

life, can retire from the world like a satisfied guest." TOM MANTON is the rare individual who can retire from Congress like a "satisfied guest." God-speed, dear friend.●

PROSTATE CANCER RESEARCH FUNDING

● Ms. MOSELEY-BRAUN. Mr. President, I would like to call the attention of my colleagues to a national health epidemic that kills 40,000 American men every year and strikes hundreds of thousands more each year—prostate cancer. I am concerned about this disease and its impact on American men, particularly its disproportionate impact on African-American men.

For too long prostate cancer has been a silent killer. Too little has been known about it. Too little was said about it. Too little has been done about it. Fortunately, in recent years many prominent national figures like Senator Bob Dole, General Norman Schwarzkopf, Arnold Palmer, Sidney Poitier, Andy Grove, and Harry Belafonte have come forward to discuss their personal battles with prostate cancer. The admirable leadership of these men and others has helped educate the country about the importance of screening and early diagnosis of prostate cancer, and the need for all of us to do more to fight this disease.

Mr. President, prostate cancer is the most commonly occurring non-skin cancer in the United States. In 1997, more than 200,000 men were diagnosed with prostate cancer and 41,800 died of the disease. Every three minutes a new case of prostate cancer is diagnosed and every 13 minutes someone dies from the disease. While it is often thought to be an older man's disease, younger men are increasingly diagnosed with prostate cancer. In fact, about 20 percent of prostate cancers are now occurring in men between the ages of 40 and 60.

Although prostate cancer accounts for approximately 20 percent of all new non-skin cancers, it receives less than four percent of federal cancer research funding. In 1996, approximately the same number of lives were lost due to prostate cancer breast cancer and AIDS. In 1997, however, while prostate cancer deaths continued to rise, deaths due to breast cancer and AIDS declined. Nevertheless, the federal commitment to prostate cancer research has not even kept pace with these other priorities.

Clearly, I am not advocating reduced funding for breast cancer or AIDS research programs. I have been one of the major champions of breast cancer and AIDS research funding. Rather, I use these comparisons to make the point that much more must be done to address the prostate cancer epidemic as well. How can we face the hundreds of thousands of men and their families who are daily affected by prostate cancer knowing, for instance, that more money was spent to make the movie

Titanic—more than \$200 million—than was spent in 1997 by the federal government for prostate cancer research—only \$120 million.

The possibility and the fear of developing prostate cancer is common to all men. One in five American men will develop prostate cancer during his lifetime. As frightening as that statistic may be for the general population, it is even more pointed in the African-American community. African-American men have a prostate cancer incidence more than 30 percent higher than for any other ethnic groups in this country and the highest in the world.

The prostate cancer mortality rate for African-American men is more than twice that of white American men. Researchers do not yet know why this is true and do not yet have answers to these and the many other questions about prostate cancer. For example, it is not clear which prostate cancer patients will benefit from traditional treatments, like surgery or radiation. The economic status of many African-American men, and limited access to medical counseling further complicated treatment decisions.

Those who are devoted to relieving the burden of prostate cancer in the African-American community, including scientists, health care providers, national organizations, community leaders, and survivors alike, are united in their desire to find answers to these questions. I am particularly pleased with the leadership of many national organizations in informing the country about the impact of prostate cancer in the African-American community. In November of last year, the American Cancer Society, the National Cancer Institute, and the Centers for Disease Control and Prevention sponsored a Leadership Council on Prostate Cancer in the African-American Community. In cooperation with the Intercultural Cancer Council, the National Black Leadership Initiative on Cancer, the National Prostate Cancer Coalition and the 100 Black Men of America, the Leadership Conference proposed a blueprint for action that aims to solve the problem of prostate cancer in the African-American community.

These private organizations—and many others—are working very hard at the community and national levels to see that the prostate cancer epidemic is addressed. That a letter that 29 organizations representing the African-American community sent to Congress in May laying out a research funding agenda to attack this problem be printed in the RECORD.

