

health care in the House of Representatives amongst our colleagues, Democratic and Republican, we know that there are a lot of issues that need to be addressed. For example, one of the biggest concerns I have is the fact that so many people are uninsured and have no insurance. The number keeps growing.

Others want to address the issue of malpractice reform, because they think that physicians in many cases are too liable for malpractice and that we need to address that issue. Others feel that there needs to be ways to expand and experiment with other kinds of health insurance that many people do not have right now. Well, all that makes sense and certainly are things that we should look into, but what the Republican bill has done, and I think it is purposeful, is to throw a lot of these things that are unrelated to managed care reform into their legislation, which will make it very difficult for the legislation to move forward.

Now, again, we only have about a month here from today until we are scheduled to adjourn. It is going to be very difficult in that month to get anything passed. So if you overlay legislation dealing with managed care reform with all these other concerns, you are pretty much guaranteeing that we are not going to address the issue.

Well, what the Republican leadership has done is they put in their legislation medical malpractice reform. They have also said that if companies right now that are self-insured and come under the Federal law, under the ERISA, if a group of companies want to get together and start their own self-insurance pool, that they also will be exempt from State laws and come under Federal law and be under ERISA and also, therefore, there would not be the ability to sue.

Well, throwing that in, throwing in, again, an expansion of self-insurance and bringing it under ERISA is another sort of poison pill that takes away from the real issue at hand, which is managed care reform.

So we have the medical malpractice reform, we have the expansion of ERISA, and a third thing that we also have is expansion of medical savings accounts. Medical savings accounts were started on an experimental basis last year when we passed the Balanced Budget Act and it is a very controversial way of basically allowing people to take money, for example, in the case of Medicare, if you had a medical savings account under Medicare, if you decide to have a very high deductible and pay out-of-pocket for most of your every day health care expenses, then the Federal Government would give you money in a savings account from Medicare, from Medicare funds, rather than pay for your health insurance for most of the normal daily occurrences that might result in your need to have health care. So you basically get an account coming from the Federal Treasury for you to save money as opposed to getting your health insurance paid

for. You have to pay out-of-pocket from that account.

Well, it is an idea that some people think needs to be looked into and we do have it on an experimental basis, but what the Republicans have done in their bill is to allow this to be expanded to cover a lot more people in the context of the managed care reform that I have been talking about this evening.

Well, once again, that is a poison pill. That is a controversial issue, along with the medical malpractice reform and the expansion of ERISA, that needs to be debated, needs to be discussed a lot more by the House of Representatives and by the Senate. If we throw that into managed care reform, we are basically going to kill managed care reform and not allow it to come to the floor and really be passed and considered in the month or so that we have left here before we adjourn.

So what I am asking tonight, and I will be saying it many more times over the next month while we are in session, is that we put partisanship aside, we put all of these other issues aside that really do not relate to managed care reform, and we try to get to the heart of the matter. Americans from all walks of life, no matter how poor, no matter how rich, no matter how young, no matter how old, that I have talked to in my district and even from other parts of the country feel that this issue of HMO reform needs to be addressed and needs to be addressed now. We need to address it before we adjourn. We should get together and pass something, pass the Patients' Bill of Rights with the patient protections that I outlined or at least something very similar to it.

□ 1900

I am just hopeful that on this first day when we are back, and, of course, there are a lot of other things on our mind here in Congress, that we pay attention to this and try to get HMO reform approved before we adjourn sometime in October.

IMPORTANCE OF PERSONAL HEALTH CARE

The SPEAKER pro tempore (Mr. EVERETT). Under the Speaker's announced policy of January 7, 1997, the gentleman from California (Mr. CUNNINGHAM) is recognized for 60 minutes.

Mr. CUNNINGHAM. Mr. Speaker, in a way, I am going to talk about health care, but I am going to talk about personal health care. The reason is that I am a prostate cancer survivor. Three weeks ago I had prostate cancer and it was removed out of my body. I would like to go through the process and describe how many men and women, both with breast cancer and prostate cancer, can have a good diagnosis.

That diagnosis is based on early detection. Many HMOs do not offer a PSA, which is an indicator for an anti-

gen produced by prostate cancer. TRICARE for veterans does not necessarily offer a PSA.

Let me tell you why that is important. First of all, about a month ago Dr. Eisold here in the Capitol, who is the attending physician, gave me my annual physical. I have had an annual physical for the last 30 years. Every year for 20 years in the military they demanded it as a pilot, and then, after that, I know the importance of an annual physical.

This time they wanted to do a prostate check. I am over 50 years of age, and it should be checked every year. Well, they did the regular prostate check, and they found nothing. There was no cancer, there were no lumps, there were no lesions, and there was no metastasized area.

Then the doctor looked at a blood test, which was painless, and in that blood test, a PSA, which, again, is a check for an antibody that prostate cancer produces, and I had a slight elevation in the level; not real high, but just a slight elevation.

Now, normally you would do the physical check and that would be it. You would think you were cancer-free. So the doctor ordered a sonogram, which takes a look at the internal aspects of the prostate itself, and in that they found no tumors as well, no cancer. So then they did an MRI through the whole pelvic region and found no tumors, no cancer.

Another reason I am alive today is that the doctor, besides having a good health care system, besides having a doctor that was thorough, that not only just gave you a blood test, but he read the results and was insistent upon going through and analyzing all the different aspects of the diagnosis, said "Duke, we want to perform a prostate biopsy."

Now, I would rather fly over Hanoi again than get a shot, so you can imagine, Mr. Speaker, the dismay the night before. I imagined a needle this long that they were going to take and stick in my prostate and take out these core cells.

When I got out to Bethesda, the doctor and the clinician prepared me, and they said, "Duke, this is not going to be real painful." And I said, "Yeah, right." It is like sitting in a dentist's office, and you are just waiting for that drill to hit a nerve. What it is is they take six core cells each time out of your prostate, and there is a little needle with a mechanism that fires and takes out a core cell.

The first one he said it is going to sound like a cap gun goes off. So you are sitting there waiting for this immense pain to happen, and you hear the snap and you flinch, but there was no pain, not even a prick. At that point you are sitting there waiting; okay, I have got 5 to go, I know the next one is going to hurt. Well, they did each and every one of those core samples, and there was no pain.

The point I want to make is that for the men, Mr. Speaker, if you are asked

to get a biopsy and you think it is going to be painful, and I almost myself said "Hey, you have given me a regular check for prostate, you have given me a sonogram, you have given me an MRI, I don't want to go get a biopsy," because of the fear.

Thank God that the doctor insisted, and I went and got it, because in two of the core cells of the six in the right lobe they found cancer cells. There is a Gleason number, and what Gleason is, it is a number between two and ten, but a Gleason rate of two to ten gives the amount or the characteristic or the aggressiveness of the cancer. A Gleason ten is the highest. For example, a Gleason of eight to ten, I have read, and you become an automatic expert on this and you read as much as you can, you have about five years until the cancer metastasizes, which means it spreads into the bladder area or into other areas, into the lymph nodes and so on.

Originally the doctor told me, Duke, you can probably go to eight to ten years, because my Gleason rate was so low, and not have a problem, or at least have the symptoms, because the symptom is when you actually get a tumor and the tumor presses on the urethrae in the GI tract, and it presses and you have urinary problems. By that time, the tumor has spread and there is a big problem. By that time, it can metastasize, go to other areas, and the prognosis is not good. But the doctor, because of the low Gleason rate, because they only found cells, they found no tumors whatsoever, said, "Duke, I am going to go through the cycle with you and I am going to give every option there is."

Next comes, I think, Mr. Speaker, probably the most important phase of cancer. My family flew back here and were very supportive. We made the decisions together. I told my wife, I said, "Honey, it was like the time when I was shot down in Vietnam just south of Hanoi, and coming down in a parachute thinking I was going to be a prisoner or die, hanging in a parachute, the thought, it is always the other guy that gets shot down; it is not you. It does not happen to Duke Cunningham." But it did. And when a doctor looks you in the face and says, "Duke, I have got bad news; you've got cancer," the first reaction I had was no, it is impossible. That does not happen to Duke Cunningham. It is about all those other people that you read about that have cancer, or have diabetes, or have that, but it cannot happen to me.

