

against tax for employers who provide child care assistance for dependents of their employees, and for other purposes.

S. 143

At the request of Mr. GRAMM, the name of the Senator from Nevada (Mr. ENSIGN) was added as a cosponsor of S. 143, a bill to amend the Securities Act of 1933 and the Securities Exchange Act of 1934, to reduce securities fees in excess of those required to fund the operations of the Securities and Exchange Commission, to adjust compensation provisions for employees of the Commission, and for other purposes.

S. 149

At the request of Mr. ENZI, the names of the Senator from Utah (Mr. BENNETT) and the Senator from Nevada (Mr. REID) were added as cosponsors of S. 149, a bill to provide authority to control exports, and for other purposes.

S. 237

At the request of Mr. HUTCHINSON, the name of the Senator from Illinois (Mr. FITZGERALD) was added as a cosponsor of S. 237, a bill to amend the Internal Revenue Code of 1986 to repeal the 1993 income tax increase on Social Security benefits.

S. 275

At the request of Mr. KYL, the names of the Senator from Virginia (Mr. ALLEN) and the Senator from Wyoming (Mr. THOMAS) were added as cosponsors of S. 275, a bill to amend the Internal Revenue Code of 1986 to repeal the Federal estate and gift taxes and the tax on generation-skipping transfers, to preserve a step up in basis of certain property acquired from a decedent, and for other purposes.

S. 277

At the request of Mr. KENNEDY, the names of the Senator from West Virginia (Mr. BYRD) and the Senator from Indiana (Mr. BAYH) were added as a cosponsor of S. 277, a bill to amend the Fair Labor Standards Act of 1938 to provide for an increase in the Federal minimum wage.

S. 307

At the request of Mrs. FEINSTEIN, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. 307, a bill to provide grants to State educational agencies and local educational agencies for the provision of classroom-related technology training for elementary and secondary school teachers.

S. CON. RES. 3

At the request of Mr. FEINGOLD, the name of the Senator from Georgia (Mr. LELAND) was added as a cosponsor of S. Con. Res. 3, a concurrent resolution expressing the sense of Congress that a commemorative postage stamp should be issued in honor of the U.S.S. *Wisconsin* and all those who served aboard her.

S. CON. RES. 7

At the request of Mr. KERRY, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor

of S. Con. Res. 7, a concurrent resolution expressing the sense of Congress that the United States should establish an international education policy to enhance national security and significantly further United States foreign policy and global competitiveness.

SENATE CONCURRENT RESOLUTION 11—EXPRESSING THE SENSE OF CONGRESS TO FULLY USE THE POWERS OF THE FEDERAL GOVERNMENT TO ENHANCE THE SCIENCE BASE REQUIRED TO MORE FULLY DEVELOP THE FIELD OF HEALTH PROMOTION AND DISEASE PREVENTION, AND TO EXPLORE HOW STRATEGIES CAN BE DEVELOPED TO INTEGRATE LIFESTYLE IMPROVEMENT PROGRAMS INTO NATIONAL POLICY, OUR HEALTH CARE SYSTEM, SCHOOLS, WORKPLACES, FAMILIES AND COMMUNITIES.

Mrs. FEINSTEIN (for herself, Mr. CRAIG, Mr. BINGAMAN, and Mr. CRAPO) submitted the following concurrent resolution; which was referred to the Committee on Health, Education, Labor, and Pensions.

S. CON. RES. 11

Whereas the New England Journal of Medicine has reported that modifiable lifestyle factors such as smoking, sedentary lifestyle, poor nutrition, unmanaged stress, and obesity account for approximately 50 percent of the premature deaths in the United States;

Whereas the New England Journal of Medicine has reported that spending on chronic diseases related to lifestyle and other preventable diseases accounts for an estimated 70 percent of total health care spending;

Whereas preventing disease and disability can extend life and reduce the need for health care services;

Whereas the Department of Health and Human Services has concluded that the health burden of these behaviors falls in greatest proportion on older adults, young children, racial and ethnic minority groups and citizens who have the least resources;

Whereas business leaders of America have asserted that spending for health care can divert private sector resources from investments that could produce greater financial returns and higher wages paid to employees;

Whereas the Office of Management and Budget reports that the Medicaid and Medicare expenditures continue to grow;

Whereas the American Journal of Public Health reports that expenditures for the Medicare program will increase substantially as the population ages and increasing numbers of people are covered by Medicare;

Whereas the American Journal of Health Promotion reports that a growing research base demonstrates that lifestyle factors can be modified to improve health, improve the quality of life, reduce medical care costs, and enhance workplace productivity through health promotion programs;

