

Residents throughout the Eastern Upper Peninsula describe Mr. Campbell as a quiet, but determined planner who knows the specifics of every project down to the last detail. Never one to seek credit for a particular project, he is known for his quiet demeanor, moving projects along to completion, but always humbly sharing the acclaim with those around him.

After over thirty years of service, Mr. Campbell is retiring. This weekend, residents of Chippewa County, Sault Ste. Marie and the Eastern Upper Peninsula will come together to honor Mr. Campbell for his many years of labor on behalf of economic growth in the Upper Peninsula. As this humble, hardworking man enters well-deserved retirement, I ask that you, Madam Speaker, and the entire U.S. House of Representatives join me in congratulating Mr. John Campbell and in wishing him and his wife, Geri, all the best for many years to come.

THE INTRODUCTION OF THE COLON CANCER SCREENING FOR LIFE ACT

HON. RICHARD E. NEAL

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 18, 2007

Mr. NEAL of Massachusetts. Madam Speaker, I rise today in support of the Colon Cancer Screen for Life Act, which I am introducing along with Congressman PHIL ENGLISH (R-PA) and Congressman ED TOWNS (D-NY). According to the American Cancer Society, this year alone, 52,180 Americans will die from colon cancer. In my own state of Massachusetts, 1,180 people will lose their life to this deadly disease. What makes statistics such as these all the more tragic is that unlike other forms of cancer, colorectal cancer is highly detectable and even treatable if it is caught early through a colonoscopy screening examination.

Recognizing the importance of early intervention, Congress acted to provide Medicare coverage for colorectal cancer screening (CRC) through colonoscopy in the Balanced Budget Act of 1997 and further expanded in 2000 when the colonoscopy benefit was added for high risk beneficiaries. Under this benefit, a low risk beneficiary is entitled to receive a colonoscopy once every ten years and a high risk beneficiary is entitled to a colonoscopy every two years. Despite this, recent studies have shown that patients are not utilizing coverage of CRC preventive screenings. According to the Government Accountability Office (GAO), since the implementation of the benefit in 1998, the percentage of Medicare beneficiaries receiving either a screening or a diagnostic colonoscopy has increased by only one percent.

A key reason for the low rate of colonoscopy screening in the Medicare population is rapidly declining rates of reimbursement for the procedure. Medicare reimbursement for colonoscopies performed in the outpatient setting has dropped by 33 percent from the initial 1998 levels. In many states today, Medicaid payment rates actually exceed Medicare reimbursement for colonoscopy. Unless we reverse this trend toward declining reimbursement, physicians will no longer be able to offer colonoscopies to Medicare beneficiaries. This bill increases

Medicare reimbursement rates by 30 percent for colonoscopies performed in an outpatient setting, and by 10 percent for procedures performed in the physician's office, to ensure that Medicare beneficiaries have access to these lifesaving procedures. Moreover, increasing colonoscopy screening rates will generate significant long-term savings for the Medicare program, in the form of foregone costs for costly colorectal cancer treatment.

Medicare also does not currently pay for a physician office visit prior to a screening colonoscopy. Colonoscopy procedures involve sedation, so physicians generally do not perform them without an office visit prior to the procedure to obtain the patient's medical history and to educate the patient about the steps he or she needs to take in order to prepare for the colonoscopy. A number of states actually require this pre-operative consultation. Medicare pays for this pre-operative visit when a colonoscopy is being performed in order to diagnose a patient—but it does not pay for such a visit prior to screening colonoscopies, even though the procedure is the same and presents the same risks to the patient. This bill fixes this discrepancy by providing Medicare reimbursement for the office visit that takes place prior to the screening colonoscopy.

Finally, reducing financial requirements on beneficiaries will encourage more people to take advantage of this preventive benefit. It was with this intent that Congress agreed to waive the Part B deductible as part of the Deficit Reduction Act of 2005. Unfortunately, since that time, CMS has misinterpreted this provision of law, claiming that the deductible is only waived if the beneficiary has a "clean" screening, but maintaining that the deductible still applies if the screening results in taking a biopsy or if a cancerous or pre-cancerous polyp. Under this nonsensical policy, a beneficiary is left not knowing whether or not the deductible is waived until after the screening. Those whose ability to pay is limited are therefore simply choosing not to take the risk. This bill would require that the deductible be waived for all screenings, regardless of the outcome.