The doctor looked and said "Duke, you do have cancer. The good news is we think we have it early and that the prognosis should be very good."

He went through the different steps. Radiation is one of those. With radiation they actually can focus the radiation almost pinpoint now because of the increased techniques that they have, but, still, the radiation treatment that you can have can cause side

effects just as bad as if you have a radical prostatectomy, which is taking out the prostate through surgery. With that, one is incontinence, in which you cannot control your urinary tract, and the second is impotence. And with the radiation they said there was a high percentage, and I say high, about 15 to 20 percent, that the cancer would come back.

By having the cancer removed, especially at an early age, they said "We can go in, and instead of making an incision across the stomach, we can do one called," I can't remember the name of it right now, I will think of it in a minute. But it is down in the lower area instead of across the stomach. "By that way, we can go in and remove the prostate. We will not have to cut a bunch of nerves, we won't have to cut blood vessels, and most of your functions, all of your functions, can be normal after this, if we do it early and we do it right."

So rather than sit with myself and make a decision that there is a 20 percent chance that the cancer may return, my election and my family's election was we did not want me to sit there for the next eight to ten years and think maybe I have a time bomb inside of me and this could come back. Plus if you have radiation surgery, it is more difficult to do actual surgery because of the tissue damage on the internal organs. At the same time, we made the decision to go ahead and have the surgery.

Now, there are alternative methods, Mr. Speaker, and this the reason I am encouraging both men and women to have their yearly checks. Because of the research that we have, if you catch it early, either with breast cancer or prostate cancer, the success rate can be very, very high, up to 95 percent.

The doctor also told me that women quite often will do the self-examination or breast check. They will have a doctor check it, they do the mammograms, blood tests and throughout, but in the self-check, that they will quite often find a lump and not do anything about it because they are afraid to see the doctor to find out what the results are, the fear. By the time that they go to the doctor because there are other problems, complications, then the prognosis is not good, and it will be a mastectomy or even death. And the doctor said, "Duke, what you can do is get out the word for early checks and have men and women do the self-checks and get the word early."

But some of the research, they even have cryogenics, where they can take the prostate and insert a tube that basically freezes the prostate. It looks rewarding. All the numbers are not out on that.

They also for quite a few years have been able to implant nuclear rods within the prostate itself. Now, that did not sound too neat, but it is not that big, I guess. But before, they did not have guidance control, so that many of the surrounding areas were damaged in the

prostate by inserting the nuclear. Now with the sonogram, they can precisely pick the area of where they want to go in and place the rods to kill the cancer cells. Still, there is a percentage, you have got to get 100 percent of the cells, and they cannot, of course, guarantee that, and there are figures and numbers that you can check to see what the different things are.

Another point is that the Speaker of the House has said that we want to invest money in NIH for medical research. Well, Mr. Speaker, I would like to give a few figures here. This is a chart that shows prostate cancer issues, and they need your support. This is from the surgeons. The message is that prostate cancer is the leading cancer diagnosed and second leading cause of cancer-related deaths in American men. The second-leading cause of deaths of American men is prostate cancer.

Per diagnosed case, research for prostate cancer is one of the least funded priorities. I would like to submit this chart, Mr. Speaker, because on this chart you can see way down here in the bottom, \$450 million, where breast cancer is funded at \$2.3 billion, and AIDS is funded at \$23 billion. Now, what are the mortality rates in this? If you look, AIDS accounts for 44,000 deaths in the United States, 44,000 deaths in the United States per year. Breast cancer is 43,900, almost 44,000. Prostate cancer, 42,000 men will die of cancer every single year in the United States. Over 250,000 men in the United States will be diagnosed with prostate cancer, yet the proportion of funding is so low that cancer research is not carried out in a degree in prostate cancer, but yet it is second only to AIDS and breast cancer. That is a disaster, and we need to change that.

PROSTATE CANCER ISSUES NEED YOUR SUPPORT

DID YOU KNOW

Prostate cancer is the leading cancer diagnosed and the second leading cause of cancer related deaths in American men.

Per diagnosed case, research for prostate cancer is one of the least funded priorities at the National Institutes of Health (NIH).

Medicare does not reimburse for all FDA approved prostate cancer treatments, such as oral hormonal therapies.

WHAT YOU CAN DO?

The American Foundation for Urologic Disease is dedicated to increasing awareness and research funding for the urologic diseases and disorders through various state and national advocacy efforts. You can help ensure that prostate cancer issues get the attention they deserve in Congress by contacting your state and national legislators by: Meeting with them in their local offices; inviting them to address your local support group and other organizations; writing and calling their local and national offices.

THE MESSAGE

Prostate cancer is the leading cancer threat to American men. Estimates show that in 1997, 210,000 men will be diagnosed with it and 41,800 men will die from it. Federal research allocations for prostate cancer must appropriately reflect the incidence and mortality of the disease.

GOOD NEWS

Through increased advocacy efforts, \$45 million was allocated to prostate cancer research through the Department of Defense (DOD) in 1996 and 1997. This money will fund 1998 and 1999 prostate cancer research projects, as approved by the DOD.

1997 INCIDENCE

Prostate Cancer—210,000.
Breast Cancer—180,200.
AIDS—66,000.

1997 MORTALITY

Prostate Cancer—41,800.
Breast Cancer—43,900.
AIDS—44,000.

1997 NIH RESEARCH ALLOCATIONS

AIDS—\$23 billion.
Breast Cancer—\$2.3 billion.
Prostate Cancer—\$450 million.

Mortality—Cost per incidence

AIDS—\$34,090.
Breast Cancer—\$9,328.
Prostate Cancer—\$2,263.

CONTACT CONGRESSIONAL LEADERSHIP

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BY THE NUMBERS—PROSTATE CANCER IN AMERICA

209,000—The number of American men who were diagnosed with prostate cancer in 1997.
41,800—The number of American men who died of prostate cancer in 1997.

20%—The percentage of all non-skin cancer cases that are of the prostate.

3.6%—The percentage of all federal cancer research funding dedicated to prostate cancer research.

\$250 million—The amount of promising prostate cancer research that was not conducted in 1997 due to lack of funding.

The Speaker has talked about putting more funds into NIH, and we have every year, because he feels that is one of the areas, even though I believe in states' rights, where individual states cannot conduct the research that we need in all of the diseases.

For example, diabetes takes up about 23 to 27 percent of the Medicare bill. Yet just by early detection of diabetes we can save over two-thirds of the blindness, two-thirds of the amputations, two-thirds of the removal of kidneys, and you can imagine what kidney dialysis costs and the quality of living costs of different people. So it is a disaster.

I would like to submit this chart, Mr. Speaker, because it is very, very important, the low cost and low funding, and one of the messages is that we want to increase the cost not only across the board for prostate cancer, but for breast cancer, for diabetes and the others as well, and have a more equitable funding for prostate cancer.

Why is this important? Well, there is a very famous guy that I think most

people on the floor in both bodies would recognize, his name is Len Dawson. He is a member of the NFL Hall of Fame, a quarterback, now a broadcaster fine-tuning his golf game. You can watch him at different times. But he puts out a program called "Keep Your Health up to Par." Len Dawson and Chi Chi Rodriguez, a very famous golfer, go about, along with Arnold Palmer, and talk about some of the same very things that I am talking about here tonight.

□ 1915

Len and his wife, Linda, do not know much about prostate cancer, did not know, until he was diagnosed in 1992. It began when Linda read an article about a former U.S. Senator, Bob Dole, and his own battle with prostate cancer. Mr. Speaker, the day that I found out that I had cancer I called Senator Dole and he sat down and talked to me and went through the different options just like the doctor did. Find a friend if you are diagnosed. Get a message. Talk to the Cancer Society.

But, in the same edition of the paper, she saw an advertisement about a local prostate cancer screening and immediately made Len, that is kind of like most of our wives, made Len an appointment. Len was reluctant, since 6 months earlier he had an annual check-up and received a clean bill of health, including a prostate check, just like I had, and he walked out thinking that he was cancer-free. At the screening, the physician found the results were abnormal and ordered further tests and a biopsy.

