

CRAIG) was added as a cosponsor of S. 1141, a bill to authorize the Secretary of Homeland Security to regulate ammonium nitrate.

S. 1881

At the request of Mrs. FEINSTEIN, the name of the Senator from Maryland (Ms. MIKULSKI) was added as a cosponsor of S. 1881, a bill to require the Secretary of the Treasury to mint coins in commemoration of the Old Mint at San Francisco otherwise known as the "Granite Lady", and for other purposes.

S. 1991

At the request of Mr. BURR, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S. 1991, a bill to amend title 38, United States Code, to establish a financial assistance program to facilitate the provision of supportive services for very low-income veteran families in permanent housing, and for other purposes.

S. 2178

At the request of Mr. SPECTER, the name of the Senator from Arizona (Mr. KYL) was added as a cosponsor of S. 2178, a bill to make the stealing and selling of telephone records a criminal offense.

S. 2197

At the request of Mr. DOMENICI, the names of the Senator from Delaware (Mr. CARPER), the Senator from Kentucky (Mr. BUNNING), the Senator from North Carolina (Mr. BURR) and the Senator from Iowa (Mr. GRASSLEY) were added as cosponsors of S. 2197, a bill to improve the global competitiveness of the United States in science and energy technology, to strengthen basic research programs at the Department of Energy, and to provide support for mathematics and science education at all levels through the resources available through the Department of Energy, including at the National Laboratories.

S. 2198

At the request of Mr. DOMENICI, the names of the Senator from Delaware (Mr. CARPER) and the Senator from Georgia (Mr. ISAKSON) were added as cosponsors of S. 2198, a bill to ensure the United States successfully competes in the 21st century global economy.

S. 2199

At the request of Mr. DOMENICI, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of S. 2199, a bill to amend the Internal Revenue Code of 1986 to provide tax incentives to promote research and development, innovation, and continuing education.

S. 2201

At the request of Mr. OBAMA, the names of the Senator from Colorado (Mr. SALAZAR) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. 2201, a bill to amend title 49, United States Code, to modify the mediation and implementation requirements of section 40122 regarding

changes in the Federal Aviation Administration personnel management system, and for other purposes.

S. 2235

At the request of Mr. SCHUMER, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. 2235, a bill to posthumously award a congressional gold medal to Constance Baker Motley.

S. RES. 320

At the request of Mr. SANTORUM, his name was added as a cosponsor of S. Res. 320, a resolution calling the President to ensure that the foreign policy of the United States reflects appropriate understanding and sensitivity concerning issues related to human rights, ethnic cleansing, and genocide documented in the United States record relating to the Armenian Genocide.

S. RES. 359

At the request of Ms. LANDRIEU, the names of the Senator from Oklahoma (Mr. INHOFE) and the Senator from Kentucky (Mr. BUNNING) were added as cosponsors of S. Res. 359, a resolution concerning the Government of Romania's ban on intercountry adoptions and the welfare of orphaned or abandoned children in Romania.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. STABENOW (for herself and Ms. MURKOWSKI):

S. 2278. A bill to amend the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women; to the Committee on Health, Education, Labor, and Pensions.

Ms. STABENOW. Mr. President, I rise today to introduce the "HEART for Women Act of 2006." I want to thank Senator LISA MURKOWSKI for joining me on this important legislation. I am also pleased that Congresswomen LOIS CAPPS and BARBARA CUBIN are introducing companion legislation in the House of Representatives.

We face an alarming situation in this country. While over the last 25 years we have made good progress in reducing the death rate for men with heart disease, stroke, and other cardiovascular diseases, the same does not hold true for women. Not only have we not lowered the cardiovascular disease mortality rate for women—the death rate has actually gone up for women during that same period.

A lot of people think of heart disease as a "man's disease." But while heart disease is certainly a significant problem for men, it is an equally important problem for women.

Fact: Heart disease and stroke actually kill more women each year than men.

Fact: Heart disease, stroke, and other cardiovascular diseases are the number 1 killer in the United States and in my home State of Michigan. In

Michigan, 43 percent of all deaths in women are due to cardiovascular disease.

Fact: 1 in 3 adult women has some form of cardiovascular disease.

