IL. From that start, he build a chain of 13 newspapers in southern and central Illinois.

Paul Simon served the State of Illinois and the United States for decades. He is the only individual to have served in both the Illinois House of Representatives and the Illinois Senate, and the U.S. House of Representatives and U.S. Senate.

Paul highly valued education and the youth of our Nation. In addition to his work in Congress to strengthen public education in America, he started the public affairs reporting program at Sangamon State University, now the University of Illinois at Springfield. He later became the founder and director of the Public Policy Institute at Southern Illinois University in Carbondale, IL, and taught there for more than 6 years.

Weeks before his death, Paul made the rounds to Washington and the editorial boards in Chicago. He was promoting an idea to create a new scholarship program which would send American students overseas to study and invite their foreign counterparts to come to America to learn. As Paul explained it, this opportunity to learn would help an often hostile world to understand us and help the next generation of American leaders to understand the world we live in. It was Paul Simon's longterm solution to the threat of terrorism: dialogue, education and tolerance—the hallmarks of his public life. In a modest way, we came through for him.

Earlier this year, this Congress established a commission to recommend the framework for an international study abroad program for college students. The program Senator Simon envisioned and worked so hard to create was what he called the Lincoln Fellowships. The program under development is designed to encourage and support the experience of studying abroad in developing countries—in countries whose people, culture, language, government, and religion might be very different from ours.

Shortly after Paul's death, I introduced legislation to name the Federal building located at 250 West Cherry Street in Carbondale, IL, the "Senator Paul Simon Federal Building." In May 2004, this bill was signed into law. Naming this building in Carbondale after Paul Simon will help present and future generations remember and honor a great man who lived in and worked for the people of Southern Illinois and served in our Federal Government with the greatest integrity.

From journalism to Government to education, Paul Simon set the standard for honesty and caring in public life. Paul set a standard for integrity in public life the rest of us can only aspire to. Whether you agreed with his politics or not, you always knew you could trust Paul. He didn't apologize for dedicating his public life to the less fortunate. He believed and taught those of us who worked with him that honesty

and caring were the real standards for public service. He was genuine in his politics, in his life, and in his values.

I wouldn't be a Senator today if it weren't for Paul Simon. He believed in me, he inspired me, and he was a true friend.

Today I am introducing a resolution to authorize the printing of tributes and other related materials in honor of Senator Simon. This resolution will authorize the collection and printing of these materials in an official Senate document. The compilation of the tribute statements made by my Senate colleagues will serve as a lasting testament to our former colleague.

Through these small measures, Congress has paid tribute to the lasting legacy of our friend, Paul Simon. His dedication to public service serves as an example for all Americans.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to, the motion to reconsider be laid upon the table, and that any statements relating thereto be printed in the RECORD, without intervening action or debate.

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

The resolution (S. Res. 471) was agreed to, as follows:

S. Res. 471

Resolved, That there be printed as a Senate document a compilation of tributes and other related materials concerning the Honorable Paul Simon, late a Senator from the State of Illinois.

FEDERAL RECOGNITION OF CONFEDERATED TRIBES COMMENDING INEZ SITTER FOR HER SERVICE TO THE UNITED STATES

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Indian Affairs Committee be discharged from further consideration and the Senate proceed to the immediate consideration of S. Res. 423 and S. Res. 441, en bloc.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will state the resolutions by title.

The legislative clerk read as follows:

A resolution (S. Res. 441) expressing the sense of the Senate that October 17, 1984, the date of the restoration by the Federal Government of Federal recognition to the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, should be memorialized.

A resolution (S. Res. 423) commending Inez Sitter for her service to the United States.

There being no objection, the Senate proceeded to consider the resolutions, en bloc.

Mr. McConnell. Mr. President, I ask unanimous consent that the resolutions be agreed to, en bloc, the preambles be agreed to, en bloc, the motions to reconsider be laid upon the table, and that any statements relating to the measures be printed in the Record.

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

The resolutions (S. Res. 441 and S. Res. 423) were agreed to, en bloc.

The preambles were agreed to, en bloc.

The resolutions, with their preambles, read as follows:

S. RES. 441

Whereas the Coos, Lower Umpqua, and Siuslaw Restoration Act (25 U.S.C. 714 et seq.), which was signed by the President on October 17, 1984, restored Federal recognition to the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians:

Whereas the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians historically inhabited land now in the State of Oregon, from Fivemile Point in the south to Tenmile Creek in the north, west to the Pacific Ocean, then east to the crest of the Coast Range, encompassing the watersheds of the Coos River, the Umpqua River to Weatherly Creek, the Siuslaw River, the coastal tributaries between Tenmile Creek and Fivemile Point, and portions of the Coouille watershed:

Whereas in addition to restoring Federal recognition, that Act and other Federal Indian statutes have provided the means for the Confederated Tribes to achieve the goals of cultural restoration, economic self-sufficiency, and the attainment of a standard of living equivalent to that enjoyed by other citizens of the United States;

Whereas by enacting the Coos, Lower Umpqua, and Siuslaw Restoration Act (25 U.S.C. 714 et seq.), the Federal Government—

(1) declared that the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians were eligible for all Federal services and benefits provided to federally recognized tribes;

(2) provided the means to establish a tribal reservation; and

(3) granted the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians self-government for the betterment of tribal members, including the ability to set tribal rolls:

Whereas the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians have embraced Federal recognition and self-sufficiency statutes and are actively working to better the lives of tribal members; and

Whereas economic self-sufficiency, which was the goal of restoring Federal recognition for the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, is being realized through many projects: Now, therefore, be it

Resolved, That it is the sense of the Senate that October 17, 1984, should be memorialized as the date on which the Federal Government restored Federal recognition to the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians.

S. RES. 423

Whereas the United States, and subsequently the Choctaw Nation of Oklahoma, have operated a school at Hartshorne, Oklahoma, called the Jones Academy for more than 100 years, a facility that, since 1952, has provided residential services to predominately at-risk children from more than 20 Indian tribes throughout the United States who attend local, public school academic classes;

Whereas for approximately half that time, Mrs. Inez Sitter has been a vital part of that school and its efforts to educate American Indian children;

Whereas Mrs. Sitter came to the school in an administrative post in March of 1944 and progressed through various administrative capacities to be the Administrative Assistant at the school:

Whereas Mrs. Sitter formally retired from the Bureau of Indian Affairs in 1983, after 39 years of service; Whereas Mrs. Sitter immediately thereafter assumed the position as the Study Hall/Tutorial Coordinator for Jones Academy, the Library Services Coordinator, and the Director of the critically important Foster Grandparents program at the school, positions she has held to this day:

Whereas Mrs. Sitter, who is a member of many civic organizations, including the Hartshorne Edgewood United Methodist Church, the Daughters of the American Revolution, and the American Legion Auxiliary, is known throughout the community for her extra work with students, including mentoring, tutoring, and preparation of homework and term assignments;

Whereas for such work she gained a position of advocate for the children of Jones Academy and the de facto position of liaison with the local public school in Hartshorne:

Whereas Mrs. Sitter, who resided with her family on campus, became a surrogate parent for hundreds of Jones Academy children:

Whereas Mrs. Sitter has been described by a colleague as "87 years young, and only 95 pounds, but with 60 years of service to the children of Jones Academy and the people of Hartshorne, the State of Oklahoma, and these United States"; and

Whereas the Bureau of Indian Affairs, recognizing her selfless and outstanding contributions, awarded Mrs. Sitter its Lifetime Achievement Award, presented by Assistant Secretary Dave Anderson on August 3, 2004: Now, therefore, be it

Resolved, That the Senate commends Mrs. Inez Sitter for her outstanding service to the Choctaw Nation of Oklahoma, the State of Oklahoma, and the United States.

ELDER FALLS PREVENTION ACT OF 2003

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 785, S. 1217.

The PRESIDING OFFICER. The clerk will state the bill by title.

The legislative clerk read as follows:

A bill (S. 1217) to direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls.

There being no objection, the Senate proceeded to consider the bill, which was reported from the Committee on Health, Education, Labor, and Pensions, with an amendment and an amendment to the title, as follows:

(Strike the part printed in black brackets and insert the part printed in italic.)

S. 1217

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

[SECTION 1. SHORT TITLE.

[This Act may be cited as the "Elder Fall Prevention Act of 2003".

[SEC. 2. FINDINGS.

The Congress finds as follows:

- [(1) Falls are the leading cause of injury deaths among individuals who are over 65 years of age.
- [(2) By 2030, the population of individuals who are 65 years of age or older will double. By 2050, the population of individuals who are 85 years of age or older will quadruple.
- [(3) In 2000, falls among elderly individuals accounted for 10,200 deaths and 1,600,000 emergency department visits.
- [(4) Sixty percent of fall-related deaths occur among individuals who are 75 years of age or older.

- [(5) Twenty-five percent of elderly persons who sustain a hip fracture die within 1 year.
- [6] Hospital admissions for hip fractures among the elderly have increased from 231,000 admissions in 1988 to 332,000 in 1999. The number of hip fractures is expected to exceed 500,000 by 2040.
- [(7) Annually, more than 64,000 individuals who are over 65 years of age sustain a traumatic brain injury as a result of a fall.
- [(8) Annually, 40,000 individuals who are over 65 years of age visit emergency departments with traumatic brain injuries suffered as a result of a fall, of which 16,000 of these individual are hospitalized and 4,000 of these individuals die.
- [(9) The rate of fall-induced traumatic brain injuries for individual who are 80 years of age or older increased by 60 percent from 1989 to 1998.
- [(10) The estimated total cost for non-fatal traumatic brain injury-related hospitalizations for falls in individuals who are 65 years of age or older is more than \$3,250,000,000. Two-thirds of these costs occurred among individual who were 75 years of age or older.
- [(11) The costs to the Medicare and Medicaid programs and society as a whole from falls by elderly persons continue to climb much faster than inflation and population growth. Direct costs alone will exceed \$32,000,000,000 in 2020.
- I(12) The Federal Government should devote additional resources to research regarding the prevention and treatment of falls in residential as well as institutional settings.
- [(13) A national approach to reducing elder falls, which focuses on the daily life of senior citizens in residential, institutional, and community settings is needed. The approach should include a wide range of organizations and individuals including family members, health care providers, social workers, architects, employers and others.
- [14] Reducing preventable adverse events, such as elder falls, is an important aspect to the agenda to improve patient safety.

[SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

[Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

["PART R—PREVENTION OF ELDER FALLS ["SEC. 399AA. PURPOSES

["The purposes of this title are—

- I"(1) to develop effective public education strategies in a national initiative to reduce elder falls in order to educate the elders themselves, family members, employers, caregivers, and others who touch the lives of senior citizens:
- ["(2) to expand needed services and conduct research to determine the most effective approaches to preventing and treating elder falls: and
- I''(3) to require the Secretary to evaluate the effect of falls on the costs of medicare and medicaid and the potential for reducing costs by expanding education, prevention, and elderly intervention services covered under these two programs.

["SEC. 399AA-1. PUBLIC EDUCATION.

- I"Subject to the availability of appropriations, the Administration on Aging within the Department of Health and Human Services shall—
- I''(1) oversee and support a three-year national education campaign to be carried out by the National Safety Council to be directed principally to elders, their families and health care providers and focusing on ways of reducing the risk of elder falls and preventing repeat falls; and
- [''(2) provide grants to qualified organizations and institutions for the purpose of organizing State-level coalitions of appropriate State and local agencies, safety,

health, senior citizen and other organizations to design and carry out local education campaigns, focusing on ways of reducing the risk of elder falls and preventing repeat falls. ["SEC. 399AA-2. RESEARCH.

- ["(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary shall—
 - ["(1) conduct and support research to—
- [''(A) improve the identification of elders who have a high risk of falling;
 [''(B) improve data collection and analysis
- to identify fall risk and protective factors;
 ["(C) design, implement, and evaluate fall
- I**(C) design, implement, and evaluate fall prevention interventions to identify the most effective of the numerous potential strategies available;
- ["(D) improve strategies that are proven to be effective in reducing falls by tailoring these strategies to specific elderly populations;
- ["(E) conduct research in order to maximize the dissemination of proven, effective fall prevention interventions;
- [''(F) expand proven interventions to prevent elder falls:
- ["(G) improve the diagnosis, treatment, and rehabilitation of elderly fall victims; and
- ["(H) assess the risk of falls occurring in various settings;
- I**(2) conduct research concerning barriers to the adoption of proven interventions with respect to the prevention of elder falls (such as medication review and vision enhancement);
- I''(3) conduct research to develop, implement, and evaluate the most effective approaches to reducing falls among very high risk elders living in nursing homes, assisted living, and other types of long-term care facilities: and
- [''(4) evaluate the effectiveness of community programs to prevent assisted living and nursing home falls by elders.
- ["(b) ADMINISTRATION.—In carrying out subsection (a), the Secretary shall—
- [''(1) conduct research and surveillance activities among community-dwelling and institutionalized elders through the Director of the Centers for Disease Control and Prevention;
- [''(2) conduct research related to elder fall prevention in health care delivery settings and clinical treatment and rehabilitation of elderly fall victims through the Director of the Agency for Healthcare Research and Quality; and
- ["(3) ensure the coordination of the activities described in paragraphs (1) and (2).
- ["(c) GRANTS.—The Secretary shall award grants to qualified organizations and institutions to enable such organizations and institutions to provide professional education for physicians and allied health professionals in elder fall prevention.

["SEC. 399AA-3. DEMONSTRATION PROJECTS.

- ["Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Director of the Agency for Healthcare Research and Quality, shall carry out the following:
- [''(1) Oversee and support demonstration and research projects to be carried out by the National Safety Council and other qualified organizations in the following areas:
- [''(A) A multi-State demonstration project assessing the utility of targeted fall risk screening and referral programs.
- I"(B) Programs designed for communitydwelling elderly individuals that shall utilize multi-component fall intervention approaches, including physical activity, medication assessment and reduction when possible, vision enhancement, and home modification strategies.