The letter follows:

MAY 20, 1998.

DEAR MEMBER OF CONGRESS: We have come together as organizations representing the African American community to develop a united response to one of the most significant medical and social challenges facing our country today—the severe burden of prostate cancer in African American men. Together, our organizations represent millions of Americans. We strongly urge you to support significant increases in federal funding for prostate cancer research.

African American men have the highest rate of prostate cancer mortality in the world. In 1994, the prostate cancer mortality rate for African American men was at least two times higher than rates for all other racial and ethnic groups in the U.S. Overall, prostate cancer is the most commonly diagnosed cancer in America, excluding skin cancer, and it is the second leading cause of cancer death among men. Last year, 41,800 men died from prostate cancer and 209,000 were diagnosed with the disease.

Federal funding for prostate cancer research has been woefully inadequate, particularly given the devastating impact of the disease. We therefore strongly urge you to support increased appropriations for FY 1999 prostate cancer research programs, including the following.

Department of Defense (DOD)—The DOD conducts highly successful peer reviewed research programs that are renowned for their innovative and efficient use of resources. We call on Congress to fund this innovative program at \$175 million for FY 1999—a level which is in the middle range of other Congressionally-directed medical research programs at DOD.

National Institutes of Health (NIH)—Prostate cancer research at NIH has not reflected the incidence and mortality rates of the disease. We believe prostate cancer research funding at NIH must be substantially increased to a level commensurate with the impact prostate cancer has on the American population.

Center for Disease Control and Prevention (CDC)—The CDC supports the development and communication of health messages about prostate cancer screening and early detection, particularly focusing on African American men and their families. We believe the CDC appropriation for prostate cancer must be doubled—to \$10 million—so that it can engage in aggressive outreach and education and health communications research, particularly for high risk groups.

We believe that the research programs of the National Institutes of Health, the Department of Defense, and the Centers for Disease Control and Prevention offer great promise in the fight against prostate cancer in the African American community. We urge you to support our request by increasing funding for these critically important programs.

Sincerely,

David S. Rosenthal, M.D., President, American Cancer Society.

Thomas W. Dortch, Jr., President, 100 Black Men of America.

Norman Hill, President, A. Philip Randolph Institute.

Dale P. Dirks, Washington Representative, Associate of Minority Health Professions Schools.

Dr. Charles H. Mitchell, Co-Convener, Breakfast Group.

Dr. Shirley B. Carmack, Founder, GNLD Wellness Center.

Armin D. Weinberg, Ph.D., Co-Chair, Intercultural Cancer Council.

Kweisi, Mfume, President and CEO, NAACP.

Deborah Lee-Eddie, President, National Association of Health Services Executives.

Dr. Betty Smith Williams, President, National Black Nurses Association.

Barbara P. Van Blake, Director, Human Rights and Community Relations, American Federation of Teachers, AFL-CIO.

Rev. Dr. Joseph E. Lowery, Chairman and CEO, Black Leadership Forum.

Wil Duncan, Special Assistant to the President, Coalition of Black Trade Unionists.

Lovell A. Jones, Ph.D., Co-Chair, Intercultural Cancer Council.

Abdul Alim Muhammad, M.D., Minister of Health and Human Services, Nation of Islam.

Edna Bell, President, National Association of Black County Officials.

The Honorable Roscoe Dixon, Chair, Health Committee, National Black Caucus of State Legislators.

William T. Merritt, President and CEO, National Black United Fund.

Henry L. English, President and CEO, Black United Fund of Illinois.

Jane E. Smith, Ed.D., President and CEO, National Council of Negro Women.

Garry A. Mendez, Jr., Executive Director, The National Trust for the Development of African American Men.

Warren R. Whitley, Grand Master, Most Worshipful Prince Hall Grand Lodge.

Marchel Smiley, President, International Caucus for People of African Descent, Service Employees International Union.