Fact: Minority women, particularly African American, Hispanic and Native American women are at even greater risk from heart disease and stroke.

The first step in addressing any problem is acknowledging it—that's why efforts to educate women about their risk of heart disease are so important.

The good news is that we have made progress in educating women: nearly half of women can now identify heart disease as the leading cause of death in women. The bad news is that while women are now more aware of their risk of heart disease many of their doctors are not.

ASTOUNDINGLY, 4 out of 5 doctors do not know that more women die of heart disease each year than men. Those numbers are alarming because doctors decide how aggressively to treat their patients based on the amount of risk they perceive for that patient.

I suspect we all know women who have been to their doctors or to emergency rooms exhibiting symptoms of a heart attack, only to be told they were suffering from "stress" or indigestion.

As a result, women don't get the same care that men do. Even though women make up 53 percent of all deaths from cardiovascular disease, they receive only 33 percent of coronary interventions such as angioplasties and stents.

Likewise, 61 percent of total stroke deaths are in women, but only 38 percent of the procedures to prevent stroke are performed on women.

And when women do receive treatment, it is often based on research that was solely done on men. For too many years, everyone has just assumed that treatments that are effective for men work equally well in women.

But now we know that gender really does make a difference. Diagnostic tests, prescription drugs, and medical devices may work differently in women than in men. When there is a difference, patients and their healthcare providers need and deserve to know this. And right now, all too often that kind of information simply isn't available to clinicians and researchers.

That is why Senator MURKOWSKI and I are introducing the "HEART for Women Act" to help to turn this problem around. This legislation takes a 3-pronged approach to reducing the heart disease death rate for women.

First, the bill would authorize grants to educate doctors on how to prevent, diagnose and treat heart disease and strokes in women. Doctors and other healthcare providers first and foremost need to know that heart disease is a major problem in women, so that they treat it accordingly.

The bill would also require that health information that is already

being reported to the federal government be gender-specific, and would require annual recommendations to Congress for improving the treatment of heart disease in women. Doctors need to know what medical treatments are safe and effective for their women patients.

Finally, the bill would also expand a current program run by the Centers for Disease Control and Prevention, CDC called WISEWOMAN, Well-Integrated Screening and Evaluation for Women Across the Nation.

The WISEWOMAN program provides free heart disease and stroke screening to low-income, uninsured women. While Michigan is fortunate to be one of the 14 States that has a WISEWOMAN program, every State should have this important program.

These are simple, cost-effective, but meaningful steps that Congress can take that will help get the death rate for women from heart disease and stroke going in the right direction—down.

Today is Valentine's Day, a day for showing our loved ones how much we love and appreciation them.

As women, we tend to be really great at taking care of everyone around us—our children, our husbands, our aging parents. Unfortunately, we're not nearly so good about taking care of ourselves.

So I hope that this Valentine's Day will also be a day to raise awareness about the risks of heart disease for women and to encourage our loved ones—our mothers, sisters, and friends—to take good care of themselves. I urge my colleagues to join me in passing this critical legislation.

Ms. MURKOWSKI. Mr. President, February is American Heart Month, and heart disease remains the Nation's leading cause of death.

Many women believe that heart disease is a man's disease and, unfortunately, do not view it as a serious health threat. Yet, in every year since 1984, cardiovascular disease claimed the lives of more women than men. In fact, cardiovascular disease death rates have declined in men since 1979, while the death rate for women during that same period has actually increased. The numbers are disturbing: cardiovascular diseases claim the lives of more than 480,000 women per year; that's nearly a death per minute among females and nearly 12 times as many lives as claimed by breast cancer. One in four females has some form of cardiovascular disease.

That is why I am pleased to join with my colleague from Michigan, Senator STABENOW, to introduce important legislation, the HEART for Women Act, or Heart Disease Education, Analysis and Research, and Treatment for Women Act. This important bill improves the prevention, diagnosis and treatment of heart disease and stroke in women.

In Alaska, cardiovascular diseases are the leading cause of death, totaling nearly 800 deaths each year. Women in

Alaska have higher death rates from stroke than do women nationally. Mortality among Native Alaskan women is dramatically on the rise, whereas, it is declining among Caucasian women in the Lower 48.

