

hero who set high standards that all African American public officials must measure up to in performance.

Ms. MAJETTE. Mr. Speaker, the City of Atlanta, the State of Georgia, and the United States of America mourn the passing of an important civic and civil rights figure. Maynard Holbrook Jackson, Jr. lived as a trailblazer, paving the way for future black politicians throughout the country. Furthermore, Maynard Jackson was not only a prominent political figure, but a man of character as well; strong, genuine, and always full of heart.

Former Mayor Jackson was born in Dallas, Texas in 1938 into a family of civil rights activists. This strong background influenced Jackson to become involved in public affairs at an early age. The assassination of Dr. Martin Luther King, Jr. and the birth of Jackson's first child, occurring within days of each other, proved a pivotal turning point in Jackson's life and inspired him to commit to serving the public interest.

Jackson demonstrated immense courage when he challenged a popular, long-sitting United States Senator during his first run for public office in 1968. By becoming the first African-American to run for the Senate from the State of Georgia, Jackson cleared hurdles and opened new opportunities for African-American political ambition. Five years later, Jackson once again raised the bar of public service and made history with his successful campaign for the office of Mayor of the City of Atlanta. This victory made Jackson both the first black mayor of a major southern city and, at age 35, the youngest mayor in the United States. His election marked a turning point for both the City of Atlanta and our entire nation, as Jackson came to embody a rising political tide of young and energetic African-American politicians, along with the likes of Coleman Young and Tom Bradley, who possessed a sincere ambition to reinvigorate urban politics. The three terms that Jackson would go on to serve during the next twenty years would make him the second longest serving mayor in Atlanta history, a milestone in and of itself.

While each of these accomplishments are impressive and significant, Jackson's record as Mayor of Atlanta is equally admirable. His record shows a deep commitment to equality and a bold desire to reform the traditional Atlanta business community to make it more inclusive. During his tenure in office, Jackson launched an aggressive program to increase the number of minority contractors employed by the city. He also succeeded at creating "joint venture" programs in which minority and white contracting firms worked together for the construction of the mid-field terminals at Hartsfield International Airport. Jackson's efforts in reshaping and marketing the city have been credited with supplying the Atlanta region with much of its growth over the past quarter century. Maynard Jackson turned what was a regional town into a national and international business center.

Finally, Jackson gained international prominence during his final term as Mayor in the early 1990's. Once again, he did his utmost to use his position to bolster the prestige and notoriety of his hometown. His most visible accomplishment in office was surely his intimate involvement in the effort to bring the 1996 Centennial Olympic Games to Atlanta. We fondly remember the televised images of Mayor Jackson hugging and congratulating

other city officials immediately following the announcement that Atlanta had been successful in its bid for the Olympics. Two years later, Jackson went before an international audience during the closing ceremonies of the Barcelona Olympics and proudly waved the Olympic flag on behalf of the City of Atlanta and the United States of America.

In recent years, Jackson sought to extend his sincere commitments to equality and progress to the national level. Jackson led a national initiative within the Democratic National Committee (DNC) to encourage African-American voter participation by heading the DNC's Voting Rights Institute. In this he sought to empower those who lacked a significant political voice.

During Jackson's career in public service, his tireless efforts have transformed a city, empowered its citizens, and brought it international recognition. Time and again, Maynard Jackson was a strong advocate for economic equality and high levels of civic participation within the African-American community. While this is likely the most noticeable aspect of his legacy, he has always desired to be known for his accomplishments on behalf of all individuals.

Indeed, our entire nation experienced a great loss when Jackson passed away on June 23, 2003. He was 65 years old and left behind a tremendous political legacy. Maynard Jackson inspired an untold number of potential political leaders, so many of whom will benefit from the doors that he opened and the barriers that he shattered. He will be greatly missed by people of all races, Democrats, Republicans, Georgians and non-Georgians alike.

Public servants such as Maynard Holbrook Jackson, Jr., who have had a significant impact in local and national politics, leave not only action, but legacy. As was said upon the passing of John Adams and Thomas Jefferson, "They are no more . . . but how little is there of the great and good which can die! To the country they yet live, and live forever."

Mr. OSE. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. QUINN). The question is on the motion offered by the gentleman from California (Mr. OSE) that the House suspend the rules and agree to the resolution, H. Res. 303.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

SUPPORTING NATIONAL MEN'S HEALTH WEEK

Mr. OSE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 208) supporting National Men's Health Week.

The Clerk read as follows:

H. CON. RES. 208

Whereas, despite the advances in medical technology and research, men continue to live an average of six years less than women, and African-American men have the lowest life expectancy;

Whereas all ten of the ten leading causes of death, as defined by the Centers for Disease

Control and Prevention, affect men more than women;

Whereas between ages 45-54, men are three times more likely than women to die of heart attacks;

Whereas men die of heart disease at almost twice the rate of women;

Whereas men die of cancer at almost one and a half times the rate of women;

Whereas testicular cancer is one of the most common cancers in men aged 15-34, and when detected early, has an 87 percent survival rate;

Whereas the number of cases of colon cancer among men will reach over 72,000 in 2003, and over one-third will die from the disease;

Whereas the likelihood that a man will develop prostate cancer is 1 in 6;

Whereas the number of men contracting prostate cancer will reach over 220,000 in 2003, and almost 29,000 will die from the disease;

Whereas African-American men in the United States have the highest incidence in the world of prostate cancer;

Whereas significant numbers of male-related health problems, such as prostate cancer, testicular cancer, infertility, and colon cancer, could be detected and treated if men's awareness of these problems was more pervasive;

Whereas more than one-half the elderly widows now living in poverty were not poor before the death of their husbands, and by age 100 women outnumber men 8 to 1;

Whereas educating both the public and health care providers about the importance of early detection of male health problems will result in reducing rates of mortality for these diseases;

Whereas appropriate use of tests such as Prostate Specific Antigen (PSA) exams, blood pressure screens, and cholesterol screens, in conjunction with clinical examination and self-testing for problems such as testicular cancer, can result in the detection of many of these problems in their early stages and increases in the survival rates to nearly 100 percent;

Whereas women are 100 percent more likely to visit the doctor for annual examinations and preventive services than men;

Whereas many men are reluctant to visit their health center or physician for regular screening examinations of male related problems for a variety of reasons including fear, lack of health insurance, lack of information, and cost factors;

Whereas National Men's Health Week was established by Congress in and first celebrated in 1994 and urged men and their families to engage in appropriate health behaviors, and the resulting increased awareness has improved health-related education and helped prevent illness;

Whereas the Governors of over 45 States issue proclamations declaring Men's Health Week in their States;

Whereas, since 1994, National Men's Health Week has been celebrated each June by dozens of corporations, public health departments, health care entities, churches, and community organizations, as well as many States, cities, and localities throughout the Nation, that promote health awareness events focused on men and family;

Whereas the National Men's Health Week web site has been established at www.menshealthweek.org and features Governors' proclamations and National Men's Health Week events;

Whereas men who are educated about the value that preventive health can play in prolonging their lifespans and their role as productive family members will be more likely to participate in health screenings;

Whereas men and their families are encouraged to increase their awareness of the

importance of a healthy lifestyle, regular exercise, and medical check-ups; and

Whereas June 9 through 15, 2003, is National Men's Health Week, which has the purpose of heightening the awareness of preventable health problems and encouraging early detection and treatment of disease among men and boys: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That—

(1) the Congress supports National Men's Health Week; and

(2) requests that the President issue a proclamation calling upon the people of the United States and interested groups to observe National Men's Health Week with appropriate ceremonies and activities.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. OSE) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. OSE).

GENERAL LEAVE

Mr. OSE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H. Con. Res. 208.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. OSE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, House Concurrent Resolution 208, introduced by the gentleman from Maryland (Mr. CUMMINGS), supports National Men's Health Week. I rise in support of H. Con. Res. 208. The worthy purpose of this legislation is to heighten awareness of preventable health problems among men and boys across the country. The text of the resolution reveals that of the top 10 leading causes of deaths in the United States, according to the Centers for Disease Control, all 10 affect men at greater rates than women. Women make physical checkups and other preventative medical appointments much more frequently than men, and this bill aims to prompt all American men to not forget to make regular appointments with their physician.

This is a worthy resolution, and I urge all Members to support the adoption of House Concurrent Resolution 208. I congratulate the gentleman from Maryland (Mr. CUMMINGS) for his work on this measure.

Mr. Speaker, I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, National Men's Health Week is celebrated each year as the week leading up to and including Father's Day. The National Men's Health Week Act was passed by Congress in 1994 and signed into law by President Clinton, becoming Public Law 103-264 on May 31, 1994.

