radio station in Kalamazoo to begin broadcasting in stereo. Over the years, as the station's popularity has grown so has its signal strength. From a meager 400 watts in 1951, today, WMUK broadcasts at 50,000 watts. Today, after 50 years, WMUK is a cornerstone of the Kalamazoo community. I am pleased to say that WMUK is now on the air 21 hours a day offering a wide variety of programming to suit the diverse tastes of our community.

Mr. Speaker, I ask that these remarks be made part of the permanent record of the Congress so that other public broadcasters can emulate the quality example that WMUK has set across our country.

VETERANS MEMORIAL ENHANCEMENT ACT

HON. CHRISTOPHER JOHN
OF LOUISIANA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, April 4, 2001

Mr. JOHN. Mr. Speaker, a few months ago, a Vietnam Veterans memorial in my district was vandalized, and the cost to repair the memorial is estimated to be $4,000. When I learned of the damage done, I contacted the Department of Veterans Affairs and a number of other federal agencies, and I came to realize there was no federal assistance available for these organizations. While federal veterans memorials are taken care through the National Park Service, local monuments and memorials which are scattered across the nation receive no such assistance. A joint venture with the federal government and veterans is the perfect answer to this unfortunate problem. It requires private organizations to take the initiative as well as provide their own funding to complete the refurbishing.

The bill I am proud to introduce today will do just that. The Veterans Memorial Enhancement Act is a simple and straightforward bill which establishes a grant program for Veterans Service Organizations who need financial assistance in refurbishing or repairing aged or harmed veterans memorials. The grant would provide federal funding for up to fifty percent of the total project cost, thus encouraging local veterans and providing them with the resources necessary to ensure that veterans memorials are treated with the respect they deserve. Even in this time of peace, it is important that we remember and recognize the sacrifices our veterans have made, and I urge my colleagues to join me in cosponsoring the Veterans Memorial Enhancement Act.

PREVENTIVE SCREENING FOR COLORECTAL CANCER

HON. LOUISE McINTOSH SLAUGHTER
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, April 4, 2001

Ms. SLAUGHTER. Mr. Speaker, I am proud to introduce the Eliminate Colorectal Cancer Act, a bill that can save the lives of thousands of people who might otherwise succumb to a type of cancer that could be prevented. This legislation seeks to address the lack of coverage for colorectal cancer screening by all health insurers.

I am proud to introduce this bill along with my distinguished colleagues, Senator EDWARD KENNEDY and Representative CONNIE MORELLA, as well as colorectal cancer survivors and groups dedicated to the effort of preventing this disease.

Colorectal cancer is the second leading cause of cancer death in the U.S. for men and women combined. An estimated 56,700 people will die from colorectal cancer this year and I in 17 people will be diagnosed with colorectal cancer in their lifetime.

This is an unspeakable tragedy because colorectal cancer is preventable, treatable, and curable when detected at an early stage. When colorectal cancer is detected before it has spread, the five year survival rate is over 91 percent.

Further, colorectal cancer is just about the only cancer we know how to prevent. If polyps are discovered in the colon, they can be removed before they become cancerous and the cancer will never develop.

And yet tens of thousands of Americans continue to die from this disease, mostly because their cancer is detected at a later, less treatable stage.

No one should die of colorectal cancer. This cancer is preventable and detectable. It is slowgrowing and easy to stop in its tracks. The fact that over 56,000 Americans die of this disease is nothing more than a massive failure of our preventive health system.

We need to do more to educate Americans about the ways they can avoid this deadly disease. Too many misconceptions persist about colorectal cancer.

For example, many women consider colorectal cancer a man’s disease, but it is an equal opportunity killer. In fact, the American Cancer Society estimates that more women than men will die of colorectal cancer this year.

Federal agencies such as the Centers for Disease Control, the National Cancer Institute and Department of Health and Human Services have worked together to develop a nationwide colon cancer awareness and education program. Grassroots efforts by individuals like Kevin Richardson of the Backstreet Boys are also critical to improving public health and awareness.

Today we continue our efforts to combat colorectal cancer. Too many people are failing to have regular colorectal cancer tests because their insurers will not pay for a screening exam in the absence of symptoms.

What makes colorectal cancer so insidious is that there are often no symptoms until the cancer is widespread.

Our legislation will require insurers to cover a regular colorectal cancer screening exam. Doctors and patients will be able to decide together the appropriate screening method and frequency of testing.

For many Americans, the denial of insurance coverage equals denial of care. They simply cannot afford to pay for these tests out-of-pocket when they are already paying thousands of dollars per year for insurance. A colonoscopy costs around $1000 per test.

Our bill makes sense for both consumers and insurance companies. Colorectal cancer screening is cost-effective, considering that treatment for a patient with an advanced form of cancer can easily be $40,000 or more.

In fact, many insurers do cover colorectal cancer screening. But in order to make a meaningful impact and save lives, all insurers should give their enrollees access to this vital form of screening.

Here in the House of Representatives we have already have the support of 48 original cosponsors. The bill would require all insurance plans to cover colorectal cancer screening in accordance with recognized guidelines, such as those issued by the American Cancer Society.

I am proud to be a part of this effort to ensure that all Americans can get tested for colorectal cancer. I look forward to working with everyone here to pass our legislation as soon as possible.

APRIL 26, 2001 IS NATIONAL D.O. DAY

HON. JOHN D. DINGELL
OF MICHIGAN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, April 4, 2001

Mr. DINGELL. Mr. Speaker, Thursday, April 26, is National DO Day. We recognize the more than 47,000 osteopathic physicians (D.O.s) across the country for their contributions to the American healthcare system. On National DO Day, more than 500 members of the osteopathic medical profession, including osteopathic physicians and medical students, from 40 states will descend upon Capitol Hill to share their views with Congress.

For more than a century D.O.s have made a difference in the lives and health of Americans everywhere. They have treated presidents and Olympic athletes. They have contributed to the fight against AIDS and the fight for civil rights.

D.O.s are represented at the highest levels of the medical profession. Indeed, the U.S. Assistant Secretary of Defense for Health Affairs, the chief medical officer for the U.S. Coast Guard, and the Surgeon General of the U.S. Army were all osteopathic physicians during the last Administration.

As fully licensed physicians able to prescribe medication and perform surgery, D.O.s are committed to serving the health needs of rural and underserved communities. They make up 15 percent of the total physician population in towns of 10,000 or less. In addition, 64 percent of D.O.s practice in the primary care areas of medicine, fulfilling a need for more primary care physicians in an era marked by the growth of managed care.

More than 100 million patient visits are made each year to DOs, making them the physician of choice for many people. That’s because DOs approach their patients as “whole people.” They don’t just treat a specific illness or injury. DOs take into account home and work environments, as well as lifestyle, when assessing overall health. This distinct approach provides Americans with the highest quality of healthcare—patients seen as people, not just illnesses or injuries.