Despite being the number one killer, many women and their health care providers do not know that the biggest health care threat to women is heart disease. In fact, a recent survey found that 45 percent of women still don't know that heart disease is the number one killer of women.

Perhaps even more troubling is the lack of awareness among health care providers. According to American Heart Association figures, less than one in five physicians recognize that more women suffer from heart disease than men. Among primary care physicians, only 8 percent of primary care physicians—and even more astounding—only 17 percent of cardiologists recognize that more women die of heart disease than men. Additionally, studies show that women are less likely to receive aggressive treatment because heart disease often manifests itself differently in women than men.

This is why the HEART Act is so important. Our bill takes a three-pronged approach to reducing the heart disease death rate for women, through: 1. education; 2. research; and 3. screening.

First, the bill would authorize the Department of Health and Human Services to educate healthcare professionals and older women about unique aspects of care in the prevention, diagnosis and treatment of women with heart disease and stroke.

Second, the bill would require disclosure of gender-specific health information that is already being reported to the Federal Government. Many agencies already collect information based on gender, but do not disseminate or analyze the gender differences. This bill would release that information so that it could be studied, and important health trends in women could be detected.

Lastly, the bill would authorize the expansion of the Centers for Disease Control and Prevention's WISEWOMAN program, the Well-Integrated Screening and Evaluation for Women Across the Nation program. The WISEWOMAN program provides free heart disease and stroke screening to low-income uninsured women, but the program is currently limited to just 14 States.

My State of Alaska is fortunate to have two WISEWOMAN program sites. These programs screen for high blood pressure, cholesterol and glucose in Native Alaskan women and provide invaluable counseling on diet and exercise. One program in Alaska alone has successfully screened 1,437 Alaskan Native women and has provided them with a culturally appropriate intervention program that has produced lifesaving results.

Heart disease, stroke and other cardiovascular diseases cost Americans

more than any other disease—an estimated \$403 billion in 2006, including more than \$250 billion in direct medical costs. We, as a nation, can control those costs—prevention through early detection is the most cost-effective way to combat this disease.

Today, as we celebrate Valentine's Day and see images of hearts just about everywhere, let us not forget that the heart is much more than a symbol—it is a vital organ that can't be taken for granted. Coronary disease can be effectively treated and sometimes even prevented—it does not have to be the number one cause of death in women. And, that is why I encourage my colleagues to support the HEART for Women Act.

By Mr. OBAMA (for himself, Mr. DURBIN, and Mr. MENENDEZ):

S. 2280. A bill to stop transactions which operate to promote fraud, risk, and under-development, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. OBAMA. Mr. President, today, I am introducing new legislation to address a growing problem in our country, one that is robbing thousands of Americans of their dream of homeownership, and costing the mortgage industry hundreds of millions of dollars each year.

I am talking about the problem of mortgage fraud—the practice of defrauding individuals of their rightful property, and using tricks and schemes to steal from banks and other financial institutions. Mortgage fraud comes in a variety of forms, from inflated appraisals to the use of straw buyers, but the net result is the same: financial institutions lose out to the tune of approximately \$1.01 billion each year, and consumers lose their savings, their good credit, and their homes.

Although the data in this area is limited, mortgage fraud is clearly on the rise. According to the FBI, mortgage fraud cases were up 25 percent last year, and 400 percent since 2002. Further, in 2004, the mortgage industry noted 12,000 cases of suspicious activity, three times the amount reported in 2001. This is due largely to the housing boom which is driving up housing prices across the country. Nearly \$2.5 trillion in mortgage loans were made during 2005, and the number is only expected to rise this year.

But mortgage fraud is about more than just dollars and statistics; it's about real people, real homes, and real lives. My hometown Chicago Tribune has featured a series of articles about mortgage fraud in Illinois, which, along with Georgia, South Carolina, Florida, Missouri, Michigan, California, Nevada, Colorado and Utah, is among the FBI's top-ten mortgage fraud 'hot spots.'

The stories highlight, for example, the plight of the good folks on May Street in Chicago, who saw a block's worth of homes go boarded up in the span of a just few years, as swindlers

racked up hundreds of thousands of dollars in bad loans, and left shells of houses behind. The Tribune stories highlighted the plight of 75-year-old Ruth Williams, who had to spend her personal funds to clear the title to her home after fraudsters secured \$400,000 in loans on three buildings they didn't own. And two doors down from Ms. Williams, Corey Latimer can't sell his building or borrow against it, because a lending company hasn't released a phony mortgage that Corey didn't authorize.

Law enforcement, consumer groups and many in the mortgage industry are doing what they can to combat fraud, and I applaud their good work. Now, Congress needs to come to the table and do its part.

I, along with Senator DURBIN and Senator MENENDEZ, am introducing the STOP FRAUD Act today to address the critical problem of mortgage fraud. STOP FRAUD (Stopping Transactions which Operate to Promote Fraud, Risk and Under-Development) would provide the first Federal definition of mortgage fraud and authorize stiff criminal penalties against fraudulent actors. STOP FRAUD requires a wide range of mortgage professionals to report suspected fraudulent activity, and gives these same professionals safe harbor from liability when they report suspicious incidents. It also authorizes several grant programs to help State and local law enforcement fight fraud, provide the mortgage industry with updates on fraud trends, and further support the Departments of Treasury, Justice and Housing and Urban Development's fraud-fighting efforts.

The STOP FRAUD Act will build upon the good work of the FBI, the Treasury Department, HUD, consumer groups, many in the mortgage industry, and State and local law enforcement, giving them the tools they need to stop mortgage fraud in its tracks. The cost of this bill is well worth the benefit to American taxpayers and companies, and it has been endorsed by a range of law enforcement and consumer groups. The Illinois Attorney General's office and the Chicago Police Department have told me how valuable this bill would be to their enforcement efforts, and ACORN, the Center For Responsible Lending, the National Association of Consumer Advocates, the National Community Reinvestment Coalition, National Consumer Law Center, and U.S. PIRG said in a recent letter that this bill would "help protect consumers from fraudulent and abusive practices in the mortgage industry."

The STOP FRAUD Act is a tough, cost-effective, and balanced way to address the serious problem of mortgage fraud in our country. I urge my colleagues to join me in this important effort.

By Mr. FRIST:

S. 2283. A bill to establish a congressional commemorative medal for organ donors and their families; to the Com-

mittee on Banking, Housing, and Urban Affairs.

Mr. FRIST. Mr. President, each day, 74 people receive an organ transplant. And each day, another 18 patients die waiting.

While it doesn't get a lot of public attention, for every family who struggles with the pain and uncertainty of waiting for that life saving gift, the organ donation shortage is an urgent crisis.

Right now, over 97,000 people are on the waiting list. Fewer than half of them will get the transplant they need. Almost 2,000 of the patients on the list are from my home state of Tennessee.

As a heart and lung transplant surgeon, I have direct and intimate experience with this issue. I've devoted two decades of my life to giving others a second chance through transplantation.

I have sat next to the hospital bed and looked into eyes of patients and their families and seen the frustration, desperation and fear they feel as they wait and hope for the miraculous gift that can reverse a fatal diagnosis.

I've personally shared in the elation when the donation came through. I also know very well the tragedy when a patient dies before they could receive a transplant—a direct result of a large and growing shortage of organ donors.

The medical community is trying to raise public awareness. I'm proud to say that four Tennessee hospitals are participating in the nationwide, "Organ Donation Breakthrough Collaborative Gift of Life Initiative."

Led by the Department of Health and Human Services, this is a multiphase national collaboration designed to increase access to transplantable organs and promote organ donation among the public.

In Tennessee, we have two active organ procurement organizations, the Tennessee Donor Services and the Mid South Transplant Foundation. There are also 10 transplant centers throughout the state.

As a transplant surgeon and a Tennessean, I am proud of these path breaking efforts. But, the sobering fact remains, we still have far too few donors to meet the urgent demand.

I understand that it's a difficult and emotional decision to, literally, give part of oneself away. Many people, understandably, feel squeamish about choosing donation. But by giving the gift of life, miracles can come from tragedy, and a whole family can be saved.

I bring all of this up because there is something we can do here in the Senate.

Today, I am proposing that we create a congressional commemorative medal to honor organ donors and their families under the Gift of Life Congressional Medal Act of 2006.

