

the Senate floor when that access is required to allow the disabled individual to discharge his or her official duties.

SENATE RESOLUTION 79

At the request of Mr. LAUTENBERG, his name was added as a cosponsor of Senate Resolution 79, a resolution to commemorate the 1997 National Peace Officers Memorial Day.

SENATE RESOLUTION 83—RECOGNIZING SUICIDE AS A NATIONAL PROBLEM

Mr. REID (for himself, Mrs. MURRAY, Mr. WELLSTONE, and Mr. COVERDELL) submitted the following resolution; which was referred to the Committee on Labor and Human Resources:

S. RES. 83

Whereas suicide, the ninth leading cause of all deaths in the United States and the third such cause for young persons ages 15 through 24, claims over 31,000 lives annually, more than homicide;

Whereas suicide attempts, estimated to exceed 750,000 annually, adversely impact the lives of millions of family members;

Whereas suicide completions annually cause over 200,000 family members to grieve over and mourn a tragic suicide death for the first time, thus creating a population of over 4,000,000 such mourners in the United States;

Whereas the suicide completion rate per 100,000 persons has remained relatively stable over the past 40 years for the general population, and that rate has nearly tripled for young persons;

Whereas that suicide completion rate is highest for adults over 65;

Whereas the stigma associated with mental illness works against suicide prevention by keeping persons at risk of completing suicide from seeking lifesaving help;

Whereas the stigma associated with suicide deaths seriously inhibits surviving family members from regaining meaningful lives;

Whereas suicide deaths impose a huge unrecognized and unmeasured economic burden on the United States in terms of potential years of life lost, medical costs incurred, and work time lost by mourners;

Whereas suicide is a complex, multifaceted biological, sociological, psychological, and societal problem;

Whereas even though many suicides are currently preventable, there is still a need for the development of more effective suicide prevention programs;

Whereas suicide prevention opportunities continue to increase due to advances in clinical research, in mental disorder treatments, and in basic neuroscience, and due to the development of community-based initiatives that await evaluation; and

Whereas suicide prevention efforts should be encouraged to the maximum extent possible: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes suicide as a national problem and declares suicide prevention to be a national priority;

(2) acknowledges that no single suicide prevention program or effort will be appropriate for all populations or communities;

(3) encourages initiatives dedicated to—

(A) preventing suicide;

(B) responding to people at risk for suicide and people who have attempted suicide;

(C) promoting safe and effective treatment for persons at risk for suicidal behavior;

(D) supporting people who have lost someone to suicide; and

(E) developing an effective national strategy for the prevention of suicide; and

(4) encourages the development, and the promotion of accessibility and affordability, of mental health services, to enable all persons at risk for suicide to obtain the services, without fear of any stigma.

Mr. REID. Mr. President, I come to the floor today to submit a Senate resolution which I hope will raise national awareness to the problem of suicide and one that recognizes suicide as a national public health problem needing attention.

I am pleased to have as cosponsors of this resolution Senators MURRAY, WELLSTONE, and COVERDELL. Their courage and leadership on this issue is appreciated.

Currently there are nearly 31,000 suicides annually in the United States—83 suicides per day; or 1 suicide every 17 minutes—with 12 of every 100,000 Americans taking their own lives.

Suicide cuts across all age, economic, social, and ethnic boundaries.

More people die from suicide than from homicide in the United States.

On an average day in this country, an estimated 1,900 adults attempt suicide.

It is estimated that there are 750,000 suicide attempts annually.

In 1994, the latest year for which we have statistical data, the 10 highest suicide rates, averaging twice those of the mid-Atlantic region, were found in States within the intermountain region of the west.

Unfortunately, my State of Nevada leads the Nation in this public health tragedy.

Mr. President, suicide is the eighth leading cause of death in the United States.

Males commit suicide at rates and numbers of suicides three to four times those of females.

Firearms are currently the most often utilized method of suicide by essentially all groups—that is males, females, young, old, white, nonwhite—and the rates are increasing.

Suicide rates have traditionally decreased in times of wars and increased in times of economic crises.

Rates of suicide are highest among the older adult population above 65. Last year I was pleased to call for a Senate Special Committee on Aging hearing which addressed this issue.

Elderly adults have rates of suicide more than 50 percent higher than the Nation as a whole and the young—15 to 24.

Youth—15 to 24 years of age—suicide rates increased more than 200 percent from the 1950's to the late 1970's. Following the late 1970's the rates for youth have remained stable or slightly lower, although current rates are also approximately 200 percent higher than in the 1950's.

