

killed. The magnitude of this loss is only now being fully appreciated. We need this help and it will now at long last be on the way and in the hands of people who have been waiting patiently, in some cases, for more than 2 months.

The work is only beginning. The passage of this legislation starts the process by which rebuilding can begin. There is so much work to be done in such a short period of time. We have about 100 to 110-some days of construction time available to us. I call upon those in the administration who have already demonstrated such willingness to work with us to respond now in this second phase, making sure that we maximize the use of our time, making sure that we eliminate whatever bureaucratic encumbrances there are in an effort to get this assistance to those who need it the most, as quickly and as efficiently as we possibly can.

So there is much more work to be done and we need to expedite our efforts to ensure that it gets done in the most meaningful way in what time is left, this year, in order for it to be done right.

Again, Mr. President, I express gratitude to all of those who had so much to do with the fact that we are here now this afternoon. I appreciate very much the cooperation, the partnership, and the efforts made by all of those responsible to at long last send the help so desperately needed by so many.

Mr. DORGAN. Will the Senator yield?

Mr. DASCHLE. I yield.

Mr. DORGAN. Mr. President, I did explain the important role of Senator STEVENS from Alaska and our gratitude toward him. However, I would be remiss if I did not tell the Senate the admiration we have for the Senator from South Dakota in his leadership on this issue. He has been faithful and determined on this issue and all of us know that his family has had some medical challenges in recent hours. We very much appreciate what you have done for the country and for our region of the State. Much of the reason we are here at this moment on the edge of victory in having disaster relief approved is because of the efforts of the Senator from South Dakota.

Mr. DASCHLE. I thank my friend and colleague from North Dakota.

I yield the floor.

Mr. STEVENS. I yield back our remaining time.

The PRESIDING OFFICER. All time is yielded back. The question is on agreeing to the bill. The yeas and nays have been ordered.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. FORD. I announced that the Senator from Iowa [Mr. HARKIN] is necessarily absent.

I further announce that, if present and voting, the Senator from Iowa [Mr. HARKIN] would vote "aye."

The PRESIDING OFFICER (Mr. ENZI). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 78, nays 21, as follows:

[Rollcall Vote No. 100 Leg.]

YEAS—78

Akaka	Dorgan	Lugar
Baucus	Durbin	McCain
Bennett	Feinstein	McConnell
Biden	Ford	Mikulski
Bingaman	Frist	Moseley-Braun
Bond	Glenn	Moynihan
Boxer	Gorton	Murkowski
Breaux	Graham	Murray
Brownback	Grams	Reed
Bryan	Grassley	Reid
Bumpers	Hatch	Robb
Burns	Hollings	Roberts
Byrd	Hutchinson	Rockefeller
Campbell	Hutchison	Roth
Chafee	Inouye	Sarbanes
Cleland	Jeffords	Shelby
Cochran	Johnson	Smith (OR)
Collins	Kempthorne	Snowe
Conrad	Kennedy	Specter
Coverdell	Kerrey	Stevens
Craig	Kerry	Thompson
D'Amato	Landrieu	Thurmond
Daschle	Lautenberg	Torricelli
DeWine	Leahy	Warner
Dodd	Levin	Wellstone
Domenici	Lieberman	Wyden

NAYS—21

Abraham	Gramm	Lott
Allard	Gregg	Mack
Ashcroft	Hagel	Nickles
Coats	Helms	Santorum
Enzi	Inhofe	Sessions
Faircloth	Kohl	Smith (NH)
Feingold	Kyl	Thomas

NOT VOTING—1

Harkin

The bill (H.R. 1871) was passed.

Mr. LOTT addressed the Chair.

The PRESIDING OFFICER. The majority leader.

Mr. LOTT. Mr. President, I think most Senators have been made aware of this by now. But that will be the last recorded vote of today. I have discussed having a voice vote on the birth defects legislation with the principal sponsor, Senator BOND. He agrees that there is no need for a recorded vote.

So we will just pass that on a voice vote.

BIRTH DEFECTS PREVENTION ACT OF 1997

Mr. LOTT. Mr. President, I ask unanimous consent that the Labor Committee be discharged from further consideration of S. 419, a bill to prevent birth defects by developing and implementing new prevention and surveillance strategies, and that the Senate now proceed to its immediate consideration under the following limitation:

One substitute amendment in order to be offered by Senator BOND, no other amendments be in order to the bill, and there be 30 minutes equally divided for debate with Senator BOND in control of 15 minutes and the ranking member in control of 15 minutes; and, further, following the disposition of the amendment and the expiration or yielding back of time, the bill be read a third time and the Senate proceed to a vote on final passage of the bill, as amended, with no intervening action or debate.

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

Mr. LOTT. I yield the floor so the Senator can begin the time on this bill.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A bill (S. 419) to provide surveillance, research, and services aimed at prevention of birth defects, and for other purposes.

The Senate proceeded to consider the bill.

