

young people the realities of science and America's space program. Let us get them off of these electronic games and get them into the real world and the real world may well be dealing with threats coming to us from outer space from great distances away, asteroids and comets that we should know about.

Again, I ask my colleagues to join me in co-sponsoring the Charles Pete Conrad Astronomy Award Act, and I look forward to working with my colleagues and seeing that we get young Americans looking up just like Pete Conrad, always looking up and getting involved.

NATIONAL MINORITY CANCER AWARENESS WEEK

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

Mr. CUMMINGS. Mr. Speaker, this week marks the 15th annual National Minority Cancer Awareness Week, to highlight and bring attention to the cancer care needs of socioeconomically disadvantaged and medically underserved communities.

I come to the floor today to recognize the American Cancer Society, the Intercultural Cancer Council, and the National Center for Minority Health and Disparities at the National Institutes of Health for their continued work to increase the awareness of cancer and reduce health disparities among minorities.

While there has been a decline in cancer mortality since 1991, cancer still is the second leading cause of death in the United States, accounting for more than 555,500 deaths each year. That is more than 1,500 deaths a day. But what is most disheartening and most disturbing is that minority and medically underserved populations continue to bear a startling disproportionate share of the Nation's cancer burden.

According to the American Cancer Society, African American men and women have a cancer death rate of about 33 percent higher than whites. Among women younger than 50 years of age, African Americans are more likely to develop breast cancer than whites. Prostate cancer will claim the lives of more than twice as many African American men as men of other racial and ethnic groups. African Americans are at a significantly higher risk of death from intrauterine and bladder cancers. Hispanic women have nearly twice the rates of cervical cancer than non-Hispanic white women. Hispanics are less likely than other minorities to have a regular source of health care, visited a physician in the past year, and received a routine physical examination. Native American women with breast cancer have the lowest 5-year survival rate of any United States racial/ethnic group. And native Hawaiian women have the highest incidence and mortality rates of endometrial cancers of all United States women.

There is something equally as important as statistics, and that is the question, why our cancer rates are disproportionately high among minorities. According to a study published in the Journal of the American Medical Association on April 23 of this year, higher cancer rates in minorities seem to stem from difference in treatment, not biological or genetic differences.

I say to my colleagues, to be truly effective in eradicating all types of cancer, the Federal health agenda must address low-income minorities and medically underserved populations. I think Congress can be instrumental in helping to accomplish this goal in this country. In fact, at my request during the 106th Congress, the Committee on Government Reform held a hearing that afforded us the opportunity to engage in a more exhaustive investigation of the disparities in cancer treatments of minorities. This hearing was a positive first step in addressing the issue of disparities and cancer treatment of minorities in the United States.

In keeping with this point, Mr. Speaker, 2 weeks ago the Congressional Black Caucus Health Braintrust, chaired by the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), met to discuss a report which had been requested by the gentleman from Illinois (Mr. JACKSON) and others, from the Institute of Medicine and that report was titled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care."

This report concluded that Americans of color tend to receive lower-quality health care than do whites; and these disparities contribute to high death rates of African Americans from cancer, heart disease, diabetes, HIV/AIDS, and other life-endangering conditions.

The American Cancer Society, health care providers, community organizations, and State and local agencies and many other participants agree that we need to do more; that there needs to be more cooperation between the Department of Health and Human Services, local and State health agencies, medical schools, businesses, et cetera, to address the disparities in minorities health care treatment but especially for life-endangering illnesses like cancer. Let us recognize the National Minority Cancer Week as an opportunity to increase awareness in the knowledge of cancer detection treatment and risk through, among other things, target outreach programs to minorities and other underserved communities.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ISSA) is recognized for 5 minutes.

Mr. ISSA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Mississippi (Mr. SHOWS) is recognized for 5 minutes.

Mr. SHOWS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

BANNING COCKFIGHTING

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. NORWOOD) is recognized for 5 minutes.

Mr. NORWOOD. Mr. Speaker, I appreciate the opportunity to spend a moment on the floor of the House this afternoon dealing with an issue that passed this House by voice vote overwhelmingly during the discussion on the agricultural bill earlier this session.

We now have in conference the ag bill that seems to be moving forward. I have grave concerns in one particular area, Mr. Speaker, that I am going to be working over the course of the next few days to seek clarification because I want to make sure that the intent of the House and the Senate are preserved in the final form that comes out of conference.

Mr. Speaker, there has been a practice of cockfighting, game hens, that has been tolerated by this Congress even though it is now illegal in 47 States. The public long ago has come to the point that this practice is inherently inhuman and barbaric.

□ 1545

The handlers of these fighting birds drug the animals to heighten their aggression and to clot the blood. They affix knives or ice picks like gaffs to their legs and place them into a pit to fight until one of them is dead, all for amusement and illegal gambling.

Mr. Speaker, this barbaric practice is slowly being made illegal around the country. It is currently legal in only three States. The problem is that under current law it is still legal to transport these birds from States where it is illegal to States that it is legal, and this loophole is exploited to allow people to maintain, to train, and it facilitates illegal game bird fighting.

Last October, my colleague, the gentleman from Colorado (Mr. TANCREDO), and I offered two amendments to the farm bill that would close these loopholes and strengthen the penalty for violations of animal fighting laws. These two amendments were passed overwhelmingly by this body by voice vote, adopted in identical form in the Senate. This, in fact, should not even be a conference item. Identical language was adopted by both the House and the Senate. The intent of both Chambers was to close the loophole, ban foreign export of fighting animals, and increase the penalty.

According to the House Agriculture Committee's Web site, a conference committee is permitted to deal only with matters in disagreement between the House and the Senate. It may not change language that both have previously approved.