Fathers, sons, brothers, husbands, uncles, and grandfathers should make use of this week and become aware of their health risks and ways to prevent

disease, disability, and injury. The goal of National Men's Health Week is to raise awareness of the importance of early detection and treatment for men. The focus of last month's National Men's Health Week was heart disease, cancer, injuries, and stroke.

Prostate cancer is the most commonly diagnosed form of cancer other than skin cancer among men in the United States. It is second only to lung cancer as a cause of cancer-related death among men. Heart disease is the leading cause of death for all men in the United States; and injuries, both unintentional and those caused by acts of violence, are among the top 10 killers for Americans of all ages. Males are at a higher risk than women for motor vehicle crashes, falls, drownings, and homicide. This resolution will help address lack of awareness and poor health education among men and their families.

I urge my colleagues to support it, and I would commend the gentleman from Maryland (Mr. CUMMINGS) for his introduction and for bringing this matter to our attention.

Mr. Speaker, I reserve the balance of my time.

Mr. OSE. Mr. Speaker, I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. CUMMINGS), the author of this resolution and chairman of the Congressional Black Caucus.

Mr. CUMMINGS. Mr. Speaker, I want to thank the gentleman from Virginia (Mr. TOM DAVIS), the gentleman from California (Mr. WAXMAN), and the gentleman from Illinois (Mr. DAVIS) for moving this legislation through the Committee on Government Reform. I would also like to thank the gentleman from California (Mr. OSE) and recognize the gentleman from California (Mr. CUNNINGHAM) for his tireless efforts to promote men's health. Finally, a special thanks is owed to the national media outlets such as CNN, CBS Early Morning Show, Wall Street Journal, The USA Weekend, Parade, Roll Call, and Fox Cable News for promoting the National Men's Health Week and recognizing the importance of the health of men and their families.

I am pleased that H. Con. Res. 208, a bill supporting National Men's Health Week, is on today's suspension calendar. The National Men's Health Week Act was passed by Congress in 1994 and signed into law by former President Clinton on May 31, 1994. Former Senator Bob Dole sponsored the legislation in the Senate, and former Congressman Bill Richardson sponsored it in the United States House of Representatives.

The purpose of Men's Health Week is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys. National Men's Health Week is just one way in which the public and health care pro-

viders can become educated about the importance of early detection of male-related diseases.

Mr. Speaker, men are at such high risk because a higher percentage of men have no health care coverage, make fewer physician visits each year; and research on male-specific diseases is vastly underfunded. Experts believe that early detection of certain diseases could be possible if awareness were raised concerning male-related health problems. These problems include prostate cancer, infertility, and colon cancer.

Additionally, early detection may have an impact on the following statistics: men have a higher death rate for every one of the top 10 leading causes of death as defined by the Centers for Disease Control; men die of heart disease at almost twice the rate of women; 50 percent more men die of cancer than women; despite medical technology and research advances, men continue to live an average of 6 years less than women; and black male life expectancy is 68 years, whereas the overall life expectancy for all groups is 77 years of age.

These statistics are daunting, signifying that awareness, education, and research are indeed crucial. Mr. Speaker, it is imperative that men visit a doctor for annual examinations. If I might note, much research has been done with regard to men preventing diseases, and one thing that has been very interesting is that research shows that most men who are able to get early prevention treatment were usually pushed there by a significant other in their lives, a woman.

Preventive health care strategies such as annual examinations can play a role in prolonging male lives, thereby reducing the mortality rates for male-related health diseases. Many of the deaths are preventable, and many of the diseases which adversely affect men could be treated with early detection.

During this year's National Men's Health Week, June 9-15, approximately 750 men participated in health screenings here on Capitol Hill over a 3-day period. Although the week has ended, the message is universal and resonates throughout the year. Since its inception, public health departments, community organizations, and health care entities have celebrated National Men's Health Week. As such, I urge all of my colleagues to support the adoption of H. Con. Res. 208.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

I would simply close by suggesting that my mother always used to tell us if we knew better, we would do better. I would hope as men become more aware as this kind of information proliferates, we will find men going to see their physicians, getting early screenings, making sure that they detect at an early stage possible illnesses so we can improve the quality of men's

health and the quality of life for all Americans.

Mr. TOWNS. Mr. Speaker, I rise in strong support of H. Con. Res. 208, which recognizes National Men's Health Week. It has been well documented in health-related research that despite numerous advances in medical technology and research, men continue to live an average of six years less than women. Lack of health insurance, cost-prohibitive exams, a paucity of health education information, and even fear all contribute to the reluctance of many men in visiting health care centers or physicians for regular health screenings.

