

INTRODUCTION OF THE FIRE  
SAFETY EDUCATION ACT

**HON. STENY H. HOYER**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 13, 1995*

Mr. HOYER. Mr. Speaker, as a member of the Fire Services caucus, I am proud to introduce the Fire Safety Education Act.

Every 113 minutes, this Nation incurs a civilian fire death. Every 17 minutes, this Nation incurs a civilian fire death. Every 17 minutes, this Nation incurs a civilian fire injury. On average each year, we lose about 6,000 lives, experience 29,000 civilian injuries and incur several billion dollars in property losses. These are bone-chilling statistics which should concern all of us. I believe, in many instances, these fire-related losses probably could have been avoided had the individuals affected received proper fire safety education. All too often, we all read stories in the paper about innocent children burning to death in a home without a smoke alarm or about the senseless death of fires started by children playing with matches or adults not adequately putting out cigarettes. I have introduced the Fire Safety Education Act to help avoid these types of occurrences in the future.

This legislation will create a grant program through the U.S. Fire Administration for State and local fire prevention efforts. Half of the grant money in the bill is designated for established fire prevention programs which have demonstrated success. The bill will encourage communities to continue their fire prevention programs by offering Federal assistance if they do so.

In addition to encouraging fire prevention grants, the Fire Safety Education Act also seeks to improve our country's collection and analysis of fire data. The bill also sets recording requirements so that we can be sure Federal and local resources are being used efficiently.

It is extremely important that we provide resources to help combat our Nation's fire problem. This bill serves as a preventive measure which will move us a step closer to achieving our goal of preventing senseless loss of life and property.

THE SOCIALLY RESPONSIBLE  
BUSINESS PRACTICES ACT OF 1995

**HON. LANE EVANS**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 13, 1995*

Mr. EVANS. Mr. Speaker, we do not have to sacrifice our principles for profit. Corporations can look beyond the bottom line to ensure that decent human and worker rights are guaranteed to their foreign workers.

Some U.S. corporations, like Levi Strauss have articulated socially responsible policies and provided active oversight over these standards. They have shown that their considerable economic and social influence can be a force for positive change.

Yet, many multinationals have not joined the movement to promote corporate responsibility. There are cases in some U.S. affiliated factories abroad, where children as young as five

toil for more than 12 hours and less than 20 cents a day. In other instances, contractors are found to combine warehouse, workplace, and dormitory facilities contributing to dangerous and inhumane working and living conditions. We can and must do better.

Today, 25 of my colleagues are joining me in reintroducing The Socially Responsible Business Practices Act of 1995. This bill calls for a voluntary code of conduct based on internationally recognized principles to ensure that U.S. foreign investment remains competitive while also creating a socially responsible climate for trade and investment.

I urge my colleagues to cosponsor this legislation to ensure that international trade and investment is a positive force in all countries—not a license to exploit workers.

A JOURNEY FOR PERMANENT  
PEACE

**HON. BENJAMIN A. GILMAN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 13, 1995*

Mr. GILMAN. Mr. Speaker, I would like to take this opportunity to share with my colleagues an article penned by Camelia Anwar Sadat, the daughter of slain Egyptian President Anwar Sadat. The subject of her writing concerns a program called Givat Haviva, which Ms. Sadat recently became acquainted with in her first trip to Israel.

The Givat Haviva Institute is an educational foundation program whose purpose is bringing Arab and Jewish children together to learn how to live in a united future. Education of the youth is crucial to the future of peace in that troubled region.

Accordingly, Mr. Speaker, I want to commend this article, initially printed in the Boston Globe, to my colleagues, and ask that it be inserted at this point into the CONGRESSIONAL RECORD.

[From the Boston Globe, Dec. 30, 1994]

THE KEY TO MIDEAST PEACE

(By Camelia Anwar Sadat)

Middle East peace has been a dream that my father worked for and paid for with his life, and ever since, I have dedicated my life to this cause.

It wasn't until recently, however, that I made my first trip to Israel; the time was finally right for me to follow in my father's historic footsteps. Had I gone earlier I would have created a conflict. Those who did not accept my father or Camp David would not have accepted me. But now treaties are being signed, and the dreams of our forefathers are close to being fulfilled.

However, recent events demonstrate an overriding ambivalence to the benefits of peace—the Israeli Cabinet is debating whether it will withdraw troops from the West Bank as promised; a recent Jerusalem report noted that Jordanians are reticent about welcoming Israelis into their communities.

In order for peace to succeed in the Middle East, there must be a foundation for understanding and acceptance. This can be realized only through education—the vehicle for lasting peace in the region. As the leaders of the peace process have made clear time after time, the people who are living by the treaties must change the way they live and think.

Today's children—the keepers of future peace—must be taught how to nurture the

peace their predecessors began. It is up to today's leaders to ensure that those who will lead in the future receive the tools necessary to strengthen the fraternity between Arabs and Jews. They must learn how to coexist in a solid, integrated society.