For young people 15 to 24 years old, suicide is the third leading cause of death, behind unintentional injury and homicide. In 1992 more teenagers and young adults died from suicide than died from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined.

The risk for suicide among young people is greater among young white males; however, from 1980 through 1992, suicide rates increased most rapidly among young black males. Although suicide among children is a rare event, the dramatic increase in the rate among persons 10 to 14 years of age underscores the urgent need for intensifying efforts to prevent suicide among persons in this age group.

Although there are no official statistics on attempted suicide, it is generally estimated that there are at least 8 to 20 attempts for each death by suicide.

Risk of attempted suicide is greatest among females and the young. Females have generally been found to make 3 to 4 times as many attempts as males. Estimate of the ratio of young attempted suicides to suicidal deaths have generally ranged between 100 to 1 and 200 to 1.

Mental health diagnoses are generally associated with higher risk of suicide. Groups/diagnoses at particular risk are the depressed, schizophrenics, alcoholics, and those with panic disorder.

Feelings of hopelessness—that is “there are no solutions to my problem”—are found to be more predictive of suicide risk than diagnoses of depression per se.

The socially isolated are generally found to be at high risk for suicide.

The vast majority of those who are suicidal display clues and warning signs.

It is estimated that at least 4.0 million Americans today are survivors of a loved one's suicide.

Mr. President, suicide is preventable. Most suicidal persons desperately want to live. They are just unable to see alternatives to their problems.

Understanding and identifying the risk factors for this phenomenon and evaluating potential suicide prevention interventions must become a public health priority.

Most suicidal persons give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them.

We can and must do something about this preventable public health tragedy. It is irresponsible and insensitive to allow families and victims to suffer in silence or to nationally hide our heads in the sand.

By acknowledging the problem, we take the critical first step to doing something about it.

This week in Washington one such survivor, Mr. Jerry Weyrauch, who lost his 34-year-old physician daughter to suicide, is taking his personal loss and turning it into an opportunity for all Americans.

He has formed a group called the Suicide Prevention Advocacy Network [SPAN] which calls for a national suicide prevention strategy. While in Washington his group will deliver over 20,000 signed petitions from 47 States to Members of Congress calling for action.

His efforts are a classic American story of how one person with a cause can make a difference. I am pleased to see democracy work in such a commendable manner. This is indeed how our Government was set up to work and I am pleased to support his efforts, and those of SPAN, on behalf of so many Americans.

It is time to lift the veil of secrecy and begin the effort to heal the wounds and take the steps to prevent unnecessary loss of life.

It is time to continue the effort for mental health parity and ensure all who need assistance, get the assistance they need, without stigma.

The resolution I submit today with my colleagues I hope will be the first step in focussing awareness on the need for suicide prevention and addressing the need for a national strategy. No life should be lost when there is an opportunity to prevent its loss.

Not one of the nearly 31,000 lives lost to suicide annually is insignificant. These are the children, parents, grandparents, brothers, sisters, friends, co-workers, and neighbors of each and every one of us.

Few of us can say we do not know someone who has been personally touched by this tragedy.

I lost my father to suicide many years ago. I also know of several others who have just recently experienced the loss of a loved one to suicide.

Mr. President, I am honored to submit this resolution today and hope my colleagues will join me in taking the first step to making a difference in this very preventable public health tragedy.

I intend to offer legislation this session which will be vital in taking a necessary first step by calling for the establishment of injury control research centers which will deal exclusively with the subject of suicide. We need a focal point where we can develop expertise on suicide and share this expertise with others interested in getting involved.

I am pleased to lend my voice to this worthy cause and I am very happy to have Senator's MURRAY, WELLSTONE, and COVERDELL joining me in this effort.

I would also like to thank Jerry Weyrauch from SPAN and Dr. Lanny Berman from the American Association of Suicidology and Dr. Jane Pearson from the National Institute of Mental Health for their leadership in this field.

I also want to acknowledge the countless professionals and volunteers across America who staff the crisis call lines; facilitate the workshops and support groups determined to help survivors go forward after such a loss; organize and implement prevention programs; conduct the research and evaluation to understand the causes of suicidal behavior; provide the treatment and support; and the many brave families and survivors who go on helping others to put the pieces back together again.

Mr. President, we have before us today an opportunity to take the critical first step. I hope my colleagues will join me by overwhelmingly supporting this Senate resolution.