Whereas the Health Care Financing Administration has determined that less than 5 percent of health care spending is devoted to the whole area of public health, and a very small portion of that 5 percent is devoted to health promotion and disease prevention;

Whereas research in the basic and applied science of health promotion can yield a better understanding of health and disease prevention;

Whereas additional research can clarify the impact of health promotion programs on long term health behaviors, health conditions, morbidity and mortality, medical care utilization and cost, as well as quality of life and productivity;

Whereas the Institute of Medicine of the National Academy of Science has concluded that additional research is required to determine the most effective strategies to create lasting health behavior changes, reduce health care utilization, and enhance productivity;

Whereas the private sector and academia cannot sponsor broad public health promotion, disease prevention, and research programs;

Whereas the full benefits of health promotion cannot be realized—

(1) unless strategies are developed to reach all groups including older adults, young children, and minority groups;

(2) until a more professional consensus on the management of health and clinical protocols is developed;

(3) until protocols are more broadly disseminated to scientists and practitioners in health care, workplace, school, and other community settings; and

(4) until the merits of health promotion programs are disseminated to policy makers;

Whereas investments in health promotion can contribute to reducing health disparities; and

Whereas Research America reports that most American citizens strongly support increased Federal investment in health promotion and disease prevention: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring),

SECTION 1. SHORT TITLE.

This resolution may be cited as the "Building Health Promotion and Disease Prevention into the National Agenda Resolution of 2001".

SEC. 2. SENSE OF CONGRESS.

It is the sense of Congress that the Federal Government should—

(1) increase resources to enhance the science base required to further develop the field of health promotion and disease prevention; and

(2) explore strategies to integrate life-style improvement programs into national policy, health care, schools, workplaces, families, and communities in order to promote health and prevent disease.

Mrs. FEINSTEIN. Mr. President, today Senator CRAIG and I are introducing the "Building Health Promotion and Disease Prevention into the National Agenda Resolution of 2001."

This resolution expresses the sense of Congress that the federal government should do two things: (1) Support scientific research on health promotion and (2) explore ways in which the government can develop a national policy to integrate lifestyle improvement programs into our health care, schools, families and communities.

This resolution is supported by a coalition of 47 organizations, including the Wellness Council of America, the American Journal of Health Promotion, the American Preventive Medical Association, the National Alliance for Hispanic Health, the National Center for Health Education, Partnership for Prevention, and the Society for Prevention Research.

According to the American Journal of Health Promotion, health promotion

is "the science and art of helping people change their lifestyle to move toward a state of optimal health." Optimal health is defined as "a balance of physical, emotional, social, spiritual and intellectual health."

In this day and age of scientific breakthroughs and increased knowledge of medical science and health, American health care tends to emphasize curative treatments, rather than preventive measures and health promotion.

Several compelling statistics make the case for this resolution:

"Fifty percent of premature deaths in the United States are related to modifiable lifestyle factors," according to the Journal of the American Medical Association.

People with good health habits survive longer, and they can postpone disability by five years and compress it into fewer years at the end of life, says the New England Journal of Medicine.

While the exact amount spent on preventive health is disputed, experts estimate that only two to five percent of the annual \$1.5 trillion spent on national health care is on health promotion and disease prevention. In an April 1999 speech, Dr. David Satcher, the U.S. Surgeon General, stated that "only one percent of that amount goes to population-based prevention." According to the Centers for Disease Control and Prevention, CDC, the government spends \$1,390 per person per year to treat disease and only \$1.21 per person per year to prevent disease. This is simply not enough.

We must do a better job of supporting health promotion and disease prevention, as well as research to find cures for diseases and helping those who suffer from all illnesses. By doing so, we will see an increase in the number of Americans who are living longer and healthier lives and this could mean a decrease in overall national health costs. Simply put, it is much cheaper to prevent a disease than to treat it.

Diseases that are modifiable, if not checked, can become very expensive in treatment and cures. For instance:

The direct and indirect costs of smoking is \$130 billion per year.

Diabetes costs \$98 billion per year.

Physical inactivity costs \$24 billion per year.

Cardiovascular diseases cost \$327 billion per year.

Cancer costs \$107 billion per year.

Here is another example. Obesity costs our nation \$70 billion per year. In a recent report titled "Promoting Health for Young People through Physical Activity and Sports," the CDC states that it is increasingly important that children from pre-kindergarten to 12th grade receive physical education every day, as well as after-school sports programs. According to Dr. Jeffrey Koplan, the director of the CDC, "We are facing a serious public health program . . . we have an epidemic of obesity among youth, and we are seeing a troubling rise in cardiovascular

risk factors, including type 2 diabetes among young people."

With increased physical education, our children will be less likely to suffer from obesity, and in turn lower the risk type 2 diabetes.

Increased awareness about disease prevention and health promotion will never totally prevent illness, but it can reduce the cost of treating preventable diseases. It can save millions of dollars.

For instance, sun-block is proven to prevent some skin cancers. If every person who spent prolonged periods of time outside, protected themselves adequately from the sun's harmful rays, many incidents of skin cancer could be prevented. It is that easy.

Early detection helps to lower costs of diseases in the long run. If everyone had regular physicals and screenings, many diseases could be detected early and treated long before they advance to serious, incurable, and terminal stages.

Clearly, we must make health promotion a national priority.

The sad part is, our government invests very little to help educate people and promote healthier living.

As I stated earlier, it is estimated that out of the \$1.5 trillion spent annually on health care, only two to five percent goes to health promotion and disease prevention. Government public health activities receive 3.2 percent of national health expenditures, according to the Health Care Financing Administration. The National Institutes of Health (NIH) spent \$4.4 billion on prevention research in Fiscal Year 2000.

Surgeon General Dr. David Satcher believes that the government should pursue "a balanced community health system, a system which balances health promotion, disease prevention, early detection and universal access to care." I couldn't agree more. While it is imperative that our nation's research in diseases and medicine continue, we must increase our attention to disease prevention.

Passing this concurrent resolution will make a strong statement that the health of all Americans is a national priority.

As the generation of baby boomers quickly approaches retirement, the education and promotion of health and the lengthening of life-spans becomes even more important.

Keeping people healthy should be our number one goal.

I urge my colleagues to support this important resolution.

SENATE CONCURRENT RESOLUTION 12—EXPRESSING THE SENSE OF CONGRESS REGARDING THE IMPORTANCE OF ORGAN, TISSUE, BONE MARROW, AND BLOOD DONATION, AND SUPPORTING NATIONAL DONOR DAY

Mr. DURBIN (for himself, Mr. FRIST, Mr. KENNEDY, Mr. SANTORUM, Mr. SPEC-

TER, Mr. DORGAN, Ms. MIKULSKI, Mr. DEWINE, Mr. HAGEL, Mr. KERRY, Ms. COLLINS, Mrs. FEINSTEIN, Mr. WELLSTONE, Mr. LEVIN, Mr. BIDEN, Mr. CLELAND, Mr. FEINGOLD, Mr. ENZI, Ms. LANDRIEU, Mr. ROCKEFELLER, Mr. INOUE, Mr. TORRICELLI, Mr. GRAHAM, Mr. REID, Mrs. CLINTON, Mr. DODD, Mr. BREAUX, Mr. KOHL, and Mrs. LINCOLN) submitted the following concurrent resolution; which was considered and agreed to.

S. CON. RES. 12

Whereas more than 70,000 individuals await organ transplants at any given moment;

Whereas another man, woman, or child is added to the national organ transplant waiting list every 20 minutes;

Whereas despite the progress in the last 15 years, more than 15 people per day die because of a shortage of donor organs;

Whereas almost everyone is a potential organ, tissue, and blood donor;

Whereas transplantation has become an element of mainstream medicine that prolongs and enhances life;

Whereas for the fourth consecutive year, a coalition of health organizations is joining forces for National Donor Day;

Whereas the first three National Donor Days raised a total of nearly 25,000 units of blood, added over 4,000 potential donors to the National Marrow Donor Program Registry, and distributed tens of thousands of organ and tissue pledge cards;

Whereas National Donor Day is America's largest one-day organ, tissue, bone marrow, and blood donation event; and

Whereas a number of businesses, foundations, health organizations, and the Department of Health and Human Services have designated February 10, 2001, as National Donor Day: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) supports the goals and ideas of National Donor Day;

(2) encourages all Americans to learn about the importance of organ, tissue, bone marrow, and blood donation and to discuss such donation with their families and friends; and

(3) requests that the President issue a proclamation calling on the people of the United States to conduct appropriate ceremonies, activities, and programs to demonstrate support for organ, tissue, bone marrow, and blood donation.

Ms. LANDRIEU. Mr. President, I rise today to say just a few words about Senator DURBIN's measure honoring National Donor Day on February 10, 2001. I am proud to join Senator DURBIN as a cosponsor of this measure.

As Americans, one of the many things that we can be thankful for is the high quality of medical care. American technology, physicians, and pharmaceutical companies are often leaders in the development of new and improved healthcare equipment and techniques. But even the most cutting-edge technologies, the best doctors and nurses, and the finest facilities cannot save the life of a person in need of a transplant or transfusion. A grandfather with failing kidneys, a child with cancer, a mother who was in a car accident—any of these individuals could be saved by a gift of blood or an organ. Without these vital gifts, all of which are in great demand, many of our patients would not survive.