SENATE RESOLUTION 199—DESIGNATING THE WEEK OF OCTOBER 24, 1999, THROUGH OCTOBER 30, 1999, AND THE WEEK OF OCTOBER 22, 2000, THROUGH OCTOBER 28, 2000, AS ''NATIONAL CHILDHOOD LEAD POSONING PREVENTION WEEK''

Mr. REED (for himself, Ms. COLLINS, Mr. TORRICELLI, Mr. REID, Mr. LEVIN, Mr. WELLSTONE, Mr. LIEBERMAN, Mr. KERRY, Mr. KENNEDY, Mr. SARBANES, Mr. DORGAN, Mr. SCHUMER, Mr. AKAKA, Mr. INOUYE, Mr. CHAFEE, Mrs. BOXER, Ms. MIKULSKI, Mr. DODD, Mr. WYDEN, Mr. CONRAD, Mr. GRAHAM, Mr. DURBIN, Mr. DEWINE, Ms. LANDRIEU, Mr. JOHNSON, Mr. JEFFORDS, Mr. SMITH of Oregon, Mr. ROBB, and Mr. FRIST) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 199

Whereas lead poisoning is a leading environmental health hazard to children in the United States;

Whereas according to the United States Center for Disease Control and Prevention, 890,000 preschool children in the United States have harmful levels of lead in their blood;

Whereas lead poisoning may cause serious, long-term harm to children, including reduced intelligence and attention span, behavior problems, learning disabilities, and impaired growth;

Whereas children from low-income families are 8 times more likely to be poisoned by lead than those from high income families;

Whereas children may become poisoned by lead in water, soil, or consumable products;

Whereas most children are poisoned in their homes through exposure to lead particles when lead-based paint deteriorates or is disturbed during home renovation and repainting; and

Whereas lead poisoning crosses all barriers of race, income, and geography: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of October 24, 1999, through October 30, 1999, and the week of October 22, 2000, through October 28, 2000, as ''National Childhood Lead Poisoning Prevention Week''; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe such day with appropriate programs and activities.

Mr. REED. Mr. President, I rise today to submit a resolution which would designate October 24–30, as ''National Childhood Lead Poisoning Prevention Week.'' Despite steady progress over the past two decades to regulate inappropriate uses of lead, the tragedy of childhood lead poisoning remains very real for nearly one million preschoolers in the U.S.

Most children are poisoned in their own homes by deteriorating lead-based paint and lead-contaminated dust. While lead poisoning crosses all barriers of race, income, and geography, most of the burden of this disease falls disproportionately on low-income families or families of color who generally live in older, poorer quality housing. In the United States, children from low-income families are eight times more likely to be poisoned than those from high income families. African American children are five times more likely to be poisoned than white children. Nationwide, almost 22 percent of African American children living in older housing are lead poisoned, a staggering statistic, particularly given the overall decline in blood lead levels in the last decade.

Unfortunately, many communities have not experienced a major decline in blood lead levels. In fact, in some communities, more than half of the preschool children are lead poisoned. Baltimore, Providence, Philadelphia, Milwaukee, St. Louis, and Chicago all have lead poisoning rates that are three to nine times the national average.

Even low levels of exposure to lead impair a child's ability to learn and thrive, causing reductions in IQ and attention span, reading and other learning disabilities, hyperactivity, aggressive behavior, hearing loss, and coordination problems. These effects are persistent and interfere with their success in school and later in life. Research shows that children with elevated blood lead levels are seven times more likely to drop out of high school and six times more likely to have reading disabilities. State health officials believe that the need for certain education services is 40 percent higher among children with significant lead exposure.

Mr. President, lead poisoning is entirely preventable, making its prevalence among children all the more frustrating. In addition, lead poisoning has many dimensions, and therefore we have to tackle it from all directions. Specifically, our efforts should include screening and treating poisoned children, identifying and removing the source of their exposure, educating parents, landlords and entire communities about the dangers of lead, and ensuring that resources to address the problem are available and accessible to all who need them.

I have been working on a number of initiatives in the Senate to address this problem including urging Senate leaders to provide for more funding for lead abatement. Last year, I sponsored an amendment that resulted in an increase of $20 million in funding to eliminate lead hazards in the homes of young children. This year, the Senate has supported a similar figure.

