

the message you send to the enemies of freedom, democracy, and liberty through the world.

This country should be united when we have troops abroad. We should be united when we have people trying to assist Iraqis to find freedom and defeat the terrorists who persist to bring the war on terrorism to Iraq after we won the war against Saddam Hussein. I urge my colleagues to follow Congressman MARSHALL's injunction: Do not play politics anymore on Iraq.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

RECESS SUBJECT TO THE CALL OF THE CHAIR

The PRESIDING OFFICER. Without objection, the quorum call is rescinded and the Senate stands in recess subject to the call of the Chair.

Thereupon, the Senate, at 7:04 p.m., recessed subject to the call of the Chair and reassembled at 7:06 p.m. when called to order by the Presiding Officer (Mr. TALENT).

The PRESIDING OFFICER. In my capacity as a Senator from the State of Missouri, I suggest the absence of a quorum.

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL MINORITY CANCER AWARENESS WEEK

Mr. DASCHLE. Mr. President, last week was National Minority Cancer Awareness Week, an annual event for the past 18 years. Though we have been monitoring disparities in cancer for nearly two decades, the gap in some cancer mortalities has widened rather than narrowed.

One of the most important reasons for this disparity is poor access to health care. People who do not get mammograms, colon exams, and Pap tests on schedule are more likely to be diagnosed with cancer at a later stage of the disease, when survival rates are lower. And why don't they get these necessary tests on time? Members of racial and ethnic minority groups are more likely to be poor, have lower education levels, and less likely to have health coverage or a source of primary care.

Recently, I told the story of a young Indian girl who was misdiagnosed with heartburn at an under-funded Indian Health Service clinic. It turned out that she really had stomach cancer that had already spread and was, therefore, untreatable. I will remind you that this is not some rare exception.

For Native Americans and other minority communities across the country, the miracles of modern medicine—and sometimes even the most basic primary care—are beyond their reach.

The disparities within our health care system have reached a crisis point, and the consequences for America's minority communities are staggering.

Overall, African Americans are more likely to develop cancer than persons of any other racial or ethnic group.

Cervical cancer incidence in Hispanic women has been consistently higher at all ages than for other women.

Only 52 percent of American Indian/Alaska Native women aged 40 years and older have had a recent mammogram.

American Indians and Alaska Natives have the poorest survival rate from all cancers combined when compared to other racial and ethnic groups.

I am grateful that National Minority Cancer Awareness Week causes us to reflect on these facts. America faces few more important or complex challenges than building a world-class health care system for everyone, regardless of race, income, or geography.

There are no quick fixes. The factors that have led to these inequities in our health system are complex and inter-related.

Minorities are far less likely to have health insurance or a family doctor, making regular preventive visits less likely. And many of those who do have insurance report having little or no choice in where they seek care.

Minority communities are more frequently exposed to environmental risks, such as polluted industrial areas, cheap older housing with lead paint, or asbestos-laden water pipes.

For Hispanics, Native Americans, and others who do not speak English as a first language, the lack of translators and bilingual doctors makes it more difficult to communicate with doctors and nurses.

The Native American community has been forced to cope with a system suffering from decades of neglect and underfunding of the Indian Health Service. The IHS has consistently grown at a far slower rate than the rest of the HHS budget, and at only a fraction of health care inflation.

America is obligated, by statute and by treaty, to provide health care for American Indians—a commitment the U.S. Government made to the Indian people in exchange for their lands. America is not honoring that commitment. The White House's budget this year included only \$2.1 billion for IHS clinical services. That is more than 60 percent below the bare minimum needed to provide basic health care for people already in the IHS system.

The problems run still deeper. Even when minorities and white Americans have roughly the same insurance coverage, the same income, the same age and the same health conditions, minorities receive less aggressive and less effective care than whites.

The racial and ethnic disparities in our health care system are not merely minority issues or health care issues. They are moral issues. A health care system that provides lesser treatment for minorities offends every American principle of justice and equality.

The Republican Leadership has promised to address these issues.

After seeing no action for almost a year, House and Senate Democrats, led by the House Minority Caucuses, introduced the Healthcare Equality and Accountability Act of 2003.

This legislation would reduce health disparities and improve the quality of care for racial and ethnic minorities. There are several elements of this bill that would specifically address minority cancer rate reduction. I would like to highlight four particularly important issues.

First, this bill will provide adequate funding for the Indian Health Service—so that we can finally stop the shameful underfunding of Indian health needs.

Second, it will provide funds to increase cancer prevention and treatment programs. This includes the development of screening guidelines for minority populations for chronic diseases, including prostate, breast, and colon cancer.

Third, this bill will provide funding through the Health Research and Services Administration, the Indian Health Service, and the National Cancer Institute for patient navigators. Patient navigators work in underserved communities to bring individuals into the health care system sooner, so they can learn about preventing and detecting diseases—especially cancer—before they become ill. Patient navigators also help individuals overcome language and cultural barriers to setting up appointments and understanding their doctors' instructions. Patient navigators can also be important resources to individuals living in rural areas, since they often have to travel outside their communities to receive certain health services. The American Cancer Society notes that "Patient navigator programs offer a low-cost, tangible fix in a part of our health care system that is broken, giving hope to millions of medically underserved individuals, saving lives and reducing health care costs."

The last item I would like to highlight in this bill is the focus on improved health literacy, the degree to which individuals can obtain, process, and understand basic health information. The bill will provide funds to support programs that remove language and cultural barriers. Just two weeks ago, the Institute of Medicine released its report on health literacy and recommended that "Government and private funders should support the development and use of culturally appropriate new measures of health literacy."