Center, Hope House, the College of Saint Elizabeth, Centenary College, the United Way, the Easter Seal Society and even the Governor's Advisory Council for Drug/Alcohol Abuse. However, nowhere is her presence more evident than at the Dope Open, Inc., of which she is the founder and president. In three decades with the Dope Open, she has, through her charming personality, conviction and absolute tenacity, raised more than $1 million to fight drug abuse and chemical dependency. Each year, Mary continues her relentless battle to help juveniles in our community who have been robbed of their youth and innocence by the scourge of drugs. The Dope Open provides hope for these lost children and I am certain that without Mary's foresight, fortitude and dedication to this effort, many of them would have nowhere to turn.

The one thing everyone who knows Mary can agree on is that a person cannot help but be energized into action when she speaks. When Mary decides to take on a commitment to help people in our community, she installs in all of us a sense of urgency about the issue—a sort of call to arms. And Mary is no figurehead, she provides both the spark, dynamism and energy needed to take on any task, no matter how daunting or demanding. To that end, she does us all a public service by bringing out our own compassion and sense of duty to help our less fortunate neighbors.

Mr. Speaker, each day, thanks to the Herculean efforts of Mary Mulholland, the future of Morris County is a little more promising. Mary Mulholland truly embodies the spirit of service and I thank her for all she has done for our community throughout the years.

PERSONAL EXPLANATION

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 19, 1997

Mr. RUSH. Mr. Speaker, on March 5, 1997, I voted ''aye'' for rollcall No. 31, which expressed the sense of Congress that the display of the Ten Commandments in public buildings should be allowed. My vote was based on my personal brief in the Ten Commandments as a basic fundament of Christian doctrine. After further examination I came to the realization that, in spite of my personal beliefs, I must recognize that one's personal beliefs, including my own, cannot usurp the tenets which our country is based upon. One of those tenets is the separation of church and state. This measure is in direct opposition to the aforementioned principle. Thus, I would like the RECORD to reflect that I am not in support of this measure.

PRESERVE THE ILLINOIS AND MICHIGAN CANAL

HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 19, 1997

Mr. LIPINSKI. Mr. Speaker, on February 12, I introduced legislation to preserve and enhance the Illinois and Michigan Canal National Heritage Corridor. H.R. 1042 extends the I&M Canal National Heritage Corridor Commission for another 5 years to 2004.

Designated by Congress in 1984, the I&M Canal National Heritage Corridor was the first ''partnership park'' of its kind and is now a model for such parks throughout the Nation. The Corridor stretches 100 miles across Illinois, from Chicago to LaSalle/Peru and encompasses 450 square miles. Its rich heritage and recreational opportunities attract countless visitors to the area and enhance the pride of local residents. Simply put, the Corridor is of great historical significance to the State of Illinois, as well as the entire Nation.

Since the creation of the Commission, which coordinates the efforts and resources of Federal, State, and local agencies, we have seen significant progress being made along the Corridor. However, there is still a great deal more that needs to be done. We must continue to work to preserve this unique treasure for future generations. H.R. 1042 will allow the Commission to continue its vital work and further the successful partnership between Federal, State, and local agencies as they work to preserve this important piece of our Nation's history.

I strongly urge my colleagues to support my bill, H.R. 1042.

104 KRBE

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 19, 1997

Mr. GREEN. Mr. Speaker, it is very seldom that I get the opportunity to recognize local personalities who have unselfishly devoted their time and effort to improve the world we live in. In Houston we are fortunate to have someone like Sam Malone. Sam Malone has been firing up the radio waves for 4 years in Houston with his cohosts of the ''Morning Show'' Maria Todd and Psychoo Robbie on 104 KRBE. Aside from providing lively entertainment, they have held numerous charity events to help our city, including blood drives, food drives, and clothing drives. In recognition of their 4th year anniversary, I would like to take this opportunity to thank Sam and the ''Morning Show'' for their hard work and commend everyone at KRBE for their continued support to our organizations and charities.

Here's to you Sam, happy anniversary, we look forward to many more years to come. See ya.

THE COLORECTAL CANCER SCREENING ACT OF 1997

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 19, 1997

Mr. HASTINGS of Florida. Mr. Speaker, I am today introducing the Colorectal Cancer Screening Act of 1997 in order to establish colorectal cancer screening as a covered benefit under the Medicare program. Colorectal cancer screening is an important element of what should be a comprehensive program of preventive health care for our senior citizens. Unfortunately, the current Medicare program provides little incentive for Medicare recipients to have regular check-ups and undergo the routine tests that will prevent serious illnesses and detect diseases at their earliest, most treatable stage. This legislation, if enacted, would encourage Medicare recipients to be screened for colorectal cancer by providing Medicare coverage of those tests. I am pleased to be joined by 14 cosponsors in introducing this important legislation.

It is particularly timely that this legislation be considered at this time. Over the past 2 to 3 years, there has been a significant amount of work done within the medical community to develop Guidelines and recommendations on how to screen for colorectal cancer. Several new screening guidelines and revised screening recommendations have been released within the past two months, and new screening recommendations are expected to be issued within the next few weeks by the American Cancer Society. These Guidelines and recommendations indicate that there is an emerging consensus that there are a number of different procedures that can be used to screen for colorectal cancer. This legisaltion is based upon that consensus.

The move to develop new screening guidelines really started in the spring of 1995 with the release of the ''Guide to Clinical Preventive Services'' by the U.S. Preventive Services Task Force. In this report, the Task Force reversed the position taken in its 1989 report and concluded that there was a sufficient scientific basis upon which to recommend colorectal cancer screening, starting at age 50 for most individuals. The report specifically recommended screening average risk individuals with two procedures—FOBT and sigmoidoscopy—though it raised concerns about the limited effectiveness of these procedures and questioned the willingness of patients to comply with these tests. The report also noted discussed screening with colonoscopy and the barium enema, and concluded that there was insufficient evidence to recommend for or against screening with either test. The report also raised questions regarding the overall cost and risks of screening, particularly with regard to colonoscopy.

Many of the questions raised by the U.S. Preventive Services report have been answered. The release of the Task Force report prompted the Agency for Health Care Policy and Research [AHCPR] of the Department of Health and Human Services to initiate a 2-year project to examine the scientific and medical literature on all available options for colorectal cancer screening and to develop Clinical Practice Guidelines on colorectal cancer screening. The AHCPR terminated the development of specific screening recommendations last April, but has completed an ''Evidence Report'' summarizing the current evidence on the various screening procedures. A summary of this report, released in February, concludes that there is evidence to support colorectal cancer screening with all of the screening procedures identified in the Preventive Services Task Force report—FOBT, sigmoidoscopy, the barium enema and colonoscopy. I ask unanimous consent that the Summary of the AHCPR Evidence Report be included in the RECORD with these remarks.

The effort to develop Clinical Guidelines for Colorectal Cancer Screening did not, however, end with AHCPR's decision not to complete