Also, I have become deeply concerned, along with my colleague Senator TORRICELLI, about recent reports that children at risk for lead poisoning are not adequately screened or treated for the disease, even if they are enrolled in Medicaid. Although children enrolled in Medicaid are three times more likely than other children to have high amounts of lead in their blood, the General Accounting Office (GAO) recently reported that less than 20 percent of these young children have been screened for lead poisoning. Even more disconcerting is that half of the states do not have screening policies that are consistent with federal requirements. For this reason, we have introduced the Children's Lead SAFE Act (S. 1120) to ensure that all children at risk of lead poisoning receive their required screenings and appropriate follow-up care by holding states accountable.

Mr. President, I have been working on making important, yet commonsense, policy changes to ensure that children are screened and treated for lead poisoning and to provide critical funding for leadsafe housing. Beyond these efforts, I believe we need to take further steps to raise pubic awareness about the dangers of lead poisoning. Last month, Senator COLLINS and I hosted a Public Health Subcommittee hearing in Rhode Island to highlight the importance of the issue and to hear about the successful approaches undertaken by organizations in my home state to address the problem. We plan to hold a similar hearing in Maine next month. Because lead poisoning is a national problem, we believe it deserves national attention.

That is why Senator COLLINS and I, along with 26 original co-sponsors are introducing this bipartisan resolution that would commemorate the week of October 24–30, 1999 as ''National Childhood Lead Poisoning Prevention Week.'' Designation of a national week for lead poisoning prevention would raise public awareness about the issue and highlight the need to protect children from lead poisoning to ensure their healthy development.

The Senate resolution would serve to further our efforts to recognize lead poisoning as a national problem and declare lead poisoning prevention as a national priority. The proposed resolution would also acknowledge the suffering of the many children with lead poisoning and their parents whose active involvement individually and through grassroots organizations has been instrumental in efforts to reduce lead poisoning. The resolution is supported by the Alliance to End Childhood Lead Poisoning, the Children's Defense Fund, the Environmental Defense Fund, and more than one hundred state and local organizations. Mr. President, I ask unanimous consent that letters of support from the Children's Defense Fund and the Alliance to End Childhood Lead Poisoning, along with the list of the 100 supporting organizations be printed in the RECORD.

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

CHILDREN'S DEFENSE FUND,
Washington, DC, September 27, 1999.

Hon. JACK REED,
Hart Senate Office Building, Washington, DC.

DEAR SENATOR REED: I am writing in strong support of resolution to commemorate the week of October 24–30, 1999 as ''National Childhood Lead Poisoning Prevention Week.''

Lead poisoning in children can cause learning disabilities, behavioral problems, and at extremely high levels of poisoning, seizures,

coma, and death. According to the Centers for Disease Control (CDC), about 890,000 children in the United States have elevated blood lead levels, including one in five African-American children living in housing built before 1946. Infants and toddlers are most susceptible because they spend so much of their time with their hands in their mouths—hands that may have been on the floor, on the windowsill, on the wall, along the stairway, places where lead paint particles exist.

Over 80% of the homes and apartments built before 1978 in the United States have lead-based paint in them. Paint doesn't have to be peeling to cause a health problem; particles can circulate in dust and air circulation systems. Although elevated blood lead levels in children have declined in the last few decades, lead poisoning is preventable; any level of lead poisoning in children is too high.

Your resolution will highten awareness of this tragic and preventable health problem. I commend your attention to the issue and look forward to working with you to ensure that all children have the chance to grow up healthy and reach their fullest potential.

Sincerely yours,

MARIAN WRIGHT EDELMAN.

ALLIANCE TO END
CHILDHOOD LEAD POISONING,
Washington, DC, October 7, 1999.

Hon. JACK REED,
Hart Senate Office Building, Washington, DC.

DEAR SENATOR REED: I am writing in support of your resolution to designate the last week of October ''National Childhood Lead Poisoning Prevention Week.'' This measure is supported by over 100 local health departments, housing agencies, community-based organizations and lead poisoning prevention programs from across the country (see attached list).

Despite steady progress over the past two decades to regulate inappropriate uses of lead, the tragedy of childhood lead poisoning remains very real for nearly one million preschoolers in the United States. Children are most often poisoned in their own homes by lead-contaminated dust from lead-based paint that is deteriorating or disturbed by repainting or renovation projects.

While lead poisoning crosses all barriers of race, income, and geography, the burden of this disease falls disproportionately on low-income families or families of color, who generally live in older, poorer quality housing. In some communities, more than half of preschool children are lead-poisoned. Even low levels of exposure to lead can impair young children's ability to learn and thrive, causing reduced IQ and attention span, learning difficulties and behavior problems. These effects are persistent and interfere with success in school and later life.