Madam Speaker, as the old saying goes, "an ounce of prevention is worth a pound of cure." This bill embodies this wisdom. In passing the Colon Cancer Screen for Life Act, we will not only be able to save lives but we will also be able to save money. According to the American Cancer Society, 153,760 new cases were diagnosed this year. Each of these cases will cost Medicare between \$35,000 and \$80,000 per patient to treat. For the bargain price of a little over \$200 dollars, we can stop this cancer before it starts. Seems to me that is not only the right thing to do, it is the smart thing to do.

I hope my Colleagues agree and will join me and Representatives ENGLISH and TOWNS in support of this important piece of legislation.

IN TRIBUTE TO MR. HAZELLE "VON" HICKMAN

HON. GWEN MOORE

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 18, 2007

Ms. MOORE of Wisconsin. Madam Speaker, I rise today to recognize one of our na-

tion's true pioneers, a man who has graced the United States with his bravery and service, both as a Tuskegee Airman and an outstanding citizen of Milwaukee where he resided for over 50 years. The man I am talking about, Mr. Hazelle "Von" Hickman died March 14, 2007. Mr. Hickman's death came just two weeks before the Tuskegee Airmen were belatedly honored in Washington, D.C. with the Congressional Medal of Honor, the highest honor that can be conferred by Congress on March 29, 2007.

Mr. Hickman enlisted in the Army Air Force in 1940. He became one of the Tuskegee Airmen specializing in weapons maintenance and enemy aircraft plotting. The Tuskegee Airmen were a dedicated, determined group of young men who fought many obstacles and extreme prejudice to become America's first Black military airmen. Mr. Hickman was stationed in New Guinea and the Philippines. He received a Philippines Liberation Ribbon, American Theater Campaign Medal, Asiatic-Pacific Campaign Medal with 2 Bronze Stars, Good Conduct Medal and a Citation from President Truman before his Honorable Discharge.

Mr. Hickman received the JC Penney Golden Rule Award in recognition of outstanding volunteer service, was a leader in his neighborhood block watch, and was active in local politics. He was blessed with an outstanding singing voice and was a member of the Senior Choir at Shiloh Evangelical Lutheran Church and was the first African American member of the Pabst Choir.

Mr. Hickman was born in Inverness, Mississippi, on February 14, 1920. After completing military service, Mr. Hickman moved to Milwaukee in 1946. He worked for Pabst Brewery and retired after a 30 year tenure. Mr. Hickman met and married his wife of 60 years, Minnie (nee Prince) in Milwaukee. He is survived by his daughter, Gina Hickman, and sons Craig Hickman and Jop Blom and many relatives and friends. I am honored to have this opportunity to pay tribute to Mr. Hickman for his singular courage and unwavering commitment to our country and to Milwaukee.

DENY VISA TO HUN SEN'S HENCHMAN

HON. DANA ROHRBACHER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 18, 2007

Mr. ROHRBACHER. Madam Speaker, I rise today to express my grave concerns about a visit tomorrow by Cambodia's national Chief of Police, Hok Lundy, to the FBI's headquarters here in Washington. It is not an overstatement to say that Hok Lundy's involvement in human rights abuses, human and narcotics trafficking, and political violence should place him at the top of our list of people to keep out of the U.S., not at the top of our list of people with whom to try to cooperate.

Indeed, it was the FBI itself that labelled the March 1997 grenade attack on an opposition rally in Phnom Penh, which killed more than a dozen and wounded many others, including an American, as a terrorist attack. In the days after the July 1997 coup d'etat, Hok Lundy led forces loyal to Prime Minister Hun Sen—forces who were implicated in the extrajudicial killings. Credible evidence suggests that Hok