Mr. BOND addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Missouri.

Mr. BOND. Mr. President, I thank the majority leader.

AMENDMENT NO. 371

(Purpose: To provide a complete substitute)

Mr. BOND. Mr. President, I send to the desk an amendment providing a complete substitute for S. 419.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Missouri [Mr. BOND], for himself and Mr. CRAIG, proposes an amendment numbered 371.

Mr. BOND. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; FINDINGS.

(a) SHORT TITLE.—This Act may be cited as the "Birth Defects Prevention Act of 1997".

(b) FINDINGS.—Congress makes the following findings:

(1) Birth defects are the leading cause of infant mortality, directly responsible for one out of every five infant deaths.

(2) Thousands of the 150,000 infants born with a serious birth defect annually face a lifetime of chronic disability and illness.

(3) Birth defects threaten the lives of infants of all racial and ethnic backgrounds. However, some conditions pose excess risks for certain populations. For example, compared to all infants born in the United States, Hispanic-American infants are more likely to be born with anencephaly spina bifida and other neural tube defects and African-American infants are more likely to be born with sickle-cell anemia.

(4) Birth defects can be caused by exposure to environmental hazards, adverse health conditions during pregnancy, or genetic mutations. Prevention efforts are slowed by lack of information about the number and causes of birth defects. Outbreaks of birth defects may go undetected because surveillance and research efforts are underdeveloped and poorly coordinated.

(5) Public awareness strategies, such as programs using folic acid vitamin supplements to prevent spina bifida and alcohol avoidance programs to prevent Fetal Alcohol Syndrome, are essential to prevent the heartache and costs associated with birth defects.

SEC. 2. PROGRAMS REGARDING BIRTH DEFECTS.

Section 317C of the Public Health Service Act (42 U.S.C. 247b-4) is amended to read as follows:

"PROGRAMS REGARDING BIRTH DEFECTS

"SEC. 317C. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

"(1) to collect, analyze, and make available data on birth defects (in a manner that facilitates compliance with subsection (d)(2)),

including data on the causes of such defects and on the incidence and prevalence of such defects;

“(2) to operate regional centers for the conduct of applied epidemiological research on the prevention of such defects; and

“(3) to provide information and education to the public on the prevention of such defects.

“(b) ADDITIONAL PROVISIONS REGARDING COLLECTION OF DATA.—

“(1) IN GENERAL.—In carrying out subsection (a)(1), the Secretary—

“(A) shall collect and analyze data by gender and by racial and ethnic group, including Hispanics, non-Hispanic whites, Blacks, Native Americans, Asian Americans, and Pacific Islanders;

“(B) shall collect data under subparagraph (A) from birth certificates, death certificates, hospital records, and such other sources as the Secretary determines to be appropriate; and

“(C) shall encourage States to establish or improve programs for the collection and analysis of epidemiological data on birth defects, and to make the data available.

“(2) NATIONAL CLEARINGHOUSE.—In carrying out subsection (a)(1), the Secretary shall establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and the general public information on birth defects, including the prevention of such defects.

“(c) GRANTS AND CONTRACTS.—

“(1) IN GENERAL.—In carrying out subsection (a), the Secretary may make grants to and enter into contracts with public and nonprofit private entities.

“(2) SUPPLIES AND SERVICES IN LIEU OF AWARD FUNDS.—

“(A) Upon the request of a recipient of an award of a grant or contract under paragraph (1), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the recipient in carrying out the purposes for which the award is made and, for such purposes, may detail to the recipient any officer or employee of the Department of Health and Human Services.

“(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the award involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

“(3) APPLICATION FOR AWARD.—The Secretary may make an award of a grant or contract under paragraph (1) only if an application for the award is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out the purposes for which the award is to be made.

“(d) BIENNIAL REPORT.—Not later than February 1 of fiscal year 1998 and of every second such year thereafter, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report that, with respect to the preceding 2 fiscal years—

“(1) contains information regarding the incidence and prevalence of birth defects and the extent to which birth defects have contributed to the incidence and prevalence of infant mortality;

“(2) contains information under paragraph (1) that is specific to various racial and ethnic groups (including Hispanics, non-His-

panic whites, Blacks, Native Americans, and Asian Americans);

“(3) contains an assessment of the extent to which various approaches of preventing birth defects have been effective;

“(4) describes the activities carried out under this section; and

“(5) contains any recommendations of the Secretary regarding this section.

“(e) APPLICABILITY OF PRIVACY LAWS.—The provisions of this section shall be subject to the requirements of section 552a of title 5, United States Code. All Federal laws relating to the privacy of information shall apply to the data and information that is collected under this section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$30,000,000 for fiscal year 1998, \$40,000,000 for fiscal year 1999, and such sums as may be necessary for each of the fiscal years 2000 and 2001.”.

Mr. BOND. Mr. President, I ask unanimous consent that Senator CRAIG be added as a cosponsor to S. 419.