Formal designation of a national week for lead poisoning prevention will instrumentally advance national, state, and local efforts to educate communities about the threat of lead to children. Thank you again for supporting designation of the last week of October ''National Childhood Lead Poisoning Prevention Week.''

Sincerely,

DON RYAN,
Executive Director.

MEMBERS

Alabama State CLPPP, Montgomery, AL.
Alliance To End Childhood Lead Poisoning, Washington, DC.
Anne Arundel Co. Department of Health, Annapolis, MD.
Arab Community Center for Economic and Social Services, Dearborn, MI.
Association of Parents to Prevent Lead Exposure, Cleveland, OH.
Baltimore City Health Department, Baltimore, MD.
Bethel New Life, Inc., Chicago, IL.
Brooklyn Lead Safe House, Brooklyn, NY.
California State CLPPP, Oakland, CA.
California State Dept. of Community Services and Development, Sacramento, CA.
Center for Human Development, Pleasant Hill, CA.
Charlotte Organizing Project, Charlotte, NC.
Chesterfield Health Department, Chesterfield, VA.
Chicago Lawyers' Committee for Civil Rights, Chicago, IL.
Childhood Lead Action Project, Providence, RI.
Citizen Action of New York, Buffalo, NY.
City of Buffalo Division of Neighborhoods, Buffalo, NY.
City of Charlotte Neighborhood Development, Charlotte, NC.
City of Columbus, Columbus, OH.
City of Fort Worth Public Health Department, Fort Worth, TX.
City of Providence Mayor's Office, Providence, RI.
City of Springfield Office of Housing, Springfield, MA.
CLEAR Corps, Baltimore, MD.
Cook County CLPPP, Chicago, IL.
Detroit Health Department; LPPCP, Detroit, MI.
Dorchester Bay Economic Development Corporation, Dorchester, MA.
Douglas County Health Department, Omaha, NE.
Dover Office of LPPP, Dover, DE.
Dubuque Housing Services, Dubuque, IA.
Durham Department of Housing, Durham, NC.
Duval County Health Department, Jacksonville, FL.
Economic and Employment Development Center, Los Angeles, CA.
Ecumenical Social Action Committee, Jamaica Plain, MA.
Environmental Defense Fund, Washington, DC.
Esperanza Community Housing Corporation, Los Angeles, CA.
Greater Minneapolis Day Care Association, Minneapolis, MN.
Hawaii State Department of Health, Honolulu, HI.
Healthy Children Organizing Project, San Francisco, CA.
Houston CLPPP, Houston, TX.
Houston Department of Health and Human Services, Houston, TX.
Hunter College Center for Occupational and Environmental Health, New York, NY.
Indiana State Department of Health, Indianapolis, IN.
Infant Welfare Society, Chicago, IL.
Ironbound Community Corporation, Newark, NJ.
Just a Start Corporation, St. Cambridge, MO.
Kansas City, MO, Health Department—CLPPP, Kansas City, MO.
Kentucky State CLPPP, Frankfort, KY.
LaSalle University Neighborhood Nursing Center, Philadelphia, PA.
Lead-Safe Cambridge, Cambridge, MA.
Lead-Safe Cuyahoga, Cleveland, OH.
Lead Action Collaborative, Boston, MA.
Lead Poisoning Prevention Education and Training Program, Stratford, NJ.
LeadBusters, Inc., Kansas City, KS.
Lisbon Avenue Neighborhood Development, Milwaukee, WI.
Los Angeles County CLPPP, Los Angeles, CA.
Malden Redevelopment Authority, Malden, MA.
Maryland Department of Housing, Crownsville, MD.
Massachusetts State Housing and Community Reinvestment, Boston, MA.
Michigan ACORN, Detroit, MI.
Michigan Department of Community Health, Lansing, MI.
Michigan League for Human Services, Lansing, MI.
Minneapolis Lead Hazard Control Program, Minneapolis, MN.
Missouri Coalition for the Environment, St. Louis, MO.
Missouri State CLPPP, Jefferson City, MO.
Montgomery County Lead Hazard Reduction Program, Dayton, OH.
Mothers of Lead Exposed Children, Richmond, MO.
National Center for Lead-Safe Housing, Columbia, MD.
National Health Law Program, Chapel Hill, NC.
Natural Resources Defense Council, New York, NY.
New Haven Health Department, New Haven, CT.
New Jersey Citizen Action, Highland Park, NJ.
New York City CLPPP, New York, NY.
Ohio Department of Health, Columbus, OH.
Palmerton Environmental Task Force, Palmerton, PA.
Petersburg Health Department, Petersburg, VA.
Phillips Neighborhood Healthy Housing Collaborative, Minneapolis, MN.
Phoenix Lead Hazard Control Program, Phoenix, AZ.
Project REAL—Richmond Redevelopment Agency, Richmond, CA.
Quincy-Weymouth Lead Paint Safety Initiative, Quincy, MA.
Rhode Island Department of Health—CLPPP, Providence, RI.
Rhode Island State Housing, Providence, RI.
Richmond Department of Public Health—Lead-Safe Richmond, Richmond, VA.
San Francisco Mayor's Office of Housing, San Francisco, CA.
Savannah NPCD, Savannah, GA.
Scott Co. Health Department—CLPP, Davenport, IA.
South Jersey Lead Consortium, Bridgeton, NJ.
Southeast Michigan Coalition on Occupational Safety and Health, Detroit, MI.
St. Louis County Government, Clayton, MO.
Syracuse Department of Community Development, Syracuse, NY.
Tenants' Action Group, Philadelphia, PA.
The Way Home, Manchester, NH.
United for Change CDC, Washington, DC.
United Parents Against Lead of Michigan, Paw Paw, MI.
University of Massachusetts Dartmouth Lead Program, New Bedford, MA.
University of Nevada at Las Vegas Harry Reid Center, Las Vegas, NV.
Urban League of Portland, Portland, OR.
Vermont Public Interest Research Group, Montpelier, VT.
West County Toxics Coalition, Richmond, CA.
West Dallas Coalition for Environmental Justice, Dallas, TX.
Wisconsin State CLPPP, Madison, WI.
Wyoming Department of Health—Lead Program, Cheyenne, WY.