The Centers for Disease Control and Prevention have outlined the ten leading causes of death, and all ten of these affect men more than women; more than half of these are due to chronic conditions including heart disease, diabetes mellitus, chronic respiratory disease, and diseases of the liver. Between the ages of 45–54, men are three times more likely than women to die of heart attacks, and men die of heart disease at almost twice the rate of women. Cancers of the prostate, testes, and colon also contribute significantly to male mortality rates. Appropriate use of tests such as Prostate Specific Antigen (PSA) exams, blood pressure screens, and cholesterol screens, in conjunction with clinical examination and self-testing for problems such as testicular cancer, can result in the detection of many of these problems in their early stages and increases in the survival rates to nearly 100 percent.

The health outcomes for African American men, the population with the lowest life expectancy, are dire. Although heart disease is the leading cause of mortality for men of all racial and ethnic groups within the United States, significant racial inequalities in heart disease mortality among men have been reported for the last 50 years. Recent statistics indicated that the overall stroke mortality rate is 61 in 100,000 for the general population—the numbers for African American men are significantly higher with 87 in 100,000 African American men dying due to stroke. The likelihood that a man will develop prostate cancer is 1 in 6, but African American men in the United States have the highest incidence of prostate cancer in the world, and their mortality rates owing to this disease are higher than any other racial or ethnic group.

I want to applaud the gentleman from Maryland for introducing this measure and for his continuing efforts in promoting men's health. Educating both the public and health care providers about the importance of early detection of male health problems will have multiple benefits, to include reducing rates of mortality and morbidity owing to chronic diseases. Men who are educated about the value that preventive health can play in prolonging their life spans and their role as productive family members will be more likely to participate in health screenings. I urge passage of H. Con. Res. 208.

Mrs. CHRISTENSEN. Mr. Speaker, I rise today in support of my Congressional Black Caucus colleague Representative CUMMINGS on H. Con. Res. 208 which supports National Men's Health Week. This resolution requests that the President call on the American public and interested groups to observe National Men's Health Week with appropriate ceremonies and activities.

Currently, Mr. Speaker, America is facing a dangerous and mounting crisis in men's health

care—one that is all the more pernicious because of its silence and its disproportionate impact on men of color.

This crisis costs lives—the lives of those most dear to us: fathers, sons, brothers and husbands. For example, American men die almost 5 years before women do, for African-American men, nearly 12 years sooner than White woman. Forty percent of African-American men die prematurely versus 37 percent of Latino men and 21 percent of White men. Some 189,000 American men will be newly diagnosed with prostate cancer, and more than 30,000 will die. African-American men have the world's highest incidence and mortality rates of prostate cancer. Men of color account for the majority of HIV cases reported among males.

The causes for the growing crisis in men's health are deeply rooted and sociopolitical in nature. Yet, if men are to enjoy longer, fuller and healthier lives, then the poor state of men's health today must become a focal point on the nation's agenda.

To address the obstacles that prevent men from seeking and obtaining adequate healthcare, we have compiled a public education toolkit, which is attached. In it, you will find information on the state of men's health, gender gaps and barriers to care, and the social and political implications of this grave problem.

The U.S. health care system is the world's most advanced, with curative technologies and practices to treat nearly any significant disease. But there's a crisis brewing in America that has less to do with American medical know-how than with sheer male stubbornness—and a health care system skewed in favor of females.

In short, men are at risk. They get sicker faster than women. They die off younger. They vastly outnumber women as victims of violence and on-the-job accidents. They are reluctant to see a doctor, and when they finally try to, they face barriers to care. Quite simply, men are largely out of sync with the U.S. health care system, and they are largely out of sync with their own bodies.

This crisis has been brewing for decades, ominously taking a backseat to the wondrous capabilities of American health care. Men quite frankly have been suffering in silence, lending greater and greater irony to the grand medical triumphs that we accumulate year after year.

How bad the men's health crisis is becoming painfully clear. The facts we now have are disturbing. Here are just a few: Male mortality figures have seen dramatic change over the years. In the 1920s, males and females lived to be roughly the same age. Today, women live more than a half-decade longer: 5.4 years, to be exact. In fact, over the last 30 years, the ratio of male mortality has outstripped female mortality at every age. In other words, the gap keeps getting bigger, with men now living 74.4 years, on average, compared to 79.8 for women.