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

Mr. BOND. Mr. President, I am very pleased that the Senate has chosen finally to address this often overlooked but very compelling health care problem in the United States.

We have been working with the March of Dimes and with colleagues on both sides of the aisle since 1992 to deal with one of the most serious and compelling health care problems in America today. Many people are not aware that birth defects affect over 3 percent of all births in America, and they are the leading cause of infant death.

This year alone, approximately 150,000 babies will be born with a serious birth defect, resulting in 1 out of every 5 infant deaths.

Among the babies who survive, birth defects are a leading cause of lifelong disability. Medical care, special education, and many other services are often required into adulthood, costing families thousands of dollars each year.

Let me share with you an experience I had when I was Governor of Missouri. In the early 1970's, I appropriated dollars to fund the high-cost, but highly effective, neonatal care units at our hospitals.

These remarkable institutions and the dedicated men and women who serve there do a tremendous job of saving low-birth-weight babies and babies with severe birth defects. But it is not enough. As I talked to the people and congratulated them on the great work they were doing, they said, “Why don't we do something to reduce the incidence of birth defects and the problems that bring these tiniest of infants to these very high-tech specialized care units?”

And despite the large number of babies born with and dying from birth defects, we do not even know what causes most defects or where they are even occurring.

An unfortunate situation in Texas a few years ago exemplifies how the lack of a birth defects prevention and surveillance strategy delayed the response

to an outbreak of birth defects and may have needlessly cost innocent lives. At least 30 infants in south Texas were born without or with little brain tissue over a short period of time.

Because Texas did not have a birth defects surveillance system, and because our country did not have a comprehensive birth defects prevention and surveillance strategy, the severity of the problem was not recognized until the incidence of birth defects was so high that it was difficult to miss.

To avoid tragedies such as this from reoccurring, there is something that we can do here today.

Passage of the Birth Defects Prevention Act will prioritize our efforts and make Congressional intent clear—more resources should be directed for the prevention of the leading killer of babies, birth defects.

S. 419 is a two-pronged approach to tackling this devastating public health problem.

First, the bill calls for a nationwide birth defects surveillance strategy. The legislation directs the Centers for Disease Control to serve as a national clearinghouse for the collection and storage of data on birth defects and to establish regional centers for the conduct of applied epidemiological research on such defects.

The bill also provides funding to public entities such as State governments to start up or improve existing surveillance programs. Today only about half of the states have some kind of birth defects surveillance system.

The second focus of the Birth Defects Prevention Act is to broaden public and professional awareness of birth defects and prevention opportunities.

Grants will be available to public entities and nonprofit organizations to develop and implement birth defect prevention strategies, such as programs using folic acid vitamin supplements to prevent neural tube defects and alcohol avoidance strategies to prevent fetal alcohol syndrome [FAS].

It is important to note that many birth defects are indeed preventable. For instance, we now know that if women of childbearing age took a simple 400 microgram dose of the B vitamin folic acid each day, 50 to 70 percent of all cases of spina bifida and anencephaly could be prevented—saving about \$245 million each year and more importantly, saving some families the heart ache that many of us have witnessed friends and families go through.

It was a deficiency of folic acid that caused the tragedy in south Texas based on the diet, and it was only when we had enough instances were the researchers able to identify what might be the problem.

A survey released by the March of Dimes just this week highlights the need for an aggressive public awareness program on this issue. The survey indicates that only 32 percent of women ages 18 to 45 take a daily multivitamin

containing folic acid. Dr. Jennifer Howse, president of the March of Dimes Birth Defects Foundation, also stated that "seven out of 10 women begin taking folic acid too late to reduce their risk of having a baby with a neural tube defect such as spina bifida or anencephaly. In order to be effective in preventing these defects, folic acid must be consumed before pregnancy and during the early months of pregnancy."

Fetal alcohol syndrome, which increases the risk that babies will suffer from mental retardation, learning disorders and other problems, is also preventable.

Although preventable, an April 25 Associated Press article noted that the number of pregnant women who say they frequently drink alcohol has increased. The survey, conducted by the Centers for Disease Control, found that 3.5 percent of the respondents admitted they had seven or more drinks per week or binged on five or more drinks within the previous month.

Clearly, we must convey these crucial messages regarding birth defect prevention opportunities to the American people. Passage of the Birth Defects Prevention Act is a first step in this process.

The time has come for the U.S. Senate to join with groups such as the March of Dimes, the American Academy of Pediatrics, the Easter Seals Society, the National Association of Children's Hospitals, and many other organizations, in advocating the need for a national strategy to prevent these devastating defects.

The bill also has broad bipartisan support. As of today, the Birth Defects Prevention Act has 33 cosponsors.

Let me conclude by recognizing the hard work and dedication of the March of Dimes and their volunteers throughout America; and specifically, I want to single out Dr. Jennifer Howse, Jo Merrill, and Marina Weiss, for their daily involvement in trying to prevent the No. 1 cause of infant deaths, birth defects.