SENATE RESOLUTION 84—RECOGNIZING SUICIDE AS A NATIONAL PROBLEM

Mr. REID (for himself, Mrs. MURRAY, Mr. WELLSTONE, Mr. COVERDELL, Mr. BREAUX, and Ms. LANDRIEU) submitted the following resolution; which was considered and agreed to:

S. RES. 84

Whereas suicide, the ninth leading cause of all deaths in the United States and the third such cause for young persons ages 15 through 24, claims over 31,000 lives annually, more than homicide;

Whereas suicide attempts, estimated to exceed 750,000 annually, adversely impact the lives of millions of family members;

Whereas suicide completions annually cause over 200,000 family members to grieve over and mourn a tragic suicide death for the first time, thus creating a population of over 4,000,000 such mourners in the United States;

Whereas the suicide completion rate per 100,000 persons has remained relatively stable over the past 40 years for the general population, and that rate has nearly tripled for young persons;

Whereas that suicide completion rate is highest for adults over 65;

Whereas the stigma associated with mental illness works against suicide prevention by keeping persons at risk of completing suicide from seeking lifesaving help;

Whereas the stigma associated with suicide deaths seriously inhibits surviving family members from regaining meaningful lives;

Whereas suicide deaths impose a huge unrecognized and unmeasured economic burden on the United States in terms of potential years of life lost, medical costs incurred, and work time lost by mourners;

Whereas suicide is a complex, multifaceted biological, sociological, psychological, and societal problem;

Whereas even though many suicides are currently preventable, there is still a need for the development of more effective suicide prevention programs;

Whereas suicide prevention opportunities continue to increase due to advances in clinical research, in mental disorder treatments, and in basic neuroscience, and due to the development of community-based initiatives that await evaluation; and

Whereas suicide prevention efforts should be encouraged to the maximum extent possible: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes suicide as a national problem and declares suicide prevention to be a national priority;

(2) acknowledges that no single suicide prevention program or effort will be appropriate for all populations or communities;

(3) encourages initiatives dedicated to—

(A) preventing suicide;

(B) responding to people at risk for suicide and people who have attempted suicide;

(C) promoting safe and effective treatment for persons at risk for suicidal behavior;

(D) supporting people who have lost someone to suicide; and

(E) developing an effective national strategy for the prevention of suicide; and

(4) encourages the development, and the promotion of accessibility and affordability, of mental health services, to enable all persons at risk for suicide to obtain the services, without fear of any stigma.

AMENDMENTS SUBMITTED

SUPPLEMENTAL APPROPRIATIONS ACT

WELLSTONE AMENDMENT NO. 57

Mr. WELLSTONE proposed an amendment to the bill (S. 672) making supplemental appropriations and rescissions for the fiscal year ending September 30, 1997, and for other purposes; as follows:

Beginning on page 47, strike line 19 and all that follows through page 48, line 12.

WESSSTONE AMENDMENT NO. 58

Mr. WELLSTONE proposed an amendment to the bill, S. 672, supra; as follows:

At the end of title III, add the following:

SEC. 326. The Secretary of Health and Human Services shall—

(1) make available under section 2604(g) of the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8623(g)), \$45,000,000 in assistance described in such Act to victims of flooding and other natural disasters in Minnesota, North Dakota, and South Dakota, for fiscal year 1997; and

(2) make the assistance available from funds appropriated to carry out such Act prior to the date of enactment of this section.

BYRD AMENDMENT NO. 59

(Ordered to lie on the table.)

Mr. BYRD submitted an amendment intended to be proposed by him to the bill, S. 672, supra; as follows:

On page 81, beginning with line 1, strike all through page 85, line 9.

STEVENS AMENDMENT NO. 60

Mr. STEVENS proposed an amendment to the bill, S. 672, supra; as follows:

On line 1, page 37 of the bill, after the colon, strike all through "1997" on line 15 of page 37, and insert the following: "Provided further, That notwithstanding any other provision of law, such additional authority shall be distributed to ensure that States receive amounts that they would have received had the Highway Trust Fund fiscal year 1994 income statement not been understated prior to the revision on December 24, 1996; and that notwithstanding any other provision of law, an amount of obligational authority in addition to the amount distributed above, shall be made available by this Act and shall be distributed to assure that States receive obligational authority that they would have received had the Highway Trust Fund fiscal year 1995 income statement not been revised on December 24, 1996: *Provided further*, That such additional authority shall be distributed to ensure that no State shall receive an amount in fiscal year 1997 that is less than the amount a State received in fiscal year 1996"

FAIRCLOTH AMENDMENT NO. 61

(Ordered to lie on the table.)

Mr. FAIRCLOTH submitted an amendment intended to be proposed by him to the bill, S. 672, supra; as follows: