Americans are diagnosed later and are 40 percent more likely to die from the disease. In 2007, 1,600 cases of colorectal cancer occurred among African Americans.

Hoping to repeat the success of the red ribbon in symbolizing AIDS and the pink ribbon in symbolizing breast cancer, the National Colorectal Cancer Roundtable has selected a blue star to symbolize the fight against colorectal cancer. The star serves a dual purpose; it recognizes the eternal memory of those people whose lives have already been lost to the disease, and it is a shining hope for a future free of colon cancer.

This resolution recognizes the important work that national and community organizations have already done in promoting awareness about colorectal cancer, including the creation of Earn a Blue Star day.

Additionally, the resolution encourages organizations and health care practitioners to earn a blue star by supporting early identification and removal of precancerous polyps.

Recognizing March as Colorectal Cancer Awareness Month provides us a special opportunity to focus on education about screening and early detection. As we continue to work to find a cure for colorectal cancer, it is vital that we work together to increase awareness about screening in order to prevent the disease from reaching its deadly conclusion.

Before I conclude, I want to thank my colleagues, Representative KAY GRANGER and Representative PATRICK KENNEDY, for their leadership on this issue. Although Representative GRANGER could not be here today, I know that she cares very deeply about this issue and has worked hard to bring this resolution to the floor.

I now want to urge my colleagues to join me in support of the adoption of this resolution.

Madam Speaker, I reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I yield myself so much time as I may consume.

Madam Speaker, colorectal cancer is the third most commonly diagnosed cancer. It's the second most common cause of cancer deaths in the United States; clearly a major player in our cancer burden here in this country. Every 3½ minutes someone is diagnosed with colorectal cancer. Every 9

minutes someone dies from colorectal cancer.

This is a disease that affects men and women equally. This year, almost 150,000 new cases will be diagnosed, and almost 50,000 deaths will be caused by colorectal cancer. The real tragedy is that many of these cancer cases and deaths do not have to happen. The vast majority of colorectal cancer deaths can be prevented through proper screening and early detection. This resolution recognizes March as Colorectal Cancer Awareness Month.

My good friend from Maryland talked about disparities; indeed, disparities do occur. And one of the things we can do to diminish those disparities is to talk. We can talk more about this disease. And the more we encourage our family and friends, our neighbors to get screened, the more lives we can, in fact, save.

But recognizing Colorectal Cancer Awareness Month is not enough. We do need to increase Federal funding for early detection and screening. So, along with Congressman WYNN, Representative GRANGER has introduced a bill that would authorize funding for early detection screenings and make preventive care a priority. Specifically, the Colorectal Cancer Prevention, Early Detection and Treatment Act, H.R. 738, would establish a national screening program for colorectal cancer for individuals over 50 years of age and/or who are at high risk. It would also authorize State funding for these screenings, and it would create a public awareness and education campaign for colorectal cancer.

Despite scientific evidence supporting the benefits of screenings, screenings remain low for this disease in the United States, and every 5 seconds someone who should be screened is not. When colorectal cancer is diagnosed late, the survival rate for cancer is only 10 percent, but if it's diagnosed early, before spread has occurred, the survival rate is in excess of 90 percent. Early detection and screening saves lives.

If everyone over 50 years of age were screened regularly for colon cancer, the death rate for this disease could plummet by 80 percent. In addition to saving lives, early detection and screening clearly would save money.

Treatment costs for colon cancer are extremely high and could be greatly reduced if mass screenings occurred. Colon cancer treatment costs totaled roughly \$8.5 billion for new cases in 2007. Let me say that again, almost \$8.5 billion for 2007. The costs of two-thirds of these cancer cases are borne by the Medicare program.

The Lewin Group recently conducted a comprehensive study of the potential cost savings to Medicare and found that every 10 years a colon cancer screening program will result in a savings of about 1½ years worth of Medicare expenditures. If screenings were increased among people 50 years of age and older in the United States, it

would save billions of dollars in Medicare expenditures, not to mention the thousands of lives that would be spared.

The Colon Cancer Prevention, Early Detection and Treatment Act ensures that people who are screened will get the full continuum of cancer care, including the appropriate follow-up for abnormal tests, diagnostic and therapeutic services, and treatment for detected cancers.

Observing Colorectal Cancer Awareness Month provides us with the opportunity to discuss the importance of early detection and of screening. It also provides us the opportunity to thank the thousands of volunteers and the national and community organizations for their work in promoting awareness of this disease. Groups like the Prevent Cancer Foundation, the National Colorectal Cancer Society Roundtable, the American Cancer Society, the Colon Cancer Alliance, and C3: Colorectal Cancer Coalition, these groups have created the "Earn a Blue Star Day" as a way for individuals and corporations to raise awareness of the importance of screening for this cancer.

I encourage my colleagues in the House to "earn a blue star" by using this opportunity to promote awareness of colon cancer and to support early detection and screening.

Madam Speaker, I reserve the balance of my time.

Mr. WYNN. Madam Speaker, I am pleased to yield 5 minutes to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY. I would like to thank the gentleman from Maryland for his ambitious efforts on behalf of this issue. He has been tireless on behalf of spreading the word on the issue of prevention of colorectal cancer. I can recall for many years being invited to participate in events where he has been out there talking about prevention and prevention, prevention, prevention. I salute him for his efforts and thank him for his service to our country on behalf of this very important issue.

He said it as clear as anyone could say it, and that is that the most common reason people give for why they have not had a colorectal cancer screening is that it wasn't recommended to them. And the most common reason that people die of colorectal cancer is because they haven't been screened. So, what is the answer? The answer is we have to get people to recommend that they get a screening for colorectal cancer. If they get the recommendation that they get screened, then they have a 90 percent chance of survival. It's that simple.

Why are people dying of an illness that is so preventable? Because they're not being told, first, that the statistics are what they are, that this is preventable; and two, that the professions out there need to get about doing what they need to do to make those recommendations that people get the

screening. If you're 50 and older, you need to get the screening. If you have it in your family, you need to get the screening. And these are the simple messages that we need to get out to the general public. And AL WYNN has been the leader in this Congress in making sure those messages get out to the public. And I want to thank KAY GRANGER for her efforts as well in sponsoring this bill.

But the fact of the matter is that we cannot sit idly by and think that this is something that simply is a matter of saving dollars. I want to thank my friend, Mr. BURGESS, for pointing out that we save lots of money if we screen early. He pointed out accurately that the Lewin Group said that we spent nearly \$8.5 billion just this last year treating colorectal cancer. Two-thirds of that will be paid by the Federal Government; two-thirds will be paid by our taxpayers. And imagine if we had screening, we could avoid that cost. If we had screening, the cost of a screening could avoid all the heavy expenses of that treatment. But imagine all the lives that it will save? Imagine all the fathers and mothers and sons and daughters and brothers and sisters who would be spared the awful trauma of having to be treated with cancer.

This is the right thing to do. It's not only the right thing to do, you know, financially, which should be a no-brainer for us in Congress, we're looking for ways to save money, this is a money saver, but this is the right thing to do for our people in terms of saving them the heartache. So, what do we need to do? We need to cover people.

In my State of Rhode Island, we already mandate, our insurance coverage already requires it. But unfortunately, as the American Cancer Society is trying to do nationally, we have 47 million Americans without health insurance. And until we get more people covered with health insurance, there are going to continue to be people who fall off.

That's why this legislation is so important. It sets up grants to States so that we can target those who don't have health insurance so that they can get the screening. If we know that they have colorectal cancer polyps prescreening, then we know we can get in there and make sure that they get the treatment early so that we're not stuck as a society having to pay down the road for the most costly and expensive kinds of treatment through the Medicare and Medicaid programs.

So, my friends, this is something that we need to do. I salute all of those in the cancer community who have been trying to preach this message. This is a message that needs to be preached. And I think that every month ought to be Cancer Awareness Month. I'm just happy that we now finally are getting about focusing on an illness that has been too quiet, too quiet. When you compare it to breast cancer, cervical cancer, prostate cancer, colorectal cancer screenings are the lowest of all of them, the lowest,

because it has been the most stigmatized of all cancers.

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But colorectal cancer can no longer remain that way because too many people are dying as a result.

Mr. BURGESS. Madam Speaker, at this time I will reserve my time.

Mr. WYNN. Madam Speaker, at this time I recognize the distinguished gentlelady from Illinois (Ms. SCHAKOWSKY) for 2 minutes.

Ms. SCHAKOWSKY. Madam Speaker, first, I want to thank Congressman WYNN for his effort to bring this critical resolution to the floor today. I'm glad to be here to speak out in strong support of H. Con. Res. 302, a resolution to recognize March as Colorectal Cancer Awareness Month.