Our country is forever indebted to the March of Dimes and its 3 million dedicated volunteers for their efforts.

Mr. President, I send to the desk three articles to which I made reference, and I ask that they be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MORE WOMEN KNOW VITAMIN CAN PREVENT SERIOUS BIRTH DEFECTS, BUT FEW ARE TAKING IT, MARCH OF DIMES SURVEY FINDS
Health Knowledge and Behaviors During Childbearing Years Are Assessed in Major Opinion Poll

WHITE PLAINS, N.Y., JUNE 10.—A new nationwide survey shows that while more American women of childbearing age have heard of folic acid, a B vitamin that can greatly reduce their risk of having a baby with serious birth defects of the brain and spine, the proportion of women actually taking a multivitamin on a daily basis remains low.

Only 32 percent of women ages 18 to 45 take a daily multivitamin containing folic acid. Among women who were pregnant in the two years preceding the survey, only 23 percent reported taking a daily multivitamin before pregnancy began.

"Seven out of 10 women begin taking folic acid too late to reduce their risk of having a baby with a neural tube defect such as spina bifida or anencephaly," said Dr. Jennifer L. Howse, president of the March of Dimes Birth Defects Foundation, which commissioned the survey. "In order to be effective in preventing these birth defects, folic acid must be consumed before pregnancy and during the early months of pregnancy. Much remains to be done to ensure that more women get folic acid at the critical time and in the right amount to improve their chances of having a healthy baby."

The survey follows up a benchmark poll conducted two years ago by the March of Dimes to assess women's knowledge and behavior on a variety of issues relating to healthy pregnancy. In the 1997 survey conducted for the March of Dimes by The Gallup Organization under a grant from the U.S. Centers for Disease Control and Prevention, 2,001 women between the ages of 18 and 45 were asked questions designed to measure changes in awareness and behavior from 1995.

Awareness of folic acid jumped 14 percent points over the two-year period, from 52 percent of women in 1995 to 66 percent in 1997. Awareness of the U.S. Public Health Service recommendation that all women capable of having a baby consume 400 micrograms of folic acid daily to prevent neural tube defects rose from 15 percent in 1995 to 22 percent in 1997. Specific knowledge of the health benefits of folic acid nearly doubled: whereas only 9 percent of women knew in 1995 that folic acid can prevent birth defects, this figure rose to 16 percent in 1997.

Asked in 1995 and 1997 to name a food that is a good source of folic acid, about half of all women who had heard of folic acid were unable to do so. However, in 1997, 16 percent who had heard of folic acid correctly named orange juice as a good source, up from just 6 percent in 1995.

Although nearly all women agree that it is important for a woman who is planning to have a child to see her doctor before she is pregnant, only 27 percent of the women who have had a pregnancy say they actually made a visit to the doctor prior to conceiving.

Since 1995, the March of Dimes has conducted a public health education campaign called "Think Ahead" to inform women of childbearing age of some simple steps they can take before pregnancy to improve their chances of having a healthy baby, including consuming folic acid and getting a medical checkup.

"There were some significant improvements over the 1995 findings, but they fall far short of the levels that the March of Dimes would like to see," Dr. Howse said. "The survey shows that awareness of important health messages can increase when these messages are repeated continuously over time, but that behavior changes more slowly. Younger women especially could benefit from further education efforts."

She noted that women under age 25 are the least likely to consume vitamins daily, with only 23 percent reporting that they do so. However, this age group accounts for 39 percent of all births in the United States.

IMPORTANCE OF THE NEWS MEDIA

Dr. Howse pointed out the importance of the news media in informing women about folic acid. The survey found that 36 percent of women who have heard of folic acid say they learned about it from a magazine or

newspaper article, and 22 percent learned of it from radio or television. Fifteen percent of women say they received this information from their doctor.

Dr. Howse noted that although enriched flours for products such as bread, pasta, and cereal will be required to contain folic acid as of January 1, 1998, the amount of folic acid will not be sufficient to remove the need for daily multivitamin use.

She also said the March of Dimes urges passage of the Birth Defects Prevention Act (S. 419 and H.R. 1114), a bill currently before Congress that would establish a national birth defects surveillance, research, and prevention system. This system would include research and demonstration projects for the prevention of neural tube defects.

U.S. Secretary of Health and Human Services Donna E. Shalala said, "It is very important that we take advantage of the prevention opportunity offered by folic acid. We still have a lot of work to do to ensure that preventable birth defects do not continue to occur."

The March of Dimes survey results are based on telephone interviews with a national sample of 2,001 women ages 18 to 45 conducted between January 21 and March 3, 1997. For results based on samples of this size, one can say with 95 percent confidence that the error attributable to sampling and other random effects could be plus or minus 2 percentage points.

Copies of the March of Dimes survey, "Preparing for Pregnancy II," item #41-948-97, can be obtained for \$4.50 plus shipping and handling costs by calling toll-free 1-800-367-6630.

The March of Dimes is a national health agency whose mission is to improve the health of babies by preventing birth defects and infant mortality. Through its Campaign for Healthier Babies, the march of Dimes funds programs of research, community service, education and advocacy.

MORE U.S. WOMEN DRINK WHILE PREGNANT, STUDY SAYS

Increase Raises Risk of Fetal Alcohol syndrome

More pregnant women are drinking than in 1991, raising the risk that more babies will suffer mental retardation, learning disorders and other problems, the government reported yesterday.

A telephone survey by the Centers for Disease Control and Prevention found that 3.5 percent of 1,313 moms-to-be in 1995 admitted they had had seven or more drinks per week or binged on five or more drinks at once within the previous month. That's up from 0.8 percent of 1,053 pregnant women in 1991.

The sample suggests that 140,000 pregnant women nationwide were frequent drinkers in 1995, compared with 32,000 women in 1991. The CDC also said 16.3 percent of pregnant women surveyed in 1995 had at least one drink in the preceding month, compared with 12.4 percent in 1991.

The reason for the increase is unclear, but CDC researchers plan to reexamine the survey to try to find out. Drinking while pregnant can cause infants to be born with fetal alcohol syndrome, a lifelong condition that can include retardation, facial abnormalities, stunted growth and learning disorders.

The 1995 survey questioned 33,585 randomly selected women pregnant or not—ages 18 to 44. Of the total, more than half said they drank at least once within the past month, and 12.6 percent were frequent drinkers, those who have at least seven drinks a week or five or more at once. The percentages were similar to the 1991 figures, the CDC said.

Claire Coles, an expert on fetal alcohol syndrome, speculated that people may simply be more honest about their drinking

than in the earlier survey. In any case, she said, obstetricians and gynecologists need to talk to their patients about the dangers of alcohol.

[From USA Today, June 10, 1997]

FEW WOMEN TAKE FOLIC ACID TO PREPARE FOR PREGNANCY

(By Steve Sternberg)

Although many women of childbearing age now know that folic acid taken daily can avert birth defects, 78% still take a risk rather than a multivitamin, a new survey shows.

The survey of 2,001 women ages 18 to 45, released today by the March of Dimes Birth Defects Foundation, indicates that 66% know the value of folic acid in fetal development, up 14 percentage points from the March of Dimes' first such survey two years ago. Yet just 23% reported taking a multivitamin before their pregnancy began.

"The brain and the spinal cord develop in the first four weeks of pregnancy," says Richard Johnston, medical director of the White Plains, N.Y., foundation. As a result, he says, women must begin taking folic acid before the pregnancy for it to lower the child's risk of birth defects.

Folic acid is found in green leafy vegetables and liver. In 1992, the U.S. Public Health Service advised all women who could become pregnant to take 400 micrograms of folic acid a day to boost their odds of having a normal infant. The recommended daily allowance is 200 micrograms.

The nutrient is so critical for fetal development that the U.S. government last year required that 140 micrograms be added to cereals and bread, trying to boost women's dietary intake without masking a rare but dangerous form of anemia.

The March of Dimes and other groups have spent the last two years trying to get the message out.

If taken within a few weeks of conception, folic acid cuts by two-thirds the risk of two devastating birth defects: spina bifida, a paralyzing abnormality that leaves the nerves of the spine exposed, and anencephaly, in which an infant is born without a developed brain.

Each year, at least 2,500 children are born with one of these defects.

Joseph Molinari, a birth defects epidemiologist at the Centers for Disease Control and Prevention in Atlanta, says of the survey, "We think it's important, because it tells that women are learning about folic acid but not changing their behavior."

Mr. BOND. Mr. President, I reserve the remainder of my time.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. I yield myself 7 minutes.

Mr. President, I want to join other Members of the Senate in commending Senator BOND for his work in developing this legislation and for his strong commitment to this program. He has been interested in and committed to children over a long period of time—both in the Senate and as a Governor. I think all of us are very much aware of his leadership in the family and medical leave program a number of years ago, and in working closely with Senator DODD and me. This legislation is another indication of his strong commitment in terms of the most vulnerable in our society—the children, and particularly those that have some very special needs in the form of defects.

I join with him, too, in commending the March of Dimes and all of the organizations and all of the volunteers. The individuals who are part of these organizations spend hours and hours doing the hard and difficult work—knocking on doors, spending many hours away from their families in this volunteer commitment to make a difference to children. We too often forget about all of their dedication, hard work and commitment.

I think of the families in this country whose lives in one way or another have been touched by the March of Dimes and the voluntary organizations who have been supportive of the birth defects legislation. I join in thanking them. This is really their achievement, but most importantly the achievement for children; those that are born now and those that are yet to be born in the future whose lives will be enhanced and who will be enriched and will have healthier lives because of this legislation. Also, the parents of those children who will be relieved of a great deal of the anxiety and the concern as they love those children and see these children struggling to deal with some of the really serious kinds of birth defects that affect too many in our country.

As the good Senator has pointed out, so many of these defects are preventable. It would be one thing if they were unavoidable, but they are avoidable. If we develop the kind of approach that I think this legislation provides, we can really see an important difference made for many, many of our children.

As Senator BOND has pointed out, more than 150,000 infants are born with serious birth defects, making birth defects the leading cause of infant mortality in the United States. Families from all racial, ethnic, and economic groups share the risk of having a child born with a serious defect. It makes no difference from what part of this country you come. The danger is there of developing the kind of defects this legislation is focused to try to prevent.

Birth defects are also a leading cause of childhood morbidity and disability. Medical care and special education made necessary by these defects cost families and the Government billions of dollars a year and consume a disproportionate share of our health care resources.

Large numbers, as I mentioned, of these birth defects are preventable. For most, the cause is unknown. But each year thousands of children are born with defects such as spina bifida and fetal alcohol syndrome that are largely preventable. Fetal alcohol syndrome is a leading cause of mental retardation, and it affects approximately 8,000 infants per year, yet all of these cases are preventable.

We can do much more to help States to develop surveillance programs which count the number of babies born with birth defects and identify communities and populations at higher risk. Currently, only about half the States have

some kind of birth defects surveillance system in place.

We must also develop new and effective types of early intervention which can be integrated into our public health and medical care systems. Preventing birth defects will dramatically reduce the costs of medical care, for special education, and for social services for affected individuals and families.

The Birth Defect Prevention Act is a major step toward a national priority for surveillance, research, and prevention. The act will be overseen by the Centers for Disease Control and will provide grants to the States to establish a State-based birth defect surveillance program and establish regional centers for birth defect prevention research.

It will provide the States with funding for demonstration projects aimed at birth defect prevention as well as technical assistance to implement programs of proven effectiveness. There will be shared information when we find out that some programs have been very effective. We will be able to get that information out to other communities. This will be powerful in terms of enhancing local communities with information that will show the advantages of some of the programs that are proven effective.

It will broaden public and professional awareness of birth defects and prevention opportunities. There is enormous impact this can have in terms of sensitizing the whole medical profession about these needs and that can have a powerful effect in developing opportunities and modalities for prevention.

In this congressional session we have an unprecedented opportunity to prioritize children and children's health. Along with the Hatch and Kennedy legislation that expands health insurance coverage to uninsured children and improves access to prenatal care, this act will serve to improve health, prevent disease, and enhance the lives of children and families.

Even as we are meeting this afternoon, the Finance Committee is working through how to provide resources to the States to provide help and assistance to millions of American children that would qualify under the Medicare programs to make sure their health care needs are attended to. Senator HATCH and I are hopeful that before long we will have an opportunity again to address the Senate on our program which would ensure that good, comprehensive coverage for children in all of our States is fully funded and financed by an increase in the cigarette tax.

We will have the additional advantage of discouraging young teenagers from smoking.

So I again thank the Senator for his leadership and commend him for his efforts in this area. He has taken a concept and put it into legislation and passed it in a very, very short time.

But it is certainly consistent with his longstanding interest with children, and we look forward to work with him on other issues as well that affect children in this country.

Mr. DODD. Mr. President, I rise to support the Birth Defects Prevention Act. I commend Senator BOND for his work on this legislation, and I am pleased to have been one of its cosponsors. I am confident that this legislation will significantly enhance our understanding of birth defects and lower the frequency with which they occur.

Birth defects are the leading cause of infant mortality in this country, and in many cases, children with birth defects face a lifetime of disability.

The efforts of these children to cope with and overcome their disabilities are an inspiration to all of us. It is tragic, however, to think that, for so many, their struggles could have been prevented. With better education and health care for mothers, many birth defects can be avoided entirely. Yet, our country still has no national strategy for reducing the incidence of birth defects. That is why I am rising today in support of this legislation.

At the root of our prevention efforts is the need to increase the flow of information regarding birth defects. Without well-coordinated research efforts and surveillance, outbreaks of birth defects may go undetected.

This bill would provide Federal grants to State health authorities for the purpose of collecting and researching birth defects statistics. These grants are necessary since many States have no system in place for the monitoring of birth defects.

This bill would also establish at least five regional research programs that would collect and analyze information on the number, incidence, and causes of birth defects. In addition, it would institute the Center for Disease Control as the coordinating agency for birth defects prevention activities by establishing a clearinghouse within the CDC to collect and store data on birth defects. The CDC would also be responsible for facilitating the coordination of research and policy development to prevent birth defects.

But while efforts to prevent birth defects begin with education, the task of changing the behavioral patterns is far more difficult. While progress is being made in this struggle, there remains a great deal of work to be done. The findings of a March of Dimes study that was released this week provides a great illustration of this point.

A simple 400 mg daily dose of the B vitamin folic acid could prevent 50 to 70 percent of all cases of spina bifida and anencephaly. The recent March of Dimes survey found that 66 percent of all women know the value of folic acid in fetal development, marking a 14 percent increase over the past 2 years. However, just 23 percent of all women reported taking a multivitamin before their pregnancy began. Women are learning about folic acid but not changing their behavior.

As we all know, behavioral patterns do not change overnight, but if we continue to educate the population changes will occur, as evidenced by the fact that the number of women who smoke during pregnancy has dropped 29 percent since 1989.

While there is nothing that can be done to prevent most birth defects, it is unconscionable that every day in America children are being born with illnesses that we could prevent, and in the most severe cases, children are dying. I urge my colleagues to make a commitment to fighting the problem of birth defects, and I ask that they join me in supporting the Birth Defects Prevention Act of 1997.

CODY GROCE

Mr. FAIRCLOTH. Mr. President, I would like to take a moment to tell my colleagues about a very special individual I met recently. Cody Groce is an active, healthy, intelligent 5-year-old from Elkin, NC, who plans on becoming a doctor when he grows up. His story seems like that of any young man, however, Cody is special because he was born with a serious birth defect.

During a prenatal care visit Brenda Groce, Cody's mother, was told that the baby she was carrying had life-threatening urinary problems. At birth, Cody was admitted to a neonatal intensive care unit and had surgery to save his kidneys and his life.

Cody is now healthy and busy sharing his story with people across the country as the National Ambassador for the March of Dimes. I met Cody in March when he came to visit my office to tell me about his story and this important legislation.

There are 150,000 children, like Cody, that are born every year with a serious birth defect. And it is because of these children that we must pass S. 419, the Birth Defects Prevention Act of 1997.

This legislation establishes a national, State-based, birth defects surveillance, research and prevention system to help us to find the causes of birth defects like Cody's and prevent them. Birth defects surveillance programs can count the number of babies born with birth defects and identify communities and/or populations with higher risks. In addition, this legislation develops education and prevention programs for birth defects with known causes.

So, I ask my colleagues help my friend Cody and others like him by voting for S. 419, the Birth Defects Prevention Act of 1997.

Mr. ROCKEFELLER. Mr. President, I am proud to cosponsor the Birth Defects Prevention Act and want to urge all of my colleagues to join in support of this important measure. I am especially pleased that the legislative logjam that prevented the Senate's consideration of the bill earlier this week has now been broken, permitting us to do the work of the Senate.

In my roles as the president of the National Commission of Children and cochair of the Health Alliance, I have

had occasion to learn firsthand of the daily struggles of families of children with birth defects. These parents must be tireless advocates for their children each and every day to ensure that their child's health and education needs are met and to see that their child has the opportunity to reach his or her full potential. The struggles that these families face in their fight to get adequate insurance coverage for their children's medical needs are trials that no parent or child should have to endure. Perhaps the greatest tragedy is that in many cases, these birth defects could have been prevented, if only the parents had access to information on adequate nutrition and to quality prenatal care, or if our researchers had adequate funding to pursue their questions. That's exactly why this bill is so important.

The Birth Defects Prevention Act would authorize \$42 million for the establishment of a comprehensive national system of birth defects prevention programs with oversight by the Centers for Disease Control and Prevention. This would provide for a national, State-based birth defects surveillance system. It would authorize funding and CDC expertise to establish regional prevention research centers, as well as local prevention and intervention programs. It would also establish a national advisory committee on birth defects and a National Information Clearinghouse on Birth Defects.

This legislation is important because at the present time, less than half our States have a birth defects surveillance system. This has greatly limited our understanding of birth defects as well as our ability to prevent them. Birth defects are the leading cause of infant mortality, responsible for one out of every five infant deaths. Each year, 150,000 children are born with a serious birth defect. Birth defects are also the leading cause of childhood disability. Yet despite the high numbers of babies born each year with birth defects, we still do not know the causes of most birth defects. The establishment of a national tracking system would significantly advance our scientific understanding of birth defects.

As ranking member of the Committee on Veterans' Affairs, I have seen the struggles of men and women who worry that exposures to chemical agents they may have encountered in military service in Vietnam or the Persian Gulf may have contributed to birth defects in their children. I have heard testimony of men and women who bravely served in our military and who now are afraid to start a family or have more children because of these fears. The Institute of Medicine reported an association among our Vietnam veterans between exposure to Agent Orange and a greater risk of having a child with spina bifida. Now we are faced with the very difficult and emotional question of whether there is an increased rate of birth defects among gulf war veterans. The studies are underway, but none has provided a

clear answer that will adequately address our concerns. The studies will continue, but some of our difficulty in answering questions about veteran populations has to do with our poor understanding of birth defects. This legislation will help with these issues by increasing our scientific understanding of birth defects and increasing current prevention efforts in all populations. Therefore, I am proud to cosponsor this important bill.

Mr. BOND addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Missouri.

Mr. BOND. Mr. President, unless someone else wishes to speak, I think the distinguished Senator from Massachusetts and I are prepared to yield back.

I express my sincere thanks to Senator KENNEDY, who has long been a champion in this area. His very excellent statement does indicate the tremendous and compelling nature of this problem. This is a problem, unfortunately, that affects 150,000 children a year, but it never seems to get up on the radar screen.

Now, the fact that we are going to pass this on a voice vote—we had 33 sponsors. Actually, I ask unanimous consent that Senator HUTCHISON be added as a cosponsor.

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

Mr. BOND. That brings it to 34. I hope that will make the point that we are serious about it. That this is the fifth year, Mr. President, this has got to be passed is an outrage; this is a bill that nobody objects to. I think anybody would think it is common sense. But it just gets crowded off the agenda. I do not intend to let it get crowded off.

I thank the Senator from Massachusetts, the distinguished chairman of the committee, the Senator from Vermont, and their staffs. We included as a substitute the measure as originally passed last year, and I know that we can count on the committee to insist upon it. I cannot believe we will fail this year once again to pass a measure which can do so much to reduce hardship and suffering and needless heartbreak throughout America.

Mr. President, I am prepared to yield back my time.

Is there anyone else seeking time?

Mr. President, I yield back my remaining time and would not ask for the yeas and nays per the previous agreement. I ask it be adopted by voice vote.

Mr. KENNEDY. Mr. President, I yield back the remainder of my time.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The amendment (No. 371) was agreed to.

Mr. BOND. Mr. President, I move to reconsider the vote.

Mr. KENNEDY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed for a third reading and was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall it pass?

The bill (S. 419), as amended, was passed.

Mr. BOND. Mr. President, I move to reconsider the vote.

Mr. SANTORUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. BOND addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Missouri.

Mr. BOND. Mr. President, I will take only 1 minute and say a sincere thanks to Joe Pierle of my staff, who has worked on this measure and has had great cooperation with the Labor Committee. I also would thank previous staffers, Mark Hayes and Leanne Jerome, who have worked on this for 5 years now. And we hope this is the last time we have to do it.

Again, as I mentioned in my remarks, we very much appreciate and thank the leadership of the March of Dimes and the 3 million dedicated volunteers across this Nation.

I thank the Chair. I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Since this is the time for commendation, I would just, if I could, note that Governor BOND, then, in 1981, was effective in developing a long-range prevention, screening and health care initiative in response to Missouri's infant death rate being among the highest in the Nation, and in the 1989-90 period the Better Child Care Act that was developed here in legislation. Just looking through the Senator's achievements—and, as I mentioned earlier, his work on family and medical leave—it is a very clear indication of the Senator's very strong commitment to children. It is something all of us know here, but I think it is well worthwhile having that referenced at the time that we pass this very important piece of legislation.

Again, I commend him and will try to find, if we can, other ways of working on children's issues as well.

I thank the Chair.

Mr. BOND. Mr. President, I thank the distinguished Senator from Massachusetts. It is always a pleasure to work with him in the many, many areas in which we agree. It is not all of them, but when we do agree it is a real pleasure to work with a champion of children's health and well-being.

I thank the Chair.

Mr. KENNEDY. I thank the Senator.

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent there now be a period for the transaction of morning business with Senators permitted to be speak for up to 10 minutes each.

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

Mr. LOTT. I yield the floor.

Mr. BOND. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

1997 SPRING PAGES

Mr. DASCHLE. Mr. President, I rise today to bid farewell to a wonderful group of young men and women who have served as Senate pages over the last 5 months.

This particular group has served with great distinction and has done a marvelous job maintaining a high standard of excellence in both the academic arena and the contributions they make to the day-to-day operations of the Senate.

Page life is not easy. In fact, most people may not fully appreciate the rigorous nature of the page's work. On a typical day, pages rise early and are in school by 6:15 a.m. After spending several hours each morning in school, the pages then report to the Capitol to prepare the Senate Chamber for the day's session. It is the responsibility of the pages to ensure that each Senator's desk has a copy of: The Senate Legislative and Executive Calendars; the legislation under consideration; and the CONGRESSIONAL RECORD, as well as any other document that a Senator might want to have available to colleagues.

Throughout the day, pages are called upon to perform a myriad of tasks. These tasks might include obtaining copies of documents for a Senator's use during debate; ensuring that copies of relevant documents are available for Senators and staff; running errands between the Capitol and the Senate Office Buildings, as well as providing assistance at the regularly scheduled conference luncheons.

Once the Senate has concluded business for the day, no matter what time, the pages return to the dorm and prepare for the next day's classes and Senate session and, we hope, get some much-needed sleep. Even with all of this, the Senate pages continually discharge their tasks efficiently and cheerfully.

Mr. President, it is my hope that we have given the pages some insight into the need for individuals to become involved in community and civic activities. The future of our Nation strongly depends on the generations who will