

will introduce a resolution drawing attention to colorectal cancer and urging the Secretary of Health and Human Services to establish a national public education and awareness campaign.

Too many Americans are simply unaware of their risk for colorectal cancer and the need for regular screening. Many cases of colorectal cancer can be prevented by eating a healthy, well-balanced diet, exercising regularly, and avoiding the abuse of alcohol and tobacco. Other cases can be prevented by removing precancerous polyps. And when colorectal cancer is detected before it has spread, it is 92 percent curable.

Tragically, too many cases of this cancer are not detected at that early stage. Respected authorities such as the American Cancer Society recommend that people over 50 have annual colorectal cancer screenings. Yet fewer than 20 percent of Americans at risk do so. According to one survey, one-third of men and women over 50 had never even heard of a sigmoidoscopy, one of the main tests to detect this disease.

We need to mount a war against this terrible disease. Education is the first vital step enabling us to reach all Americans with factual, scientific information about reducing their risk for colorectal cancer. We need to talk about this disease, and we need the media to take an active role in writing about it. Ten years ago it was not considered polite to talk about a mammogram in public; I want to bring colorectal cancer screening out of the closet the same way. Yesterday's Washington Post Health section set a shining example by devoting an entire special issue to colorectal cancer. We need more efforts like this to teach everyone about the steps they can take to avoid this disease.

As an activist on women's health issues, I would like to note that this issue is especially important for women. For too long, women have viewed colorectal cancer as a man's disease. This is utterly false. Colorectal cancer is an equal opportunity killer, striking men and women at equal rates. I want to be sure both our brothers and our sisters are all getting regular colorectal cancer screenings and taking measures to reduce their risk.

Education is the first step in the battle we are waging. Today I sent a letter to HHS Secretary Donna Shalala embarking upon the second step of this war as well. This letter requests that the department examine some of the causes underlying the low rates of colorectal cancer screening in our nation, including levels of screening around the nation, the importance of factors such as insurance coverage, and the role physicians play in ensuring that patients are screened regularly. This report will yield some new insights into additional steps we can take in Congress to fight colorectal cancer.

I am pleased to note that several Members of Congress with outstanding records on the issue of colorectal cancer are serving as lead original cosponsors of this resolution: Representatives CHARLIE RANGEL, BILL THOMAS, NORMAN SISISKY, BEN CARDIN, and ALCEE HASTINGS. Fifteen other Members of Congress have signed on as original cosponsors as well. I am also proud to announce that this resolution already has been endorsed by the American Cancer Society and Partnership for Prevention.

I hope all my colleagues will join me in working to defeat colorectal cancer, a disease

that needlessly claims the lives of far too many Americans every year.

TRIBUTE TO BISHOP JOHN HURST
ADAMS

HON. JAMES E. CLYBURN

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 11, 1998

Mr. CLYBURN. Mr. Speaker, I rise today during Black History Month to pay tribute to one of the most effectual persons I have ever known, Bishop John Hurst Adams, the Senior Bishop of the African Methodist Episcopal Church. Bishop Adams was born in Columbia, South Carolina, where he now lives and resides.

Bishop Adams grew up in the Waverly neighborhood of Columbia, which is located in the Sixth Congressional District which I proudly serve. He attended Waverly Elementary School, Booker T. Washington High School, and later Johnson C. Smith University in Charlotte, North Carolina, where he lettered in four sports. Bishop Adams continued his education at the Boston University School of Theology, Harvard University School of Divinity, and Union Theological Seminary.

Bishop Adams has spread the gospel across the breadth of our country during his lifetime of service. He began his ministry with a small congregation in Lynn, Massachusetts. He taught at Payne Theological Seminary in Ohio, and later served as President of Paul Quinn College in Texas for six years and as Chairman of the Board for eight. During his years at Paul Quinn College, the school received accreditation from the Southern Association of Colleges and Schools (SACS) and saw many new buildings, renovations and improvements.

Bishop Adams next pastored the First AME Church in Seattle. His impact on the community was so great that both daily newspapers published editorials lamenting his departure. From Seattle, Bishop Adams went to Los Angeles where he pastored Grant AME in the Watts section of Los Angeles, known for the Watts riot. It was here that he created a Saturday morning Ethnic School to teach reading, writing and black pride without white hate. That Saturday morning school continues to function today. It was while in Los Angeles that Bishop Adams was elected the 87th Bishop of the African Methodism.

Upon his election, Bishop Adams served the Tenth Episcopal District in Texas and later left his mark on the Second Episcopal District here in the Mid-Atlantic States. Under his leadership, 40 new congregations sprouted throughout the district. From here, he went to serve the Sixth Episcopal District in Georgia, and while there served as Chairman of the Board of Trustees for Morris Brown College, Turner Theological Seminary, Interdenominational Theological Center and the Atlanta University Center. He also served on the Centennial Olympic Committee.

I am very proud that Bishop Adams' service has now called him to the Seventh Episcopal District in South Carolina to preside over the State's 609 AME churches. Although his work is far from over, he has made numerous improvements in the community in which we live. Under his Chairmanship, Allen University, one

of seven historically Black Colleges and Universities in my district, has received its ten year accreditation from the Southern Association of Colleges and Schools. Enrollment at Allen continues to climb, and the campus is in perpetual renovation as an exciting building program has been launched. And if I might add Mr. Chairman, this body has played a significant role in that renaissance, having recently appropriated funds to begin the restoration of historic buildings on that campus. Under Bishop Adams' leadership, the Reid House of Christian Service in Charleston, has flourished and now includes the Adams Building which houses the only African American Adoption Center in South Carolina.

Bishop Adams is a strong believer that people must join together to do what they cannot do alone. To that end, he has founded the Congress of National Black Churches, the Institute on Church Administration and Management in Atlanta, Georgia; the Richard Allen Service and Development Agency in Washington, D.C.; and the Educational Growth Organization in Los Angeles, California. He continues to serve on many boards and directorates, including the Interdenominational Theological Center, Institute on Church Administration and Management, Joint Center for Political Studies, Children's Defense Fund Black Community Crusade for Children, National Black United Fund, Industrial Area Foundation, National Urban League, and South Carolina's Palmetto Project.

Bishop Adams has received many fitting honors and awards throughout his 25 years as Bishop. In 1996, he was awarded South Carolina's highest citizen honor, the Order of the Palmetto, in recognition of his contributions to the State. And last Saturday I joined with thousands of South Carolinians who met in Charleston to help celebrate his Golden Anniversary in the ministry and Silver Anniversary in the bishopric. That celebration, Mr. Speaker, defied the notion that a prophet is without honor in his own homeland.

Although he has been called one of the "most progressive black church leaders in history," Bishop Adams most important calling is that of his family. Bishop Adams and his wife, Dr. Dolly Dessel Adams, have been partners in the ministry for 41 years. They have three daughters and six grandchildren. Bishop Adams is referred to by many as the 3.5 million member AME denomination's "most influential cleric." I am very proud to call him my friend.

Mr. Speaker, I ask you to join me today in honoring Bishop John Hurst Adams whose spirit, belief, and kindness have moved communities to action across the nation. He is an excellent role model, a valued friend, an outstanding leader and a great American.

AARP REFUTES MAILINGS ON
KYL-ARCHER

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 11, 1998

Mr. STARK. Mr. Speaker, for offices receiving mail on the Kyl-Archer bill to let any doctor at any time bill any Medicare patients as much as the doctor wants, the following article from the February, 1998 AARP Bulletin will provide a useful insert-answer.

The AARP article shows that a number of groups have been trying to scare seniors into contributing to a phony cause.

[From the AARP Bulletin, Feb. 1998]
AARP ANSWERS 'SCARE CAMPAIGN' ON
MEDICARE PRIVATE CONTRACTING
(By Elliot Carlson and Don McLeod)

Medicare beneficiaries are being flooded with misinformation about their right to enter into private contracts with their doctors.

As examples, observers cite reports in some newspapers and magazines stating that, because of the 1997 Balanced Budget Act (BBA), doctors will be barred from treating older patients on a private basis.

"What we have here," says AARP legislative director John Rother, "is a concerted scare campaign aimed at misleading Medicare beneficiaries into believing that they have lost the freedom to choose their own doctors and seek the care they need."

That's false, Rother says. Rather than weakening an enrollee's right to contract privately with doctors, he adds, the recently enacted BBA actually expands that right. Prior to passage of that law last fall, Medicare beneficiaries and doctors were not permitted to contract privately for services Medicare covered, such as office visits.

Any doctor treating a Medicare patient had to file a claim with Medicare and was limited in how much he or she could charge a beneficiary.

The BBA liberalizes these provisions. For the first time, effective Jan. 1, 1998, the law allows doctors to contract privately with Medicare enrollees for services that are already covered by Medicare.

But no sooner was the BBA enacted, Rother points out, than some groups started misinterpreting it—telling people incorrectly that the new law, rather than expanding enrollee rights, had taken them away.

One group, he notes, has been writing beneficiaries, quite erroneously, that if they pay a doctor out of their own pocket for a treatment not covered by Medicare, then their doctor will be barred from treating Medicare patients for two years.

Not so. Patients always could—and still can—privately buy services not covered by Medicare, such as prescription drugs, eyeglasses and hearing aids. "Beneficiaries have always been able to pay out of their own pocket for services not covered by Medicare without penalty to themselves or their physicians," says Nancy-Ann DeParle, administrator of the Health Care Financing Administration, which runs Medicare. "The new Balanced Budget Act doesn't change that."

And you always could—and still can—pay for extra medical tests you want without you or your doctor being penalized, even if your doctor disagrees about the need.

A case in point is mammograms. Under the law Medicare pays for one mammogram per year. If you have a history of breast cancer in your family and your doctor deems it advisable, Medicare will pay for a second test.

Even if you aren't a high-risk case for breast cancer but you simply want a second test, you can go ahead and pay for it on your own without penalty to you or your doctor.

But the 1997 BBA does change some things. As noted above, it allows doctors for the first time to contract privately with Medicare enrollees for services that are already covered by Medicare.

This change stems from a bill advanced last June by Sen. Jon Kyl, R-Ariz., who said the change was needed to allow "those 9 percent of the physicians who do not treat Medicare patients to continue to treat their patients [after patients turn 65] as they always have." In the waning hours of the de-

bate on this proposal, House-Senate conferees modified the Kyl provision and incorporated a number of enrollee protections.

A key protection requires doctors to disclose contract terms. Thus, the doctor and Medicare patient must both sign a contract in which the patient agrees not to file a claim with Medicare. The patient also agrees to pay 100 percent of whatever amount the doctor charges. The contract must disclose that Medicare will pay no portion of the cost of the service. Nor will the enrollee's medigap policy.

Also, the new provision is limited to doctors who agree, in an affidavit, to forgo all payment from Medicare for two years—a clause that has turned out to be controversial. Critics argue that the "two-year ban" makes it very hard for doctors to take advantage of the Kyl provision. And, they add, it could discourage doctors from taking new Medicare patients.

Such concerns don't stand up to close examination, says Tricia Smith, coordinator of AARP's legislative health team. "There is good reason for the two-year exclusion." For starters, "the provision is a real protection for Medicare patients," she says. "It's intended to prevent doctors from picking and choosing patients based on income and severity of illness.

"Also," Smith adds, "it seeks to protect Medicare against fraud."

In the wake of the controversy over private contracting, Senator Kyl is advocating a new bill that would go well beyond the intent of his original proposal. Not only is he seeking to eliminate the two-year ban, but he also wants to allow doctors to contract privately with low-income patients and those in managed care. And he wants to let doctors pick and choose what services they will contract for.

The legislation is supported by the American Medical Association (AMA), which has opposed Medicare's limits on balance billing—the extra amount doctors can charge beneficiaries over and above Medicare's payment.

But AARP, along with the New York-based Medicare Rights Center and some other consumer groups, strongly opposes the Kyl legislation. The American College of Physicians has raised serious questions about it.

"These proposed changes could open up Medicare to even more fraud and abuse than we see now," says AARP's Smith. "Medicare would have a very hard time identifying which services were paid for privately. Thus, doctors could double-bill and collect from both beneficiaries and Medicare."

Critics, AARP among them, also worry about the danger that private contracting could create a "two-tiered system"—one for better-off enrollees who could afford high-priced doctors and another for all other enrollees.

Finally, AARP and other critics worry about the ability of doctors to charge any price for services rendered and the Medicare enrollee being held responsible to pay 100 percent of the bill.

"When a beneficiary agrees to a private contract, he or she is liable for 100 percent of what the doctor chooses to charge for the service," Smith observes. "When beneficiaries discover that and recognize that their medigap policy won't cover the costs, they may find that the out-of-pocket costs will be unmanageable."

INTRODUCTION OF THE SAFE SCHOOLS INTERNET ACT

HON. BOB FRANKS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 11, 1998

Mr. FRANKS of New Jersey. Mr. Speaker, today I rise to introduce the Safe Schools Internet Act. Later this year, our schools and libraries will be receiving funds from the Congressionally created Universal Service Fund to defray costs of Internet access. While it is undeniably important for our children to have access to this important tool in their classrooms, the "hooking up" of America's schools also comes with problems.

As most people know, in addition to the priceless information available on the Internet, the Internet also contains a limitless supply of material not appropriate for children. When we hook our schools to the Internet, we are also hooking them up to this material. While we would never let our school libraries carry material such as Penthouse or depictions of violent torture, we may soon be doing so through the Internet.

However, technology currently available on the market makes it possible to block out many offensive Internet web sites. The Safe Schools Internet Act would require that any school system accepting federal money from the Universal Service Fund to facilitate Internet access install Internet blocking software. Under the bill, libraries would be held to the same requirement for at least one computer in the library. The method of blocking would be left to local school and library officials, ensuring continued local control of these important institutions. This Safe Schools Internet Act will ensure that children in our schools and libraries are not confronted with age-inappropriate material, and that the federal government does not find itself financing offensive material in our schools.

I hope my colleagues will join me and co-sponsor this important legislation.

COMMENDING JAMES CASALE

HON. ROBERT A. WEYGAND

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 11, 1998

Mr. WEYGAND. Mr. Speaker, I rise today to commend James Casale, age 7, who has already proven himself to be an outstanding member of our society, James attends second grade at Gladstone Street School in Cranston, Rhode Island. When told that his school was having a canned food drive for the poor, James raided his family's pantry for items to contribute. After a few days, his parents told him the best way to contribute was to use his own money to buy food.

James used \$100 saved from allowances and tooth fairy money to buy 17 cases of food. On November 20th his father dropped James and his four hundred cans off at the schoolyard. Those four hundred cans inspired other students in his school to donate even more than they already had. In previous years, the Thanksgiving food drive had accumulated only a few hundred cans. Last year's food drive set a record at 1,600 cans. However, because of