● Ms. COLLINS. Mr. President, I am very pleased today to join my colleague, Senator JACK REED, in submitting a resolution designating October 24th–30th as National Childhood Lead Poisoning Prevention Week. This designation will help increase awareness of the significant dangers and prevalence of child lead poisoning across our nation.

Recently, Senator REED and I held a hearing in Rhode Island to address the impact exposure to lead paint can have on children's health and development, and to explore ways to improve our efforts to prevent and eventually eliminate lead poisoning in children.

Great strides have been made in the last 20 years to reduce the threat lead poses to human health. Most notably, lead has been banned from many products including residential paint, food cans and gasoline. These commendable steps have significantly reduced the incidence of lead poisoning. But the threat remains, and continues to imperil, the health and welfare of our nation's children.

In fact, lead poisoning is the most significant and prevalent environmental health threat to children in the U.S. today. Even low levels of lead exposure can have serious developmental consequences including reductions in IQ and attention span, reading and learning disabilities, hyperactivity and behavioral problems. The Centers for Disease Control and Prevention currently estimates that 890,000 children aged 1–5 have blood levels of lead that are high enough to affect their ability to learn.

Today, the major lead poisoning threat to children in found in interior paint that has deteriorated. Unfortunately, it is all too common for older homes to contain lead-based paint. In fact, more than half the entire housing stock—and three quarters of the stock built prior to 1978—contain some lead-based paint. Paint manufactured prior to the residential lead paint ban often remains safely contained and unexposed for decades, but over time, often through the remodeling process or through normal wear and tear, the paint can become exposed, contaminating the home with dangerous lead dust.

Because of the prevalence of older homes in the Northeast, lead poisoning exposure is a significant problem in our region. In Maine, 42 percent of our homes were built prior to 1950. Although screening rates nationally and in my state are considered to be too low, the sampling that has been done in my state shows that in some areas of the state 7–15 percent of children tested have high blood lead levels. In some areas of our country, the percentage is even higher.

Next month, I will hold a hearing in Maine to address the lead-based paint threat in our homes, and what parents can do to protect their children from the risks associated with lead exposure.

Once childhood development is impaired by exposure to lead, the effect is largely irreversible. However, if the presence of lead is detected prior to exposure, then remedial steps can be taken, such as lead containment or abatement, to prevent children from ever being harmed by lead's presence in the home.

We are not helpless to stop this insidious threat. By raising awareness of the prevalence of lead paint in homes, and the steps that can be taken to prevent poisoning, we can stop the life-impairing effects of childhood lead poisoning. I urge my colleagues to support me in raising awareness about childhood lead poisoning by co-sponsoring Childhood Lead Paint Poisoning Prevention Week.●

AMENDMENTS SUBMITTED

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT 2000

BOND (AND OTHERS) AMENDMENT NO. 2270

Mr. BOND (for himself, Mr. NICKLES and Mr. HUTCHINSON) proposed an amendment to amendment No. 1825 proposed by Mr. BOND to the bill (S. 1650) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2000, and for other purposes; as follows:

On page 1 of the amendment, strike all after the first word and insert the following:

___. (a) FINDINGS.—Congress makes the following findings:

(1) The Department of Labor, through the Occupational Safety and Health Administration (referred to in this section as ''OSHA'') plans to propose regulations during 1999 to regulate ergonomics in the workplace. A draft of OSHA's ergonomics regulation became available on February 19, 1999.

(2) A July 1997 report by the National Institute for Occupational Safety and Health that reviewed epidemiological studies that have been conducted of ''work related musculoskeletal disorders of the neck, upper extremity, and low back'' showed that there is insufficient evidence to assess the level of risk to workers from repetitive motions. Such evidence would be necessary for OSHA and the administration to write an efficient and effective regulation.

(3) An August 1998 workshop on ''work related musculoskeletal injuries'' held by the National Academy of Sciences reviewed existing research on musculoskeletal disorders. The workshop showed that there is insufficient evidence to assess the level of risk to workers from repetitive motions.

(4) In October 1998, Congress and the President agreed that the National Academy of Sciences should conduct a comprehensive study of the medical and scientific evidence regarding musculoskeletal disorders. The study is intended to evaluate the basic questions about diagnosis and causes of such disorders.

(5) To complete that study, Public Law 105-277 appropriated $890,000 for the National Academy of Sciences to complete a peer-reviewed scientific study of the available evidence examining a cause and effect relationship between repetitive tasks in the workplace and musculoskeletal disorders or repetitive stress injuries.

(6) The National Academy of Sciences currently estimates that this study will be completed late in 2000 or early in 2001.

(7) Given the uncertainty and dispute about these basic questions, and Congress' intention that they be addressed in a comprehensive study by the National Academy of Sciences, it is premature for OSHA to propose a regulation on ergonomics as being necessary or appropriate to improve workers' health and safety until such study is completed.

(b) PROHIBITION.—None of the funds made available in this Act may be used by the Secretary of Labor or the Occupational Safety and Health Administration to promulgate or issue, or to continue the rulemaking process of promulgating or issuing, any standard, regulation, or guideline regarding ergonomics prior to September 30, 2000.

WELLSTONE AMENDMENT NO. 2271

Mr. WELLSTONE proposed an amendment to amendment No. 1880 proposed by Mr. WELLSTONE to the bill, S. 2271, supra; as follows:

Beginning on page 1 of the amendment, strike ''$70,000,000'' and all that follows and insert the following: ''$358,816,000 shall be made available to carry out the mental health services block grant under subpart I of part B of title XIX of the Public Health Service Act ($48,816,000 of which shall become available on October 1, 2000 and remain available through September 30, 2001), and''.

BINGAMAN (AND OTHERS AMENDMENT NO. 2272

Mr. BINGAMAN (for himself, Mr. DOMENICI, and Mr. FEINGOLD) proposed an amendment to the bill, S. 1650, supra; as follows:

At the end of title II, add the following:

SEC. 216. STUDY AND REPORT ON THE GEOGRAPHIC ADJUSTMENT FACTORS UNDER THE MEDICARE PROGRAM.

(a) STUDY.—The Secretary of Health and Human Services shall conduct a study on—

(1) the reasons why, and the appropriateness of the fact that, the geographic adjustment factor (determined under paragraph (2) of section 1848(e) (42 U.S.C. 1395w–4(e)) used in determining the amount of payment for physicians' services under the medicare program is less for physicians' services provided in New Mexico than for physicians' services provided in Arizona, Colorado, and Texas; and

(2) the effect that the level of the geographic cost-of-practice adjustment factor (determined under paragraph (3) of such section) has on the recruitment and retention of physicians in small rural states, including New Mexico, Iowa, Louisiana, and Arkansas.

(b) REPORT.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services shall submit a report to Congress on the study conducted under subsection (a), together with any recommendations for legislation that the Secretary determines to be appropriate as a result of such study.

BINGAMAN AMENDMENT NO. 2273

Mr. HARKIN (for Mr. BINGAMAN) proposed an amendment to the bill, S. 1650 supra; as follows:

At the appropriate place in the bill add the following:

SEC. . CONFOUNDING BIOLOGICAL AND PHYSIOLOGICAL INFLUENCES ON POLYGRAPHY.

(a) FINDINGS.—The Senate finds that—

(1) The use of polygraph tests as a screening tool for federal employees and contractor personnel is increasing.

(2) A 1983 study by the Office of Technology Assessment found little scientific evidence to support the validity of polygraph tests in such screening applications.