My family and my life, like so many others, have been touched by someone with cancer. Two and a half years ago, after fighting courageously for a year, my amazing daughter-in-law, Fiona, died of colorectal cancer, leaving behind two young children, a husband and many loving family members and friends. At 38 years old, she died, not having a screening, and though, in retrospect, she had symptoms. Too many of us have either struggled with cancer ourselves or know of someone who has.

I recently saw a new study from the CDC saying that colorectal cancer testing has risen steadily since 2002, and this is very encouraging news. But another study that appeared in the *Journal of Cancer* at the end of last year is extremely troubling to me. It shows a significant underuse of colorectal cancer screening procedures among Medicare beneficiaries. In fact, only 25 percent of Medicare beneficiaries received recommended screening.

Mr. WYNN. The gentlelady is granted an additional 30 seconds.

Ms. SCHAKOWSKY. In fact, only 25 percent of Medicare patients received recommended screening during the study period.

We have to do better. We must work to expand public education and understanding of the benefits of screening. Congress needs to make it a priority to reduce the amount of out-of-pocket costs associated with cancer screening to ensure that those who may be at risk of developing colorectal cancer get screened. And as the richest country in the world, we need to act to make sure that everyone gets the medical care they need.

You've heard the statistics. If caught early the survival rate is 90 percent; if not, it's only 10 percent.

Through the establishment of Colorectal Cancer Awareness Month we will add to the over one million colorectal cancer survivors living in America today.

I urge my colleagues to support this wonderful resolution, and I thank the gentleman for introducing it.

Mr. BURGESS. Madam Speaker, I will yield myself 1 minute for the purpose of closing.

This is an important bill and I do encourage my colleagues to support this bill. Have the test, find the polyp, get the cure. It's really that simple.

One of the problems with serving in Congress is you recognize that we move so slowly on so many things. Madam Speaker, there are going to be new medicines, new tests. We're on the threshold of great things in all areas of medicine. The study of colon cancer is no small part of that.

But the reality is today there is a test, there is a test that can be easily done. A cure is just around the corner for someone who might suffer from this disease.

So I urge my colleagues to support this important legislation. I thank my friend from Maryland for bringing it forward, and I'll yield back the balance of my time.

Mr. WYNN. Madam Speaker, I'd just like to take a moment to thank Dr. BURGESS for his support of this legislation. He expounded on it quite well, and we appreciate his support. Also Ms. GRANGER, who I indicated could not be here.

I particularly want to thank my colleagues on the Democratic side of the aisle, Ms. SCHAKOWSKY, who obviously has a tremendous personal story to tell in support of this legislation, and also Mr. KENNEDY, with whom I've worked with, and has had a tremendous passion in support of this measure.

Mr. GENE GREEN of Texas. Madam Speaker, I rise today in support of a resolution offered by a fellow Texan, Congresswoman GRANGER, recognizing the month of March as Colorectal Cancer Awareness Month.

There are few diagnoses that strike more fear into Americans than being diagnosed with cancer. More than 10 million Americans currently live with cancer. According to the American Cancer Society, more than 1.4 million new cancer cases will be diagnosed this year.

In the United States, colorectal cancer is the fourth most common cancer in men and women. If it is caught early, it is often curable. Regular colorectal cancer screening or testing is one of the best ways to prevent colorectal cancer.

Once abnormal cells start to grow, it takes approximately 10 to 15 years to develop into colorectal cancer. Regular colorectal cancer screening can prevent colorectal cancer altogether because some polyps and growths are identified and removed before they turn into cancer. Screening can also result in finding colorectal cancer early, when it is highly curable.

Houston's MD Anderson Cancer Center is located near my district so I have seen the effectiveness of research and treatments that have come from investment in cancer research programs. However, the easiest way to prevent, treat, and recover from cancer is to find it early.

That is why recognizing the month of March as Colorectal Cancer Awareness Month is important. Letting people know that they should be regularly tested for colorectal cancer is the first step in saving lives.

I want to thank my colleague, Representative GRANGER, and urge my colleagues to support this resolution.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Maryland (Mr. WYNN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 302.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WYNN. Madam 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 3 o'clock and 20 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

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AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WELCH of Vermont) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 3352, by the yeas and nays;

H.R. 2675, by the yeas and nays;

H. Con. Res. 302, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

HYDROGRAPHIC SERVICES IMPROVEMENT ACT AMENDMENTS OF 2008

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3352, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Hawaii (Mr. ABERCROMBIE) that the House suspend the rules and pass the bill, H.R. 3352, as amended.

The vote was taken by electronic device, and there were—yeas 308, nays 60, not voting 62, as follows: