

introduced in the 105th Congress to address a serious health concern for veterans specifically the health threat posed by the Hepatitis C virus.

The legislation I am introducing today would make Hepatitis C a service-connected condition so that veterans suffering from this virus can be treated by the VA. The bill will establish a presumption of service connection for veterans with Hepatitis C, meaning that the Department of Veterans Affairs will assume that this condition was incurred or aggravated in military service, provided that certain conditions are met.

Under this legislation, veterans who received a transfusion of blood during a period of service before December 31, 1992; veterans who were exposed to blood during a period of service; veterans who underwent hemodialysis during a period of service; veterans diagnosed with unexplained liver disease during a period of service; veterans with an unexplained liver dysfunction value or test; or veterans working in a health care occupation during service, will be eligible for treatment for this condition at VA facilities.

I have reviewed medical research that suggests many veterans were exposed to Hepatitis C in service and are now suffering from liver and other diseases caused by exposure to the virus. I am troubled that many "Hepatitis C veterans" are not being treated by the VA because they can't prove the virus was service connected, despite the fact that hepatitis C was little known and could not be tested for until recently.

We are learning that those who served in Vietnam and other conflicts, tend to have higher than average rates of Hepatitis C. In fact, VA data shows that about 20 percent of its inpatient population is infected with the Hepatitis C virus, and some studies have found that 10 percent of otherwise healthy Vietnam, Veterans are Hepatitis C positive.

Hepatitis C was not isolated until 1989, and the test for the virus has only been available since 1990. Hepatitis C is a hidden infection with few symptoms. However, most of those infected with the virus will develop serious liver disease 10 to 30 years after contracting it. For many of those infected, Hepatitis C can lead to liver failure, transplants, liver cancer, and death.

And yet, most people who have Hepatitis C don't even know it—and often do not get treatment until it's too late. Only five percent of the estimated four million Americans with hepatitis C know they have it; yet with new treatments, some estimates indicate that 50 percent may have the virus eradicated.

Vietnam Veterans in particular are just now starting to learn that they have liver disease likely caused by Hepatitis C. Early detection and treatment may help head off serious liver disease for many of them. However, many veterans with Hepatitis C will not be treated by the VA because they must meet a standard that is virtually

impossible to meet in order to establish a service connection for their condition—this in spite of the fact that we now know that many Vietnam-era and other veterans got this disease serving their country.

Many of my colleagues may be interested to know how veterans were likely exposed to this virus. Many veterans received blood transfusions while in Vietnam. This is one of the most common ways Hepatitis C is transmitted. Medical transmission of the virus through needles and other medical equipment is also possible in combat. Medical care providers in the services were likely at increased risk as well, and may have, in turn, posed a risk to the service members they treated.

Researchers have discovered that Hepatitis C was widespread in Southeast Asia during the Vietnam war, and that some blood sent from the U.S. was also infected with the virus. Researchers and veterans organizations, including the Vietnam Veterans of America, with whom I worked closely to prepare this legislation, believe that many veterans were infected after being injured in combat and getting a transfusion or from working as a medic around combat injuries.

I believe we will actually save money in the long run by testing and treating this infection early on. The alternative is much more costly treatment of end-stage liver disease and the associated complications, or other disorders.

Some will argue that further epidemiologic data is needed to resolve or prove the issue of service connection. I agree that we have our work cut out for us, and further study should be done. However, there is already a substantial body of research on the relationship between Hepatitis C and military service. While further research is being conducted, we should not ask those who have already sacrificed so much for this country to wait—perhaps for years—for the treatment they deserve.

Former Surgeon General C. Everett Koop, well respected both within and outside of the medical profession, has said, "In some studies of veterans entering the Department of Veterans Affairs health facilities, half of the veterans have tested positive for HCV. Some of these veterans may have left the military with HCV infection, while others may have developed it after their military service. In any event, we need to detect the treat HCV infection if we are to head off very high rates of liver disease and liver transplant in VA facilities over the next decade. I believe this effort should include HCV testing as part of the discharge physical in the military, and entrance screening for veterans entering the VA health system."

Veterans have already fought their share of battles—these men and women who sacrificed in war so that others could live in peace shouldn't have to fight again for the benefits and respect they have earned.

We still have a long way to go before we know how best to confront this deadly virus. A comprehensive policy to confront such a monumental challenge can not be established overnight. It will require the long-term commitment of Congress and the Administration to a serious effort to address their health concern.

I hope this legislation will be a constructive step in this effort, and I look forward to working with the Veterans Affairs Committee, the VA-HUD appropriators, Vietnam Veterans of America and other veterans groups to meet this emerging challenge.

STATEMENTS ON SUBMITTED RESOLUTIONS

SENATE RESOLUTION 42—AUTHORIZING EXPENDITURES BY THE COMMITTEE ON SMALL BUSINESS

Mr. BOND submitted the following resolution; from the Committee on Small Business; which was referred to the Committee on Rules and Administration, as follows:

S. RES. 42

Resolved, That, in carrying out its powers, duties, and functions under the Standing Rules of the Senate, in accordance with its jurisdiction under rule XXV of such rules, including holding hearings, reporting such hearings, and making investigations as authorized by paragraphs 1 and 8 of rule XXVI of the Standing Rules of the Senate, the Committee on Small Business is authorized from March 1, 2001, through September 30, 2001, and October 1, 2001, through September 30, 2002 and October 1, 2002 through February 28, 2003, in its discretion (1) to make expenditures from the contingent fund of the Senate, (2) to employ personnel, and (3) with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable or nonreimbursable basis the services of personnel of any such department or agency.

SEC. 2. The expenses of the committee for the period March 1, 2001, through September 30, 2001, under this resolution shall not exceed \$1,119,973, of which amount (1) not to exceed \$20,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946, as amended), and (2) not to exceed \$20,000 may be expended for the training of the professional staff of such committee (under procedures specified by section 202(j) of the Legislative Reorganization Act of 1946).

(b) For the period of October 1, 2001, through September 30, 2002, expenses of the committee under this resolution shall not exceed \$1,985,266, of which amount (1) not to exceed \$20,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946, as amended), and (2) not to exceed \$20,000 may be expended for the training of the professional staff of such committee (under procedures specified by section 202(j) of the Legislative Reorganization Act of 1946).

(c) For the period of October 1, 2002, through February 28, 2003, expenses of the

committee under this resolution shall not exceed \$848,624, of which amount (1) not to exceed \$20,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946, as amended), and (2) not to exceed \$20,000 may be expended for the training of the professional staff of such committee (under procedures specified by section 202(j) of the Legislative Reorganization Act of 1946).

SEC. 3. The committee may report its findings, together with such recommendations for legislation as it deems advisable, to the Senate at the earliest practical date, but not later than February 28, 2003.

SEC. 4. Expenses of the committee under this resolution shall be paid from the contingent fund of the Senate upon vouchers approved by the chairman of the committee, except that vouchers shall not be required (1) for the disbursement of salaries of employees paid at an annual rate, or (2) for the payment of telecommunications provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate, or (3) for the payment of stationery supplies purchased through the Keeper of the Stationery, United States Senate, or (4) for payments to the Postmaster, United States Senate, or (5) for the payment of metered charges on copying equipment provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate, or (6) for the payment of Senate Recording and Photographic Services or (7) for payment of franked mail costs by the Sergeant at Arms and Doorkeeper, United States Senate.

SEC. 5. There are authorized such sums as may be necessary for agency contributions related to the compensation of employees of the committee from March 1, 2001, through September 30, 2001, and October 1, 2001, through September 30, 2002 and October 1, 2002 through February 28, 2003, to be paid from the Appropriations account for “Expenses of Inquiries and Investigations.”

SENATE RESOLUTION 43—EXPRESSING THE SENSE OF THE SENATE THAT THE PRESIDENT SHOULD DESIGNATE THE WEEK OF MARCH 18 THROUGH MARCH 24, 2001, AS “NATIONAL INHALANTS AND POISONS AWARENESS WEEK”

Mr. MURKOWSKI (for himself, Mr. DASCHLE, and Mr. DEWINE) submitted the following resolution; which was referred to the Committee on the Judiciary, as follows:

S. RES. 43

Whereas the National Inhalant Prevention Coalition has declared the week of March 18 through March 24, 2001, “National Inhalants and Poisons Awareness Week”;

Whereas inhalant abuse is nearing epidemic proportions, with almost 20 percent of young people admitting to experimenting with inhalants before graduating from high school;

Whereas only 4 percent of parents suspect that their children use inhalants;

Whereas inhalants are the third most popular substance used by youths through the eighth grade, behind only alcohol and tobacco;

Whereas 1,000 products can be inhaled to get high and those products are legal, inexpensive, and found in nearly every home and every corner market;

Whereas using inhalants only once can lead to kidney failure, brain damage, and even death;

Whereas inhalants are considered a gateway drug, leading to the use of harder, more deadly drugs;

Whereas inhalant use is difficult to detect, the products used are accessible and affordable, and abuse is common; and

Whereas increased education of young people and parents regarding the dangers of inhalants is an important step in the battle against drug abuse: Now, therefore, be it

Resolved,

SECTION 1. NATIONAL RESPONSE TO INHALANT USE.

(a) **SENSE OF THE SENATE.**—It is the sense of the Senate that—

(1) the President should designate the week of March 18 through March 24, 2001, as “National Inhalants and Poisons Awareness Week”; and

(2) parents should learn about the dangers of inhalant abuse and discuss those dangers with their children.

(b) **PROCLAMATION.**—The Senate requests that the President issue a proclamation—

(1) designating the week of March 18 through March 24, 2001, as “National Inhalants and Poisons Awareness Week”; and

(2) calling upon the people of the United States to observe “National Inhalants and Poisons Awareness Week” with appropriate ceremonies and activities.

Mr. MURKOWSKI. Mr. President, today Senators DASCHLE, DEWINE and I rise to introduce a resolution that will help fight a silent epidemic among America’s youth. This epidemic can leave young people permanently brain damaged or, worse, dead. It is called inhalant abuse.

This resolution will designate the week of March 18 through March 24, 2001, as “National Inhalants and Poisons Awareness Week.”

What exactly are inhalants? Inhalants are the intentional breathing of gas or vapors for the purpose of reaching a high. Over 1,400 common products can be abused, such as lighter fluid, pressurized whipped cream, hair spray, and gasoline, the abused product of choice in rural Alaska. These products are inexpensive, easily obtained and legal.

An inhalant abuse counselor told me, “If it smells like a chemical, it can be abused.”

It’s a “silent epidemic” because few adults really appreciate the severity of the problem: One in five students has tried inhalants by the time they reach the eighth grade; use of inhalants by children has nearly doubled in the last 10 years; and inhalants are the third most abused substances among teenagers, behind alcohol and tobacco.

Inhalants are deadly. Inhalant vapors react with fatty tissues in the brain, literally dissolving them. One time use of inhalants can cause instant and permanent brain, heart, kidney, liver or other organ damage. The user can also suffer from instant heart failure known as “Sudden Sniffing Death Syndrome,” this means an abuser can die the first, tenth or hundredth time he or she uses an inhalant.

In fact, according to a recent study by the Alaska Native Health Consortium, inhaling has a higher risk of “instant death” than any other abused substance.

That’s what happened to Theresa, an 18-year old who lived in rural Western Alaska. Theresa was inhaling gasoline; shortly thereafter, her heart stopped. She was found alone and outside in near zero temperatures. Theresa, who was the youngest of five children and just a month shy of graduation, was flown to Fairbanks Memorial Hospital where she was pronounced dead on arrival.

Two years ago in Pennsylvania, a teenage driver, with four teenage passengers, lost control of her car in broad daylight. The car hit a tree with such impact that all passengers were killed. High levels of a chemical, found in computer keyboard cleaners, were found in the young driver’s body. A medical examiner’s report cited “impairment due to inhalant abuse” as the cause of the crash.

Mr. HAVILAND, the principal of the high school where the five girls attended, said neither teachers nor school administrators ever suspected that students were involved with inhalants.

Inhalants are considered a “gateway” to other illicit drug abuse. Because these products are legal, affordable and their abuse is hard to detect, awareness must be promoted among young people, parents and educators. We hope that a national week of awareness will encourage programs throughout the country, alerting parents and children to the dangers of inhalants.

I ask my colleagues to support and cosponsor this resolution. This national tragedy can be prevented through education and awareness. Hopefully, this week of awareness will save a child’s life, and end one of our nation’s silent epidemics.

I ask unanimous consent that the text of the bill be printed in the RECORD.

SENATE CONCURRENT RESOLUTION 20—SETTING FORTH THE CONGRESSIONAL BUDGET FOR THE UNITED STATES GOVERNMENT FOR FISCAL YEAR 2002

Mr. HOLLINGS submitted the following concurrent resolution; which was referred to the Committee on the Budget, as follows:

S. CON. RES. 20

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

SECTION 1. CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2002.

(a) **DECLARATION.**—Congress determines and declares that this resolution is the concurrent resolution on the budget for fiscal year 2002.

(b) **TABLE OF CONTENTS.**—The table of contents for this concurrent resolution is as follows:

Sec. 1. Concurrent resolution on the budget for fiscal year 2002.

TITLE I—LEVELS AND AMOUNTS

Sec. 101. Recommended levels and amounts.

Sec. 102. Social Security.

Sec. 103. Major functional categories.

TITLE II—BUDGETARY RESTRAINTS AND RULEMAKING

Sec. 201. Reserve fund for tax cuts in the event of a recession.