Now, with the PSA, the PSA is only an indicator. One can actually have a swollen or an enlarged prostate gland and one can get an increase in PSA numbers, or there is different kinds of infections that can cause the same thing that can be treated with just antibiotics. It is not necessarily cancer. Do not be afraid if your doctor said you have an elevated PSA that it is automatically cancer, because in most cases, it is not. But the biopsy is the final act in which it is determined.

Lucky for Len, his cancer was caught early, like mine. He was treated with a prostatectomy, a radical prostatectomy and today lives a normal life. By Dole speaking out about his own experience and Linda's persistence, Len's cancer was able to be treated. Len Dawson said, I want to let every man know that something as easy as going to the doctor regularly can actually save your life; I am living proof. And Len Dawson, I would like to say that I am too.

In 1995 he was again affected by this disease when his older brother Ron was diagnosed with an advanced stage of prostate cancer. Unfortunately, Ron had not had a checkup in many years and died that same year. In 1997, Len learned that another brother, Gilbert, was diagnosed with prostate cancer. It has been a dramatic impact on my family, Dawson said. I am determined to

do what I can to make other families, assure that other families are aware of prostate cancer and its early warning signs.

In addition to hosting the HBO show "Inside the NFL," Len Dawson is a sportscaster with KMBC-TV in Kansas City, Missouri, and in 1998 he will be taking time out of his broadcasting duties to hold a series of town meetings addressing the public on prostate health and prostate cancer matters.

Now, if one wants, I do not know if it is legal to give out numbers on this, but it is a nonprofit, and it is 1-800-319-8633, Len Dawson Hall of Fame on prostate cancer.

Another legend that is speaking out that was stricken with prostate cancer is legend Arnold Palmer, who is again living proof that prostate cancer can be defeated. In January 1997 Palmer underwent surgery for prostate cancer. Fortunately, his cancer was diagnosed before it spread outside the prostate gland. By April of that same year, he was back on the golf course, and many of us have seen he is hitting the ball better than anyone can do.

For 18 months before Palmer's cancer was diagnosed, he and his doctor were on alert. Palmer's regular checkups indicated an elevated level of Prostate-Specific Antigen, or PSA, again a protein in the blood that can indicate, can, not necessarily does, but can indicate prostate cancer.

So there is another area in which the doctors, besides having radiation, besides having tubes put into someone, whether it is cryogenics or even removal, there is a phase, if your Gleason rate is very low, between 2 and 10 is the highest, probably between 2 and 5, quite often they will set in a monitor and see how the disease is progressing.

"I would not call what I was feeling afraid or fear," Palmer said. "I would say that I had some very serious concerns about my health. Frightened, no, but very concerned, yes."

Palmer joined the ranks of professional golf in 1954 and over the years he earned over 92 championships, including Master's titles, 2 British Opens, 1 U.S. Open, to go along with 61 PGA tour victories. His popularity and success led to the formation of Arnie's Army, a large audience of adoring fans who follow him to each tournament. As a survivor, Palmer is a great advocate of prostate cancer awareness and early detection.

Because of these men, and I got a phone call from some of these gentlemen and they asked, Duke, would you do what you can to spread the word. If you or someone you love is a male over 50 years of age, this year it is again estimated a large number of men, over 200,000 men, will be diagnosed with prostate cancer. And one of the things that one can do is just as simple as going to your doctor.

One of the things I think that we need to look into, though, is again, in both the bills, the Republican and Democrat bill for health care, there is

different areas that are not covered in each, and one of those is again that Medicare does not pay for some of these things.

For example, I had a gentleman call me and write and say, let me see if I can find it here, his letter, I had it right here. Here it is. I hear that Medicare will be limiting the PSA test to one per year, and Medicare, to cover one screening per year for Medicare-eligible men beginning January 1, 2000. This is purely a screening tool, not intended to be a treatment regime. However, if a doctor orders a screening as part of the diagnosis; for example, if one has a PSA that is high and one does not have the surgery, or even after one has the surgery and one wants another PSA, the reason is to limit the number of tests, but Medicare will pay for it if the doctor takes it as a course of action as a diagnosis and needed, and then Medicare will pay for it.