War and violence are still fresh in the minds of those of us who have experienced its brutality. Indeed, violence has been a daily occurrence for generations. Now the generations must learn how to tolerate coexistence and different ways to settle disputes.

Although no peace treaty has addressed the fundamental issue of education, successful programs are bringing Arab and Jewish children together to learn how to live in a united future.

One of the most successful programs is the Givat Haviva. Since the Givat Haviva Institute was established in 1949, Jews and Arabs have had the opportunity to participate in programs that advance and protect democratic values and peace.

At Givat Haviva, I watched Arab and Jewish children teach each other and learn how to coexist. I saw young people, their parents and teachers being given survival tolls to move forward toward new and beneficial vistas.

I observed the next generation of Arabs and Jews preparing to come to age during a new time of peace and understanding. It was thrilling to take part in the peace process started 14 years ago by Menachem Begin, Jimmy Carter and my father. I observed harmony between Arab and Jew.

Now, with the dramatic, meaningful and lasting changes that are occurring in the Middle East, I want to help ensure that the message of yesterday's leaders is not forgotten during this great era of opportunity.

When my father went to Israel in 1977, a wall came down for me, a wall that prevented me from seeing many things—most importantly, a wall that blocked me from seeing Jews and Israelis as anything but enemies. Today's leaders must realize that this wall still blocks the vision of many Arabs and Jews. It is only through education that a lasting peace will flourish.

My life has been surrounded by war. My sisters were married to army officers. My uncles served in the army. My cousins marched off to war. My life was not so different from the Israelis. They, too, have been surrounded by war. They, too, watched loved ones march off and die for peace. Many who died in the violence of the Middle East shared a vision—a vision of a peaceful future for us, their children.

My father gave his life for peace. Only through such programs as Givat Haviva, which is educating our children on how to live in peace, can the memories of all who died for this cause be best remembered.

INTRODUCTION OF THE "PUBLIC  
HEALTH AND SAFETY ACT OF  
1995"

**HON. MAJOR R. OWENS**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 13, 1995*

Mr. OWENS. Mr. Speaker, I rise to introduce the "Public Health and Safety Act of 1995." This legislation, also introduced last Congress by Senator JOHN CHAFFEE and myself, would prohibit the transfer or possession of handguns and handgun ammunition, except in limited circumstances. It would go a long way toward protecting our citizens from violent crime.

The need for a ban on handguns cannot be overstated. Unlike rifles and shotguns, handguns are easily concealable. Consequently, they are the weapons of choice in most murders, accounting for 10,000 homicides a year and nearly 13,000 suicides a year. In fact, handguns account for 78 percent of all firearm crimes even though they represent only 25 percent of all firearms in circulation.

Most other industrialized countries have a virtual ban on handgun sales, which accounts for the vast difference in homicide rate between the United States and these other nations. In 1990, handguns killed only 22 people in Great Britain, 13 in Sweden, 91 in Switzerland, 87 in Japan, 10 in Australia, and 68 in Canada. In the United States, handgun fatalities totaled 10,567.

Unfortunately, gun violence is getting worse in this country, not better. Between 1960 and 1980, the Nation's firearm death rate increased 160 percent while the rate for other homicides declined. In 1993, death rates from firearm injuries and motor vehicle injuries were statistically equal, making it almost certain that firearms will emerge as the Nation's leading cause of traumatic death in 1994 once the figures have been tabulated. At these rates, 3 million people will have been shot (including 350,000 fatalities) by the end of the year 2000 since the beginning of 1993.

Dr. James R. Hughes, a fellow with the American Academy of Pediatrics, has analogized the epidemic of handgun violence in this country to that of polio in the early 1950's. At that time, there were 10,000 cases of crippling polio a year in the United States. By the late 1980's, that number had been reduced to 10. Today, instead of enduring 10,000 cases of polio, we watch as 10,000 people are murdered by handguns each year. Yet somehow, there are many people in this country who do not feel we need to search for a cure for the disease of violence. I could not disagree more.

If we do not act now, the "gun culture" will continue to thrive, sapping our health care system of its much needed resources. As the victims of gun violence pour in, hospitals across the Nation are closing affiliated trauma centers because of the spiraling costs associated with treating gunshot wounds. From 1989 to 1991, the average per-patient cost of gunshot wounds at a major New York hospital was \$9,646. That figure does not even consider the costs of ambulance services, follow-up care, medication, and rehabilitation.

Furthermore, studies have shown that firearm injuries are more costly than any other type of injury. The total cost of firearm injuries in 1990 was \$20.4 billion. That figure includes direct costs, indirect costs, and life years lost. It represents a 42 percent increase in costs from 1985 to 1990.

Over the same 5-year period, direct medical costs from firearm injuries exhibited the greatest increase—55 percent—and totaled \$1.4 billion for 1990. Other studies have placed direct medical costs as high as \$4 billion a year.

The "Public Health and Safety Act of 1995" would abate the rising tide of handgun violence and its negative impact on the viability of our health care system. It would prohibit the importation, exportation, manufacture, sale, purchase, transfer, receipt, possession, or transportation of handguns and handgun ammunition. Violators would be subject to penalties of up to \$5,000 and up to 5 years in prison.