For each of the top 10 causes of death, men have higher death rates than women. Twice as many men die from heart disease than women, when age is accounted for. And 40 percent more men die of cancer than women. By age 75, men die of cancer at nearly twice the rate of women. Yet cancer education and prevention is sorely lacking for men.

But there's more. Male AIDS victims outnumber females four and a half to one. And men's death rates are at least twice as high as women's for suicide, homicide and cirrhosis of the liver. In fact, four out of five deaths by suicide are men, and men age 20–24 are six times more likely than women to take their own lives. We lose 25,000 men every year to death at their own hands.

Men not only live more dangerous, they are accidents waiting to happen on the job too. In fact, 98 percent of all employees in the 10 most dangerous professions are men.

This is a fact borne out by a cold, clinical statistic. The federal government spends nearly \$70 billion annually on cross-cutting programs to address women's health. For men, the amount spent is infinitely smaller, probably—it is as yet unknown. Most experts would agree today, however, that research on male-specific disease is under-funded. While prostate cancer comprises 37 percent of all cancer cases, only 5 percent of research funding is earmarked for this disease, according to the National Prostate Cancer Coalition. This amounts to \$190 million, as compared to \$424.9 million earmarked for breast cancer. And this year alone, 180,000 men will be diagnosed with prostate cancer; and almost 32,000 of them are expected to die from it.

What's more, 39 out of 50 States have either an office women's health or a program focused specifically on women's health. By comparison, just six States formally address men's health issues.

Deep disparities exist in our system of care for 30 percent of men in the U.S.—African-Americans, Latinos, Asian-Americans, Native Americans and others. Men die younger than women, and men of color have the lowest life expectancies of all: 66.1 years for Native Americans, 67.6 years for African-Americans, and 69.6 years for Latinos.

The health system is full of inequities for those men of color. Health-promoting behavior and early detection and treatment of diseases could reduce morbidity and mortality rates, but low utilization of health services, a lack of targeted health activities and increased risks due to social environment contribute to earlier deaths among men of color. For example, 21 percent of white men die prematurely from heart disease; the rate for black men is nearly twice as high: 40 percent.

So today I know we will pass this bill, and I ask my fellow congressional colleagues, other health providers, public health experts and officials, to bring this to the attention of people of this country want to know that we will also move just as determinedly and expeditiously too to ensure that our men are healthy.

Mr. DAVIS of Illinois. Mr. Speaker, I yield back the balance of my time.

Mr. OSE. Mr. Speaker, I thank the gentleman from Maryland (Mr. CUMMINGS) for introducing this legislation, I urge Members to support the adoption of this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. OSE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 208.

The question was taken; and (two-thirds having voted in favor thereof)

the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1130

SUPPORTING THE GOALS AND IDEALS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AWARENESS MONTH

Mr. OSE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 6) supporting the goals and ideals of Chronic Obstructive Pulmonary Disease Awareness Month.

The Clerk read as follows:

H. CON. RES. 6

Whereas chronic obstructive pulmonary disease ("COPD") is primarily associated with emphysema and chronic bronchitis;

Whereas an estimated 10,000,000 adults in the United States have been diagnosed by a physician with COPD;

Whereas an estimated 24,000,000 adults in the United States have symptoms of impaired lung function, indicating that COPD is underdiagnosed;

Whereas COPD is progressive and is not fully reversible;

Whereas as COPD progresses, the airways and alveoli in the lungs lose elasticity and the airway walls collapse, closing off smaller airways and narrowing larger ones;

Whereas symptoms of COPD include chronic coughing, shortness of breath, increased effort to breathe, increased mucus production, and frequent clearing of the throat;

Whereas risk factors for COPD include long-term smoking, a family history of COPD, exposure to air pollution or second-hand smoke, and a history of frequent childhood respiratory infections;

Whereas more than half of all adults who suffer from COPD report that their condition limits their ability to work, sleep, and participate in social and physical activities;

Whereas more than half of all adults who suffer from COPD feel they are not in control of their breathing, panic when they cannot catch their breath, and expect their condition to worsen;

Whereas nearly 119,000 adults died in the United States of COPD in 2000, making COPD the fourth leading cause of death in the United States;

Whereas COPD accounted for 8,000,000 office visits to doctors, 1,500,000 emergency department visits, and 726,000 hospitalizations by adults in the United States in 2000;

Whereas COPD cost the economy of the United States an estimated \$32,100,000,000 in 2002;

Whereas too many people with COPD are not diagnosed or are not receiving adequate treatment; and

Whereas the establishment of a Chronic Obstructive Pulmonary Disease Awareness Month would raise public awareness about the prevalence of chronic obstructive pulmonary disease and the serious problems associated with the disease: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress supports the goals and ideals of Chronic Obstructive Pulmonary Disease Awareness Month.