Mr. Augman's question, who lives in San Diego, was, he says, I would be willing to pay for a PSA test out of my own funds, but the law prohibits any doctor or medical lab from accepting fee-for-service for Medicare patients on procedures covered by Medicare.

Now, this is an application that many of us vehemently do not like within the Medicare bill. It was not placed in there by us, but what it does, it limits, if one has cash and one wants to go to a doctor that accepts Medicare, one cannot pay that doctor for that particular check. I personally think that is wrong. And the response to Mr. Augman is, that is correct. Medicare patients cannot pay for services out of their own pockets unless the doctor has a contract not to bill Medicare for 2 years, and again, many of us feel that that is wrong.

However, if he and his doctors would like an additional PSA test, he can get the test and bill Medicare. Should Medicare deny to pay, he can pay out of his own pocket. This requires some additional paperwork, but it can be done. If he would like assistance, please have him contact me at 202-225-5452. That is my office.

There are many things about prostate cancer. I was in the hospital for just about 2 days, and I had Robert Hitchcock, he is a playwright that lives in San Diego and he sent me this book, Mr. Speaker. It is the only one I have, so I cannot submit it for the RECORD, but I can give the number where it can be found, and I do not get a cut out of it. But it is a good book, and it is called "Love, Sex, and PSA."

It is just about everything that one would want to know about prostate cancer. From the phone call to the research network that one can call if one thinks they have prostate cancer, or different areas, different operation techniques, and it talks about some of the problems that one may encounter. And in the book, his wife speaks on the problem from the female side or the spouse side of how the family can get involved, and it is a great book.

It talks about a catheter that is a pain to have. If one has ever had to have one, you have to leave it in there 2 to 3 weeks, and I want to say, that was the worst part of this whole thing is having a catheter and having to manage this whole thing. When you roll over I guarantee it will let you know that it is there.

My wife told me, kind of being funny, she said honey, with your surgery, remember when we had our 2 children? Remember a little operation called the episiotomy. She said, do you understand now? I looked at her seriously and said, I understand. And men quite often do not understand what women go through in childbirth or in different operations. And if one wants to get a quick illustration of what that means, then that is it.

Mr. GANSKE. Mr. Speaker, will the gentleman yield?

Mr. CUNNINGHAM. I yield to the gentleman from Iowa.

Mr. GANSKE. Mr. Speaker, I just want to commend the gentleman for coming to the floor and speaking from personal experience about his illness with prostate cancer and his treatment. I think all of our colleagues should be listening to this. There are a lot of people who tune into C-SPAN and watch the Special Orders on the floor. I think the gentleman has given an awful lot of good information to people around the country today, and I just want to commend the gentleman for drawing attention to this second most common cancer in men.

When I was in medical school it was taught that if a man lived long enough, his chances of developing prostate cancer were very high, but as the gentleman pointed out, there are many different types of treatment for prostate cancer, and after treatment, many, many men can expect to live out normal life-spans.

So I consider the gentleman's commentary today a real public service, and I commend the gentleman for sharing his experiences with us.

Mr. CUNNINGHAM. Mr. Speaker, I thank the gentleman. I am a survivor, and I am a very, very fortunate survivor. By early detection, by having a good health care system, by having a doctor that is demanding, that you go through with all of the tests to check; by having a good surgeon and catching it early, one can also eliminate many of the side effects that normally go with radical prostatectomy, and that is such things as impotence and another is incontinence. And I tell my colleagues, those 2 things in every day life are very, very important.

I would like to say too, to the African-Americans that are listening tonight, Mr. Speaker, that African-Americans have a much higher incidence of prostate cancer. It was interesting. The doctor said that those that can be traced with bloodlines directly back to Africa have a lower incidence of prostate cancer than those that do not have bloodlines that relate directly back to

Africa. But yet African-Americans, at even a much younger age, contact and have a higher incidence, not only incidence, but have a higher mortality rate. My first thought was that well, maybe it is because many African-Americans are poor and they do not have the health care facilities. But this was a study done across-the-board with equal health care systems.