A 6-month "grace period" would be established during which time handguns could be turned in to any law enforcement agency with impunity and for reimbursement at the greater of \$25 or the fair market value of the handgun. After the grace period's expiration, handguns could be turned in voluntarily with impunity from criminal prosecution, but a civil fine of \$500 would be imposed.

Exemptions from the handgun ban would be permitted for Federal, State, or local government agencies, including military and law enforcement; collectors of antique firearms; federally-licensed handgun sporting clubs; federally-licensed professional security guard services; and federally-licensed dealers, importers, or manufacturers.

I urge the Judiciary Committee to consider this legislation without delay. While passage of the Brady bill and assault weapons ban were good initial steps toward reducing gun violence, passage of this bill would be the giant leap forward this country so desperately needs.

The "Public Health and Safety Act of 1995" represents an approach to handgun control which deserves the support of all Members of Congress who want to stop gun murders now. If this legislation is not passed swiftly, handguns will continue to be sold "over the counter" as easily as aspirin; the nation's at-risk youth will continue to attempt to resolve their problems by turning to handgun violence; and all of us will continue to fear for our lives when we step out of our homes at night.

#### THE COLON CANCER SCREENING AND PREVENTION ACT—INTRODUCED

**HON. BENJAMIN L. CARDIN**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 13, 1995*

Mr. CARDIN. Mr. Speaker, today I am introducing the Colon Cancer Screening and Prevention Act. This legislation provides for Medicare coverage of preventive services to enhance the early detection and treatment of colorectal cancer—the second deadliest cancer in America.

Colorectal cancer is more common than either breast or prostate cancer, and strikes men and women in almost equal numbers. This year alone it is estimated that over 138,000 new cases will be diagnosed and more than 55,000 lives lost.

If colorectal cancer is not found early, less than 60 percent of persons diagnosed will survive for 5 years. Early detection, however, can boost the 5-year survival rate to 91 percent. That is an astonishing difference which can be appreciated in terms of both lives and dollars saved.

With well documented and highly effective detection and prevention strategies, colorectal cancers have become almost completely preventable. Every major Federal employee health plan recognizes the importance of colorectal screening measures and provides coverage for these services. Yet—although the average age at the time of diagnosis is 71—Medicare does not provide coverage of screening and preventive services for colorectal cancers.

With this legislation Medicare beneficiaries are eligible for two screening services at spec-

ified intervals. For those at high risk of developing colorectal cancer—due to previous experience of cancer or precursor polyps, a history of a chronic digestive disease condition, the presence of recognized gene markers, or other predisposing factors—a more comprehensive and invasive procedure is also covered.

Specifically, the Colon Cancer Screening and Prevention Act first enables early detection of colorectal cancers by providing for an annual fecal occult blood test [FOBT]. This is a non-invasive test that checks for blood in a stool sample, at an average cost of only \$5. Research shows that this simple test, with follow-up examination of a positive result, reduces the risk of death from colorectal cancer by between 33 and 43 percent.

Second, this legislation includes benefit coverage of a flexible sigmoidoscopy examination, which enables a doctor to inspect the lower part of the colon where 50 to 60 percent of polyps and cancers occur. This preventive service would be available no more than once every 4 years.

Third, the Colon Cancer Screening and Prevention Act allows individuals at high risk for developing colorectal cancer to receive a screening colonoscopy exam no more than once every 2 years. This procedure allows examination of the entire colon and, if necessary, biopsy and removal of suspicious polyps, which are the precursors to almost all colon cancers.

The preventive screening services in the Colon Cancer Screening and Prevention Act are standard medical procedures recommended by the American Cancer Society, the National Cancer Institute, the American College of Gastroenterology, the American Gastroenterological Association, and the American College of Physicians. Among the many professionals who have provided the scientific and technical information underlying this legislation, I particularly appreciate the efforts of Marvin Schuster, M.D. of Johns Hopkins University, who serves as treasurer of the American College of Gastroenterology.

The ACG worked closely with me last year in developing this legislation and documenting the need for this benefit. The Colon Cancer Screening and Prevention Act has been endorsed by many consumer groups, including the Crohn's and Colitis Foundation, the United Ostomy Association and the Digestive Diseases National Coalition, as well as professional societies such as the American Medical Association and the American Nurses Association.

In an environment of rising health care costs, this amendment will save Medicare dollars. Screening to detect colorectal cancers and providing necessary treatments early in the course of the disease not only improves the quality of life for patients but is much cheaper than providing intensive, expensive medical treatment to individuals in the late stages of colorectal cancer.

Many of my colleagues recognize the gap in Medicare coverage resulting from the failure to provide sensible, preventive colorectal screening benefits. This legislation, which received strong bipartisan support during the 103d Congress, closes that gap, providing Medicare beneficiaries with necessary, cost-effective services. I urge my colleagues to join me in