The SPEAKER pro tempore (Mr. QUINN). Pursuant to the rule, the gentleman from California (Mr. OSE) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. OSE).

GENERAL LEAVE

Mr. OSE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. OSE. Mr. Speaker, I yield myself such time as I may consume.

House Concurrent Resolution 6, introduced by my distinguished colleague from Florida, supports the goals and ideals of Chronic Obstructive Pulmonary Disease Awareness Month. This is an important resolution that can help to alert all Americans to the dangers that chronic obstructive pulmonary disease poses to all of us.

Mr. Speaker, it may not be widely known that chronic obstructive pulmonary disease is the fourth leading cause of death in this country behind heart disease, cancer and strokes. The number of Americans that COPD affects each year is in the tens of millions. Chronic obstructive pulmonary disease refers to any of various lung diseases that result in poor pulmonary aeration. The most common forms include emphysema and chronic bronchitis.

Mr. Speaker, this affliction has baffled medical experts across the country and around the globe. Despite its prevalence, no cure has been discovered for COPD. However, a variety of treatment options are available to those who suffer from pulmonary disorders. On behalf of this House, I encourage all Americans to be aware of their pulmonary health in order to try to detect problems early and prevent the development of chronic obstructive pulmonary disease.

Mr. Speaker, for all of these reasons, I urge all Members to support the adoption of House Concurrent Resolution 6. I commend our colleague from Florida for his efforts to raise awareness of this.

Mr. Speaker, I reserve the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to join with my colleague from California today in support of House Concurrent Resolution 6, a resolution supporting the goals and ideals of National Chronic Obstructive Pulmonary Disease Awareness Month. Chronic obstructive pulmonary disease, referred to by the acronym COPD, is an umbrella term used to describe the airflow obstruction associated mainly with emphysema and chronic bronchitis. In short, COPD is a debilitating lung disease that is characterized by severe breathing limitations. This affects everyday tasks such as washing, dressing, even light housework and routine walking. COPD leaves many too breathless to

leave the home. Sixteen million Americans suffer from COPD, and it is estimated that 16 million more have COPD.

The important point to understand about COPD is the effect that it has on various populations. I was shocked to learn that, between 1980 and 2000, the annual COPD death rate for African Americans nearly doubled, going from 25 percent to 43 percent. It is estimated that 1.7 million African Americans have evidence of mild or moderate obstructive lung disease. Yet, in 2000, only half of these individuals reported being diagnosed with COPD.

In addition to COPD's effect on African Americans, this disease is now disproportionately affecting women at an alarming rate. During the same period of time, 1980 to 2000, the COPD death rate among women nearly tripled, going from 20 percent to 57 percent. Currently, more women die from COPD than do men. It is estimated that 10.6 million women have evidence of mild or moderate obstructive lung disease.

Illinois is not yet listed among the States experiencing high death rates associated with COPD. However, nearly half of the United States is now experiencing high death rates from COPD. The Centers for Disease Control now estimates that COPD is the fourth leading cause of death in the United States. By 2020, CDC estimates that COPD will be the third leading killer in the country. There is no cure for COPD, but with early diagnosis, treatment can ease the symptoms of patients who suffer from this disease.

Continued ignorance about COPD is costly. COPD is the only leading chronic illness that continues to show increased mortality rates each year. In contrast, mortality rates associated with seven of the ten leading causes of death have actually decreased.

Simply put, COPD takes a heavy toll on our economy. According to estimates made by the National Heart, Lung and Blood Institute, in 2000 the annual cost to the Nation for COPD was over \$30 billion. This included \$14.7 billion in direct health care expenditures, \$6.5 billion in indirect morbidity costs, and \$9.2 billion in direct mortality costs. The sooner Americans learn more about COPD, the sooner they can take steps to combat it, and the sooner we can control the spiraling toll of this debilitating disease on our economy and human lives.

Mr. Speaker, a national awareness month will bring a much-needed focus for COPD and provide a further opportunity to educate Americans and heighten the awareness of COPD's increasing prevalence. I urge my colleagues to support this important resolution, and I commend the gentleman from Florida for its sponsorship.

Mr. Speaker, I reserve the balance of my time.

Mr. OSE. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Florida (Mr. STEARNS), the leading spokesperson for