

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

this particular issue in the halls of Congress.

(Mr. STEARNS asked and was given permission to revise and extend his remarks.)

Mr. STEARNS. I thank my distinguished colleague from California for yielding me this time.

Mr. Speaker, as the author of H. Con. Res. 6, supporting the goals and ideals of Chronic Obstructive Pulmonary Disease Awareness Month, I want to thank the gentleman from Georgia (Mr. LEWIS) who was a cosponsor of this legislation in the 107th Congress and has been my cosponsor in the 108th Congress.

I am, finally, very pleased that the committee of jurisdiction has recognized this and it is on the floor today, because, as my colleagues have pointed out earlier, awareness of COPD is very important. If unchecked, it will continue to kill.

A lot of people, perhaps my colleagues, are wondering what COPD is. It was mentioned that it is a debilitating lung disease. Many of us who serve in Congress are going to be affected by it. It causes severe breathing limitations when you run up those steps. It is characterized by airway inflammation. It simply affects everyday tasks that you do, women and men, whether it is obviously on the golf course or whether it is walking up stairs or just running to the bus.

A lot of us take breathing freely for granted, but, frighteningly, the CDC estimates that COPD is currently the fourth leading cause of death in the United States. Of course, as was mentioned earlier, it is going to be moving up in the year 2020 to be the third largest killer in the United States.

While the exact prevalence in the United States is unknown, CDC estimates that there are 10 million diagnosed COPD sufferers and possibly as many as 24 million Americans undiagnosed who are suffering these symptoms today and have no idea what it is. The problem, Mr. Speaker, is there is no cure. Medical treatments exist to address the symptom relief and perhaps slow the progression of this disease. Besides the treatment of the symptoms of COPD, the sufferer actually is afflicted with anxiety. Their mental condition is affected through this anxiety and this stress. This also in many cases must be treated.

I would be remiss not to warn that the number-one step that one can take to prevent COPD, or at least minimize its symptoms, is simply to stop smoking, which is the primary cause of COPD, this long-term smoking by Americans. As you may know, we were pleased that President George Bush declared November, 2001, COPD Awareness Month and recognized the contribution of the COPD Coalition in November of that year. So, obviously, we would like to pass this resolution and continue the momentum of awareness for all Americans on this important problem.

It is likely that we all know somebody who has this affliction, whether we live with them personally or have a family member or friend or staff member, he or she has COPD. An awareness month would create an opportunity for all of us to familiarize ourselves with this so that we could attempt to alleviate the suffering and hopefully eventually reduce the death rate associated with this affliction.

Research is being performed on this, and we believe we are getting closer to solving some of the problem.

Let me make a plug for the University of Florida, which is in my congressional district. It has been found that individuals suffering from a genetic deficiency called Alpha-1 antitrypsin deficiency are more likely to develop COPD later in life. In response to this finding, researchers at the University of Florida, a top-notch university and medical institution in my congressional district, have teamed up with the Alpha-1 Foundation and the State of Florida Department of Health and Human Services to conduct a multiyear screening and detection program for Alpha-1 deficiency. It is their hope that this program will serve to not only detect potential Alpha-1 deficient individuals but also to impress upon health care professionals the importance of simply screening for this Alpha-1 deficiency.

In fact, once an individual is identified with Alpha-1 deficiency, much can be done to help prevent the individual from developing COPD, that is very exciting, not only just through exercise, but a modification of your diet. If this is not enough, further steps can be taken in the form of augmentation therapy by which the Alpha-1 antitrypsin protein is actually administered to arrest one's decreasing lung function. That is very good news.

Until research yields new treatments or a cure for COPD, the best approach to stemming the growth is through prevention and early detection. Prevention and early detection can only happen with increased awareness.

I would conclude by just mentioning some facts. In 2000, COPD accounted for 8 million physician office and hospital outpatient visits; 726,000 hospitalizations; over 1.5 million emergency room visits; and over 122,000 deaths. It costs the U.S. economy almost \$15 billion a year in direct medical costs. All of this, we believe, is caused by environmental exposure, including tobacco smoke and, as I mentioned earlier, genetic defects.

Mr. Speaker, I urge my colleagues to support this. I am very pleased that it is on the floor today.

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

Mr. Speaker, I had a friend who suffered from COPD. He liked to go to the Bulls basketball games. From time to time we would go together. He could not walk more than 20 or 30 feet without having to stop and rest. Again, I

want to commend the gentleman from Florida for his introduction of this very important measure and urge its passage.

Mrs. CHRISTENSEN. Mr. Speaker, I rise in strong support today of H. Con. Res. 6 which expresses support for the goals and ideals of Chronic Obstructive Pulmonary Disease Awareness Month. I would like to thank Congressman STEARNS of Florida who sponsored this important concurrent resolution.

Mr. Speaker, Chronic Obstructive Pulmonary Disease (COPD) is a major problem today. It is currently the fourth leading cause of death in our country, taking the lives of nearly 119,000 adults in 2000. An estimated 10,000,000 Americans have been diagnosed with this disease, and it unfortunately is an under-diagnosed condition in this country.

As a former physician, this issue lies close to my heart. As the Chair of the Health Braintrust of the Congressional Black Caucus, I have had the opportunity to do much work on issues relating to lung disease within the caucus and in the larger body here in the House of Representatives.

Mr. Speaker, COPD and lung disease affects many families. It particularly hits hard in the African-American community. Although African-Americans only constitute approximately 12 percent of the population of the United States, according to the American Lung Association 26 percent of all asthma deaths are in African-Americans. The Association also reports that the incidence rate of lung cancer for African-American males is more than 45% higher than that of white men.

Mr. Speaker, The American Lung Association also reported that COPD took the lives of 3,757 African-American men and 2,692 African-American women in 2000. Countless others live with this disease and it adversely affects their lives by limiting their ability to partake in many of the activities that healthy persons enjoy.

Mr. Speaker, this resolution is a significant one. It gives formal congressional recognition that COPD is a major problem that affects many individuals and families and it expresses support for its awareness during COPD Awareness Month. As a co-sponsor of this legislation, I would urge all Members today to support it.

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

Mr. OSE. Mr. Speaker, I want to add my thanks again to the gentleman from Florida for introducing this legislation. I urge all Members to support the adoption of this measure. Mr. Speaker, 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. 6.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. STEARNS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the

Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1145

REGARDING EFFORTS TO ABOLISH SLAVERY AND OTHER HUMAN RIGHTS ABUSES IN SUDAN

Mr. ROYCE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 194) regarding the importance of international efforts to abolish slavery and other human rights abuses in the Sudan, as amended.

The Clerk read as follows:

H. RES. 194

Whereas the efforts of the government of Khartoum to subjugate the peoples of the southern Sudan have led to the death of more than 2,000,000 persons and the displacement of another 4,000,000 persons;

Whereas the Department of State's "Country Reports on Human Rights Practices for 2001" estimates that between 5,000 and 15,000 Dinka women and children have been abducted during the past 15 years, and that between 10,000 and 12,000 persons remain in captivity;

Whereas credible observers report that some of the abductees were sold into slavery and others were used as forced labor or drafted into the military, including children;

Whereas the Department of State's "Country Reports on Human Rights Practices for 2002" notes that persons held in government controlled "Peace" camps for internally displaced persons were reportedly subjected to forced labor;

Whereas the Special Rapporteur for Sudan to the General Assembly of the United Nations concluded, on November 4, 2002, that the dire human rights situation in Sudan had not significantly changed;

Whereas the United States Civilian Protection Monitoring Team (CPMT) reported in February 2003 that militia allied with the Government of Sudan and supported directly by Government of Sudan troops continued to abduct civilians in the western Upper Nile region of Sudan;

Whereas subsequent to the February 2003 report of the Civilian Protection Monitoring Team, the Government of Sudan restricted the movements of the CPMT and prevented it from carrying out its mandate;

Whereas the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights declares "[n]o one shall be held in slavery or servitude: slavery and the slave trade shall be prohibited in all their forms";

Whereas numerous human rights organizations, including Christian Solidarity International, the Center for Religious Freedom of Freedom House, and the American Anti-Slavery Group have demanded an end to slavery in all its forms and, in particular, to the abuses practiced by the Government of Sudan;

Whereas the National Association for the Advancement of Colored People adopted, in May 1995, a Resolution to Combat Modern Day Slavery stating that slavery in Sudan was an "irrefutable fact, corroborated by numerous sources," and pledging that "we will not rest until these slaves are freed";

Whereas the House of Representatives has repeatedly decried human rights abuses in Sudan and called for the abolition of the slave trade and of chattel slavery in Sudan;

Whereas the House of Representatives committed itself to practical measures to suppress the slave trade and chattel slavery

in the Sudan by the passage, by a vote of 359-8, in the 107th Congress of H.R. 5531, the "Sudan Peace Act", and the Senate passed a similar measure, S. 180, unanimously;

Whereas the United Nations Commission on Human Rights conducted its 59th session in Geneva from March 17 through April 25, 2003;

Whereas the head of the United States delegation to the United Nations Commission on Human Rights, Ambassador Jeane Kirkpatrick, declared in her opening address that "[t]he Commission has the solemn duty to speak for those who are denied the right to speak for themselves";

Whereas Human Rights Watch and many other concerned persons and organizations have called upon the United Nations Commission on Human Rights to renew the mandate of the Special Rapporteur on human rights for Sudan, and to condemn gross abuses of human rights and violations of international humanitarian law by the Sudanese Government and rebel Sudan People's Liberation Movement/Army (SPLM/A) forces; and

Whereas the United Nations Commission on Human Rights, by a vote of 26 to 24 with 3 abstentions, refused to classify Sudan as an "Item 9" country, one in which grave human rights problems justify the appointment of a Special Rapporteur to investigate abuses and to report on them: Now, therefore, be it

*Resolved*, That it is the sense of the House of Representatives that—

(1) slavery, under any circumstances, is an unconscionable practice;

(2) the subjection inherent in slavery inevitably leads to other abuses, including torture and rape;

(3) human rights abuses and slavery in Sudan remain a matter of the most profound concern;

(4) the United States must condemn attempts to ignore or condone these outrages;

(5) the United States must make clear to all members of the United Nations Commission on Human Rights that the refusal to condemn slavery in Sudan undermines any moral authority that the Commission might seek to exert in other areas;

(6) the United States must work to re-classify Sudan as an "Item 9" country, requiring a Special Rapporteur at the next session of the United Nations Commission on Human Rights; and

(7) the United States should encourage the United Nations to consider reinstating sanctions against Sudan and should urge the European Union, the African Union, and all others who express concern for human freedom and dignity to be engaged in activities that will convince Sudan to abolish slavery and respect human rights.

The SPEAKER pro tempore (Mr. QUINN). Pursuant to the rule, the gentleman from California (Mr. ROYCE) and the gentleman from New Jersey (Mr. PAYNE) each will control 20 minutes.

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

GENERAL LEAVE

Mr. ROYCE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on this resolution under consideration.

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

There was no objection.

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

To start, I would like to commend the author of this resolution, the gentleman from Massachusetts (Mr. CAPUANO), and I would like to commend the gentleman from New Jersey (Mr. PAYNE), the ranking member of the Africa Subcommittee. The gentleman from New Jersey (Mr. PAYNE) is also one of the original co-sponsors of this resolution, and they are a few of the many Members who have worked diligently to keep attention on the human rights situation in Sudan.

The conflict in Sudan, pitting the National Islamic Front Government against armed forces in the south struggling for political autonomy and with religious freedom has brought incomprehensible suffering to the people of Sudan. The numbers are truly staggering. There have been over 2 million Sudanese who have died over the past 2 decades alone due to war-related causes. Twice that number have been displaced.

In March of 2001, Secretary of State Colin Powell told the Committee on International Relations "... there is perhaps no greater tragedy on the face of the Earth today than the tragedy that is unfolding in the Sudan." Those were the words of our Secretary of State.

It is the Sudanese government that bears most all of the responsibility for this human rights disaster. Khartoum has long been responsible for marauding militias with notorious human rights abuses against southerners, including taking slaves and forcing conversions to Islam. These and other human rights abuses including blocking emergency food deliveries have rightly earned the Sudanese government widespread condemnation for these acts. In appointing former Senator John Danforth as his special envoy to Sudan in 2001, President Bush said, "For nearly 2 decades, the government of Sudan has waged a brutal and shameful war against its own people. And this is not right and this must stop." Such condemnation was also made by the U.N. Commission on Human Rights until this year.

The Commission had classified Sudan as an "Item 9" country, denoting its grave human rights problems. This brought needed international attention to these abuses primarily through the appointment and work of a Special Rapporteur to Sudan who was doing valuable human rights reporting on the ground in Sudan. Yet in April, the members of the commission representing individual countries in a 26 to 24 vote made the incomprehensible decision to end this status for Sudan. This was done despite the Special Rapporteur's judgment that the dire human rights situation in Sudan had not significantly improved and all the violations that respected human rights organizations have reported. This decision mars the commission, and it needs to be reversed.

House Resolution 194 states that "human rights abuses and slavery in