

is a "cheerful giver," as she constantly reaches out and offers kind words and support to those who need it most.

The commitment to helping others and interest in current events that Nancy exhibits at the office also extends to her personal life, as well. For many years, Nancy has been a respected leader in both the Oregon and National Federations of Republican Women. She has served as President of the OFRW, and is a member of the NFRW Legislative Committee.

I am very proud to call Nancy and her husband, Dave, my friends, and wish her the very best as she retires from service to the U.S. Senate.

ADDITIONAL STATEMENTS

HONORING BETTY BENJAMIN

• Mr. DAYTON. Mr. President, today I congratulate and honor my friend, Betty Benjamin from Minneapolis, who last Saturday celebrated her 80th birthday. She has lived an extraordinary and outstanding 80 years.

Raised on a farm near Redwood Falls, MN, Betty studied social work at Hamline University, where she met her future husband, Robert Benjamin, a pre-med student from Pipestone, MN. During the mid- to late 1960s, Betty was busy raising her family, but somehow she found time to become a committed leader in the local movement to reform the existing abortion laws. Recognizing her determination and natural leadership, her friends and colleagues asked her to become the president of two women's organizations; the Edina League of Women Voters and the Minnesota Organization for the Repeal of Abortion Laws. The latter organization later became the Minnesota Chapter of the National Abortion Rights Action League.

When Betty became the leader of Minnesota's pro-choice community, abortion was an illegal procedure. Driven by her professional experience as a social worker and her deeply held belief that women should have the freedom to make their own decisions about their own bodies and lives, Betty was committed to see the abortion laws repealed. With her family by her side, Betty dedicated everything to the movement—her time, her energy, and even her home. To save valuable resources, the organization met in a spare room at the Benjamins' house in suburban Minneapolis for more than 5 years. Opening her home to other abortion rights advocates allowed Betty to stay connected to the statewide, grassroots organizing plan she shaped. At one point, Betty organized a Board of Directors that featured a resident from each of Minnesota's 67 legislative districts. Most importantly, making the organization's base of operations her home enabled Betty to be a loving and devoted mother. And what a role model she was to her three children! Day after day, she demonstrated the values of hard work and persistence and that one person can truly make an imprint on social policy.

While the organization eventually outgrew the Benjamins' spare room, Betty has never outgrown the organization and the fight. A steady source of inspiration and encouragement to all in the movement, Betty continues to serve on the Minnesota NARL Foundation Board of Directors.

At 80 years of age, Betty's activism and passion still spill out of the boardroom and onto the streets. Two weeks ago, she flew from Minneapolis to Washington, DC, to participate in the largest march ever for women's reproductive rights. Once again, she stood strong with her fellow Americans, this time over a million, to protect the rights she fought to secure for women more than 30 years ago.

I stand here on the Senate floor today to honor Mrs. Betty Benjamin on her 80th birthday and to thank her for her continued commitment and dedication. May God grace us with her presence and her passion for many years to come.●

OSTEOPOROSIS AWARENESS AND PREVENTION MONTH

• Ms. SNOWE. Mr. President, I wish to speak about osteoporosis and to remind my colleagues that May is Osteoporosis Awareness and Prevention Month. Osteoporosis today is a major public health threat for an estimated 44 million Americans, or 55 percent of the population age 50 and over. At least ten million Americans are estimated to have osteoporosis and almost 34 million more are estimated to have low bone mass, placing them at increased risk for the disease.

Of the 10 million Americans estimated to have osteoporosis, 20 percent are men. Current statistics show that one in two women and one in four men over age 50 will have an osteoporosis-related fracture in her or his lifetime. To put this into perspective, as I look around this chamber, these statistics mean that more than 25 of our group of 100 Senators could develop osteoporosis. And, while osteoporosis is thought of as an older person's disease, it strikes men and women of all ethnic groups at any age.

The literal meaning of the word "osteoporosis" is "porous bone." Osteoporosis is a devastating disease that causes bones to thin and break easily—especially bones in the hip, spine and wrist. It is known as a silent disease because most people don't even know that they have osteoporosis until after they have broken a bone.

Not only are these bone fractures very painful and devastating to an individual's quality of life, but they can also be life-threatening, especially for older men. Nearly one in four hip fracture patients who are age 50 and over, and average of 24 percent, die in the year following their fracture. And the 80,000 men who suffer hip fractures each year are nearly twice as likely to die in the year after the fracture as women their age.

Apart from the severe life-or-death and quality of life consequences that

bone fractures can have, osteoporosis has become a major health care expense. In 2001, osteoporosis cost the country \$17 billion, or \$47 million a day in direct costs, according to a report of the National Osteoporosis Foundation, "America's Bone Health: The State of Osteoporosis and Low Bone Mass in Our Nation," issued 2 years ago. Of course, those figures would be even higher today.

The ramifications of osteoporosis go beyond our country's health care system and are truly international in scope. The World Health Organization considers osteoporosis to be the second leading health problem in the world.

In spite of these alarming statistics, we are making progress and developing a growing awareness and commitment to confronting this disease. Twenty years ago, few people understood the terms "osteoporosis," and no medical therapy existed to treat the disease or help prevent its onset. Today, osteoporosis research and education are helping us make great strides. People are far better informed about the causes of this disease and steps to take for prevention and treatment.

Building strong bones during childhood, adolescence and as young adults can help individuals avoid the disease later in life. Four simple steps can help prevent osteoporosis and optimize bone health: Eating a balanced diet rich in calcium and vitamin D; doing weight-bearing exercises on a regular basis; leading a healthy lifestyle without smoking or excessive alcohol; and having bone density tests and treating low bone mass, as recommended. Preventive measures and treatment—even after a fracture—will minimize further bone loss and help prevent future disability.

Along those lines, I have introduced two bills, the Osteoporosis Federal Employee Health Benefits Standardization Act of 2003, S. 417, which ensures that coverage of bone mass measurements is provided under the Federal health benefits program, and the Medicare Osteoporosis Measurement Act of 2003, S. 419, which amends Medicare to include coverage of bone mass measurements under Medicare part B for all individuals, including estrogen-deficient women, at clinical risk for osteoporosis. I urge my colleagues to join me in supporting this legislation and working towards passage of these bills this year.

Injuries and death from bone fractures can be greatly reduced with prevention, early detection, and the new forms of treatment that are now available. We should all take the initiative and keep one thought foremost in our minds: It's never too early or too late to start.●

COVER THE UNINSURED WEEK

• Mr. SARBANES. Mr. President, today I wish to recognize Cover the Uninsured Week. I take this opportunity to highlight the crisis of the uninsured in the United States and to underscore the significant impact that this crisis has on our population.

The number of Americans without health insurance is equal to the combined populations of 24 States and the District of Columbia. As of a September 2003 National Bureau of Census report, the most recent set of comprehensive figures on this problem, nearly 44 million people had gone without health insurance for the span of an entire year or longer. Millions more had been uninsured for part of a year.

The estimated 43.6 million people who are currently uninsured face constant financial vulnerability. At any moment they could face financial devastation by the costs associated with an unexpected injury or disease. In Maryland alone, there were 595,500 uninsured in 2003—approximately 13 percent of Maryland's population. According to the Baltimore Sun, 700,000 people younger than 65 have no insurance.

Lack of insurance takes a huge financial toll on families. On average, the uninsured are forced to pay 35 percent of the overall costs of their medical coverage. As a result, medical bills are the leading cause of bankruptcy and are cited as a reason for half of all personal bankruptcy filings.

In my own State of Maryland, we hear the worries of people with pre-existing conditions who cannot change their job because they fear they will never again be eligible for affordable health insurance. I hear about recent college graduates who are no longer eligible for coverage under their parent's insurance policy and are going without, hoping nothing happens to them until they find a job that has health benefits.

I hear the stories of those who have had to forego care because they are uninsured; mothers, fathers, children who have fatal disease, forced to face fatal consequences because they cannot effectively access the health care system. Statistics show that up to 18,000 people die each year because we ignore the plight of the uninsured. That is the equivalent of 49 people a day.

Who are the uninsured? Often we are led to believe that if people are working they will have health coverage for themselves and their families. This is not the case. Eighty percent are in families in which at least one person is working. Many employers and workers are finding it difficult to afford health insurance due to the continual increases in health care costs. Service and labor jobs, which make up a significant portion of our workforce, are less likely to offer insurance. Moreover, part-time workers are often ineligible for employer-sponsored insurance and low-wage workers often cannot afford to pay their premiums.

This phenomenon has a very negative impact on the lives of children. Mr. President, 8.5 million of our children are uninsured, which is more than the number of children in first and second grade in all of our public schools combined. A Florida Healthy Kids Corporation study showed that uninsured kids are 25 percent more likely to miss

school than insured children. Such a percentage represents a significant disadvantage for children, especially for those who likely face other obstacles as well.

Often those with insurance take these benefits for granted. We tend to ignore that which does not directly affect us. But those who are ignoring this problem for that reason should think again. There are consequences to all of us for ignoring the plight of the uninsured. According to a recent Institute of Medicine report, the United States loses \$65–\$130 billion each year as a result of the poor health and early deaths of uninsured adults. These numbers are called lost “health capital,” also known as individual work losses and development losses in children due to poor health. A community's high rate of uninsurance can adversely affect its overall health status, including the financial stability of its health care institutions and providers. Moreover, such communities face decreased access to services such as emergency departments and trauma centers.

I hope the Senate in the near future can begin to engage in discussions about meaningful ways to provide quality, comprehensive, affordable health care for all of our citizens. I would like to comment the Robert Wood Johnson Foundation and their cosponsors for creating Cover the Uninsured Week. I urge my colleagues to use this week as an opportunity to redouble our efforts to work toward a collective and comprehensive solution to address this critical problem.●

ROBERT GLIDDEN

● Mr. VOINOVICH. Mr. President, the State of Ohio has had a good friend in Ohio University President Robert Glidden for many years. Higher education in particular, in Ohio and elsewhere, has had a good friend in Dr. Glidden for a lifetime.

As he prepares to retire next month from the presidency of Ohio University, my alma mater, I think it is important to recognize Dr. Glidden's commitment, dedication and hard work. Most of all, though, I would like to applaud his stance that education is the best means through which to raise up the individual, the State of Ohio and our great Nation, and his zeal in conveying that philosophy.

On July 1, 1994, Dr. Glidden became the 19th president of Ohio University, the first public institution of higher learning in the old Northwest Territory. He previously had served Ohio as dean of the Bowling Green State University College of Musical Arts from 1975 to 1979 and assistant professor of music at Wright State University from 1966 to 1967. His other posts have included professor, music school dean, provost and vice president for academic affairs at Florida State University and music professor at Indiana University and the University of Oklahoma.

Dr. Glidden can be proud of his service to higher education. In the past decade, he has taken Ohio University to a new level of excellence by emphasizing the university's academic and research missions. He has also made it an Ohio University priority to reach out to Southeast Ohio through the university's strong regional campus system, the Voinovich Center for Leadership and Public Affairs, and a multitude of other offerings. He has moved the university forward—by way of improvements in undergraduate education, technological advancements and campus improvements—during some of the toughest economic times we have faced in recent memory.

This has taken considerable creativity, focus and foresight, and often it has meant making difficult decisions. It also has required a commitment to seeking out new opportunities and revenue streams. Under Dr. Glidden's watch, external funding for Ohio University faculty research has climbed to \$54.3 million, up from just \$34.4 million six years earlier. The university also is about to surpass the \$200 million goal of its Bientennial Campaign.

These are accomplishments on the grand scale, but there is a personal side to Dr. Glidden that students of Ohio University have come to know and appreciate. Above all, he respects them. He wants them to appreciate learning for learning's sake and gain knowledge and skills that will last them a lifetime, especially because the focus of their careers is likely to change several times as the years go by. He also has emphasized civility and character, attributes that—as we see every day—are more important now than ever.

Likewise, Dr. Glidden has nurtured Ohio University's relationship with its alumni. These individuals, now some 170,000 strong, are making important advancements and contributions around the globe. He takes pride in their accomplishments, and he encourages their continued involvement with and support for their university and education in general.

My wife Janet and I have enjoyed being able to get to know Bob and his wife, Renée. Renée's contributions to the university community are noteworthy in their own right. Not only did she oversee the renovation of the President's residence—painstakingly stripping and refinishing the home's main staircase herself—she has also made valuable contributions as a career volunteer. She has served on the Board of Trustees of the Dairy Barn/Southeastern Ohio Cultural Arts Center, the Stuart Opera House, Community Design Inc., the Percent for Art Committee, and the Ohio Arts Council.

In addition to his distinguished service to Ohio University, Dr. Glidden has taken a leadership role in higher education in Ohio and around the country through his involvement with Ohio's Inter-University Council and service as founding chair of the Council on Higher