□ 1930

Mr. Speaker, some of these studies, this is another reason why we need more money in prostate cancer research is the fact that they say that a lot of it can be or they suspect a lot of it is diet, in the foods available to different people. If you did not have very much money in the household and what you feed your family, you do not have salads, good nutrition, fish, the olive oil, instead of some of the other things that can cause prostate cancer, then maybe diet is very important, and we can change that.

Mr. Speaker, I yield to the gentleman from Maryland (Mr. CUMMINGS).

Mr. CUMMINGS. Mr. Speaker, I want to thank the gentleman for yielding to me, and for raising this issue. I was listening to the gentleman, and I just wanted to add a few things.

I represent the Seventh Congressional District of Maryland, which is basically Baltimore city. Of course, we are predominantly an African American district. One of the things that has been at the forefront of my agenda is dealing with prostate cancer, because it is not unusual for me to go to the bank, for example, on weekends, and run into African American men, as the gentleman just talked about, who either are about to go through some type of procedure for prostate cancer, or who have been diagnosed recently, or have had the procedure.

I just wanted to thank the gentleman for raising the issue. A lot of this is about early detection, as I heard the gentleman talk about it a little earlier. Certainly we have in our district, in my district, Johns Hopkins Hospital, and we have some of the finest physicians in the area of dealing with prostate cancer. I just wanted to thank the gentleman, to take a moment to thank the gentleman for raising this issue, because it is a very, very important issue.

I see so many African American men who die, and if they had only gotten the appropriate detection types of examinations and whatever. A lot of it, I think, does go to diet. Dr. Schwartz of Johns Hopkins has often talked about that. I think we could save a lot of lives there. I just wanted to again express my appreciation.

Mr. CUNNINGHAM. Mr. Speaker, as I said, at an age over 50 years of age, everyone should have an annual check with a PSA, with the diagnosis and the different checks. But for African Americans, the doctor recommended it at least when you are 45 years of age, because there is a higher incidence. There

is a higher instance of mortality and a higher incidence of younger males coming down with prostate cancer.

I also learned that males can have breast cancer as well, so it is not just the prostate check or the genital check, but the complete check-up and an annual physical is very helpful.

The doctor also pointed out to me that Asian Americans have a very low incidence of cancer. Again, the studies are important for prostate cancer because they think, again, generally the Asian population eats the more healthy foods: A lot of fish, salmon, rice, the things that are not high in the different kinds of oils. Olive oil is supposed to be a good one.

I went to my check-up after 3 weeks out of surgery this morning, and I saw Dr. Christensen, who is my surgeon and a great doctor. I pointed out these different foods. I said, how much is there to diet in cancer? He said, DUKE, there are actually certain foods that cause cancer cells to replicate faster. For example, your soy oils and your different safflower and all of those kinds of oils, there have been studies to show that they actually cause the cancer to multiply faster. Olive oil, however, is low in a certain chemical, and so are tomatoes. As a matter of fact, cooked tomatoes allow that particular chemical to get into your system that actually kills cancer cells. Regular tomatoes are good, but he said cooked tomatoes allow that substance to break down.

It also says here about coffee. I drink 3 or 4 cups of coffee a day. Maybe that is the reason I got it in the first place. But I thought the response was good from Dr. Christensen, who had a cup of coffee in his hand, with all the other surgeons sitting there with cups of coffee. Oh, he said oh, no, it cannot be coffee, because we are not giving it up. I am not telling people to give up all the things they like in life, but at least with moderation, they could take a look at how these things affect their life.

As a matter of fact, in this book there is a number that you can order. I would recommend that Members get this book if they have any doubts. What I will do is give my number, at 202-225-5452. If Members want to call my office, I will get the number where they can get this book that tells almost everything that one wants to know about prostate cancer, because I cannot find the number within the book here.

There are other areas: the National Institutes for Health, the Cancer Research Society. If you call, in every State there is a cancer support group. In every State there are groups that meet, groups of cancer patients. I went to one this last weekend. It was very good. Dr. Barken in San Diego has a cancer group. As a matter of fact, there is going to be a cancer awareness, actually, by Israel Barken, M.D., President of the Prostate Cancer Education and Research Foundation, in San Diego, California. Every State and almost

every city has these support groups. I would encourage each and every individual to check in, especially if they are diagnosed with cancer. Again, one of the worst things that you can have happen to you is the doctor look you in the face and say, ma'am, or sir, you have cancer, and it is almost overwhelming in the impact that has on your life.

Through early detection, over 95 percent of prostate cancer victims can be saved with good mortality rates. All of the things that people dread, like impotence, I will say, that is a big factor, and incontinence, all of those things with early detection can be changed and saved. Even if they are not, the techniques they have today can bring about full, meaningful life for married or unmarried men and women in this.

Mr. Speaker, I would just like to close by saying each man and each woman, whether it is breast cancer, whether it is diabetes or prostate cancer, we need to support the funds for the research, because we are so close in the biotech industries to finding out the answers.

I would also say that the money for prostate cancer is so low, but yet it is the second leading cause in men's death, and in African American deaths it is one of the highest and leading causes, second only to AIDS.

PRESSING ISSUES THAT STILL FACE CONGRESS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New York (Mr. OWENS) is recognized for 60 minutes.

Mr. OWENS. Mr. Speaker, we just returned to Congress from a recess. We have 5 weeks of working time left, unless there is some extended Congress before the election. I doubt that very seriously.

I also have heard the news today that the Ken Starr report has been delivered to the House of Representatives, and a process is going forward by which the Committee on Rules will determine what will happen to that report and how it could be handled. I am sure that is going to absorb a large part of our time.

There are items on the agenda that have been on the agenda all year long and all during this session of Congress that I hope will not get lost. I think it is very important that the American people, in their commonsense wisdom, understand that there is no need for us to suddenly go on holiday with respect to the pressing issues that face the Congress.

There are still overcrowded schools, schools with coal-burning furnaces. There is still a need for some kind of relief from every area of government, including the Federal Government, for school construction in our big cities. There is still a need to have money to lower the ratio of students to teachers. There is still a need for the wiring of

our schools for technology, to bring them up to the point where they can train young people for jobs that do exist. There is still a need for increasing the minimum wage.

There are a lot of things that mean a lot to ordinary people, and we should not put them in the deep freeze in order to spend all of our time on the one issue of the President's private life and the Ken Starr report.

I have been asked a couple of times today why the black community so solidly supports the President. In poll after poll, no matter how you ask the question, whether you are talking about the job performance of the President or his personal life or any other matter related to the President, you generally get a high approval rate in the African American community.

Certainly I think one of the reasons for that, and I do not pretend to know all of the answers, one of the reasons for that is because we are oriented toward the issues and the problems, and we would like to see the problems and the issues dealt with. We would like to see some of the problems solved and resolved.

Additional polls of African American parents in big cities have shown that large numbers of African American parents are now supporting vouchers for education as an alternative to the public school system. I think that the two kinds of responses are related; that the large numbers of African American parents supporting the vouchers in the school system, it is evidence of a kind of desperation, a kind of fatalism that has set in, that they do not believe anything is going to change in the public school system. They do not think the supporters are there among elected officials.

In New York City we had a surplus of nearly \$2 billion in the budget, and not a penny was spent to deal with the pressing problems of school construction, including removal of coal-burning furnaces. At the same time, in New York State they had a similar \$2 billion surplus, and the Governor turned down a legislative request or vetoed a legislative request for \$500 million for school construction.

So wherever parents in inner city communities look for some relief from the conditions, it appears that government officials are not interested, or have decided to deliberately abandon or ignore the needs of children in our inner city schools. We are talking about millions of children.

The same conditions that exist in the crowded New York City schools exist in many other big cities. Children are forced to eat lunch at 10 o'clock because there are so many, they have to have a relay in the cafeteria, and they have to start early in order to get three or four teams in, three or four sessions in the cafeteria where youngsters eat. Coal-burning furnaces are definitely a threat to every child's health who sits in the school, because the dust that you do not see is still getting into the lungs of young children.