The Honorable Henrietta E. Turnquest, Georgia House of Representatives, 73rd District.

Dr. Barbara W. Carpenter, International President, Zeta Phi Beta Sorority.

Samuel J. Simmons, President and CEO, The National Caucus and Center on Black Aged.

Jay H. Hedlund, President and CEO, National Prostate Cancer Coalition.

Dr. Dorsey C. Miller, Grand Basileus (National President), Omega Psi Phi Fraternity.

Howard D. Brown, Director for Black Catholic Ministry, Roman Catholic Archdiocese of Atlanta.

Richard O. Butcher, M.D., President, Summit Health Coalition.

Henry A. Porterfield, Chairman and CEO, Us Too International.

Ms. MOSELEY-BRAUN. The compelling case this letter makes for dramatic increases in funding for prostate cancer research brings me to the last point I want to make. This Congress, this country, must do better. We must do more in the fight to bring a cure for prostate cancer.

Just last year alone, the National Prostate Cancer Coalition identified more than \$250 million of worthwhile prostate cancer research that was not conducted due to lack of funding. This inadequacy in funding is an unconscionable neglect of men with prostate cancer and their families. There needs to be an increased commitment to prostate cancer research.

In June, President Clinton announced the release of \$60 million for prostate cancer research grants in a promising new Department of Defense program modeled after the very successful DoD breast cancer program. Yet, the House has proposed to cut 75 percent of the funding for this important cancer research program. The House position will virtually kill a program that is critical to finding breakthroughs and a potential cure. The current Senate position also shrinks research funding for this program to \$40 million. Instead, we should increase the funding to at least \$80 million in order to maintain this ground breaking research program.

While it is also important to increase the amount of prostate cancer research conducted by the National Cancer Institute (NCI), the Congress must not neglect the Department of Defense prostate cancer research program. We must not dash the hopes of prostate cancer patients, their families, and

their supporters. As is the case with the DoD's breast cancer efforts, this program supports targeted research that complements the work of the NCI and is a necessary component of an overall national effort to find effective treatments for this disease.

Mr. President, to do anything less would send a devastating message to the men living and dying from this disease, to their families, and to the scientific community that is working to find a cure. I call on this Congress to equip researchers with the tools they badly need to end this epidemic. For the one million Americans currently diagnosed with prostate cancer and their families, increased research funding is desperately needed now. Each day, more and more people will be affected. We cannot turn a deaf ear to their cries for help. It is time for the country and the Congress to make a commitment to equity in funding for prostate cancer research. It is time for us to give the researchers the resources they need to eradicate this silent killer.●

ORDERS FOR THURSDAY, JULY 23, 1998

Mr. GREGG. Mr. President, I ask unanimous consent that when the Senate completes it business today, it stand in adjournment until 9 a.m., Thursday, July 23. I further ask that when the Senate reconvenes on Thursday, immediately following the prayer, the routine requests through the morning hour be granted and the Senate then resume consideration of the Craig amendment to S. 2260, the Commerce-State-Justice appropriations bill.

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

PROGRAM

Mr. GREGG. Mr. President, for the information of all Senators, tomorrow morning the Senate will resume consideration of the Commerce-State-Justice bill. At 9:15 a.m., the Senate will vote in relation to the Craig amendment, followed by a vote in relation to the underlying Kyl amendment. Following those votes, under a previous consent agreement, the Senate will debate several amendments to be offered to the Commerce-State-Justice bill. At the conclusion of that debate, which is expected by early afternoon, the Senate will proceed to a stacked series of votes in relationship to those amendments. Following disposition of all amendments in order, it is expected that the Senate will quickly proceed to final passage on the Commerce-State-Justice appropriations.

Upon completion of the Commerce-State-Justice bill, it is hoped that the Senate will begin consideration of the Transportation appropriations bill. Therefore, Members should expect another late night session with votes as the Senate attempts to make progress on the remaining appropriations bills.

ADJOURNMENT UNTIL 9 A.M. TOMORROW

Mr. GREGG. If there is no further business to come before the Senate, I now ask unanimous consent the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 11:37 p.m., adjourned until Thursday, July 23, 1998, at 9 a.m.

NOMINATIONS

Executive nominations received by the Senate July 22, 1998:

COMMODITY FUTURES TRADING COMMISSION

JAMES E. NEWSOME, OF MISSISSIPPI, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR THE TERM EXPIRING JUNE 19, 2001, VICE JOSEPH B. DIAL, TERM EXPIRED.

DEPARTMENT OF JUSTICE

HOWARD HIKARU TAGOMORI, OF HAWAII, TO BE UNITED STATES MARSHAL FOR THE DISTRICT OF HAWAII FOR THE TERM OF FOUR YEARS, VICE ANNETTE L. KENT, TERM EXPIRED.

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

LT. GEN. RANDOLPH W. HOUSE, 0000

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. DAVID S. WEISMAN, 0000

IN THE NAVY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

TO BE REAR ADMIRAL (LOWER HALF)

CAPT. DAVID ARCHITZEL, 0000
CAPT. JOSE L. BETANCOURT, 0000
CAPT. ANNETTE E. BROWN, 0000
CAPT. BRIAN M. CALHOUN, 0000
CAPT. KEVIN J. COSGRIFF, 0000
CAPT. LEWIS W. CRENSHAW, JR., 0000
CAPT. JOSEPH E. ENRIGHT, 0000
CAPT. TERRANCE T. ETNYRE, 0000
CAPT. EDWARD J. FAHY, JR., 0000
CAPT. MARK P. FITZGERALD, 0000
CAPT. JONATHAN W. GREENERT, 0000
CAPT. CHARLES H. GRIFFITHS, JR., 0000
CAPT. STEPHEN C. HEILMAN, 0000
CAPT. JOHN P. JARABAK, JR., 0000
CAPT. CURTIS A. KEMP, 0000
CAPT. ANTHONY W. LENGIERICH, 0000
CAPT. WALTER B. MASSENBERG, 0000
CAPT. MICHAEL G. MATHIS, 0000
CAPT. JAMES K. MORAN, 0000
CAPT. CHARLES L. MUNNS, 0000
CAPT. RICHARD B. PORTERFIELD, 0000
CAPT. ISSAC E. RICHARDSON, III, 0000
CAPT. JAMES A. ROBB, 0000
CAPT. PAUL S. SCHULTZ, 0000
CAPT. JOSEPH A. SESTAACK, JR., 0000
CAPT. DAVID M. STONE, 0000
CAPT. STEVEN J. TOMASZESKI, 0000
CAPT. JOHN W. TOWNES, III, 0000
CAPT. THOMAS E. ZELIBOR, 0000

IN THE ARMY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY AND FOR REGULAR APPOINTMENT AS CHAPLAIN (IDENTIFIED BY AN ASTRISK(*)) UNDER TITLE 10, U.S.C. SECTIONS 624, 531, AND 3064:

To be major

*DAVID W. ACUFF, 0000
*GARET V. ALDRIDGE, 0000
*JOHN E. ANDERSON, 0000
*JOHN L. ATKINS, 0000
*TIMOTHY H. ATKINSON, 0000
*TERRY W. AUSTIN, 0000
*PETER A. BAKTIS, 0000
*DAVID R. BEAUCHAMP, 0000
*TIMOTHY K. BEDSOLE, SR., 0000
*KEN BELLINGER, 0000
*THOMAS B. BOWERS, 0000
*ALEXANDER C. BROWN, 0000
*JEFFERY T. BRUNS, 0000
*PETER M. BRZEZINSKI, 0000
*JAMES E. CARAWAY, JR., 0000
*KEVIN P. CAVANAUGH, 0000
*BRUCE W. CHAPMAN, 0000