At no cost to the Government, we can recognize the extraordinary generosity of a donor's gift and send a message to the broader public about how vitally important organ donation

is to thousands of people desperately waiting for that precious gift.

Congressman PETE STARK of California has introduced companion legislation in the House. He shares my belief that organ donation is one of the most precious gifts an individual can give to a fellow human being.

I urge my colleagues to join me in this simple and sincere gesture of support. By honoring our fellow citizens in this way, we, too, can help give the gift of life.

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

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

S. 2283

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 "Gift of Life Congressional Medal Act of 2006".

SEC. 2. CONGRESSIONAL MEDAL.

The Secretary of the Treasury shall design and strike a bronze medal with suitable emblems, devices, and inscriptions, to be determined by the Secretary of the Treasury, to commemorate organ donors and their families.

SEC. 3. ELIGIBILITY REQUIREMENTS.

(a) IN GENERAL.—Any organ donor, or the family or family member of any organ donor, shall be eligible for a medal described in section 2.

(b) DOCUMENTATION.—The Secretary of Health and Human Services shall direct the entity holding the Organ Procurement and Transplantation Network (hereafter in this Act referred to as "OPTN") to contract to—

(1) establish an application procedure requiring the relevant organ procurement organization, as described in section 371(b)(1) of the Public Health Service Act (42 U.S.C. 273(b)(1)), through which an individual or their family made an organ donation, to submit to the OPTN contractor documentation supporting the eligibility of that individual or their family to receive a medal described in section 2; and

(2) determine, through the documentation provided, and, if necessary, independent investigation, whether the individual or family is eligible to receive a medal described in section 2.

SEC. 4. PRESENTATION.

(a) DELIVERY TO THE SECRETARY OF HEALTH AND HUMAN SERVICES.—The Secretary of the Treasury shall deliver medals struck pursuant to this Act to the Secretary of Health and Human Services.

(b) DELIVERY TO ELIGIBLE RECIPIENTS.—The Secretary of Health and Human Services shall direct the OPTN contractor to arrange for the presentation to the relevant organ procurement organization all medals struck pursuant to this Act to individuals or families that, in accordance with section 3, the OPTN contractor has determined to be eligible to receive medals under this Act.

(c) LIMITATION.—

(1) IN GENERAL.—Except as provided in paragraph (2), only 1 medal may be presented to a family under subsection (b). Such medal shall be presented to the donating family member, or in the case of a deceased donor, the family member who signed the consent form authorizing, or who otherwise authorized, the donation of the organ involved.

(2) EXCEPTION.—In the case of a family in which more than 1 member is an organ

donor, the OPTN contractor may present an additional medal to each such organ donor or their family.

SEC. 5. DUPLICATE MEDALS.

(a) IN GENERAL.—The Secretary of Health and Human Services or the OPTN contractor may provide duplicates of the medal described in section 2 to any recipient of a medal under section 4(b), under such regulations as the Secretary of Health and Human Services may issue.

(b) LIMITATION.—The price of a duplicate medal shall be sufficient to cover the cost of such duplicates.

SEC. 6. NATIONAL MEDALS.

The medals struck pursuant to this Act are national medals for purposes of section 5111 of title 31, United States Code.

SEC. 7. GENERAL WAIVER OF PROCUREMENT REGULATIONS.

No provision of law governing procurement or public contracts shall be applicable to the procurement of goods or services necessary for carrying out the provisions of this Act.

SEC. 8. SOLICITATION OF DONATIONS.

(a) IN GENERAL.—The Secretary of the Treasury may enter into an agreement with the OPTN contractor to collect funds to offset expenditures relating to the issuance of medals authorized under this Act.

(b) PAYMENT OF FUNDS.—

(1) IN GENERAL.—Except as provided in paragraph (2), all funds received by the Organ Procurement and Transplantation Network under subsection (a) shall be promptly paid by the Organ Procurement and Transplantation Network to the Secretary of the Treasury.

(2) LIMITATION.—Not more than 5 percent of any funds received under subsection (a) shall be used to pay administrative costs incurred by the OPTN contractor as a result of an agreement established under this section.

(c) NUMISMATIC PUBLIC ENTERPRISE FUND.—Notwithstanding any other provision of law—

(1) all amounts received by the Secretary of the Treasury under subsection (b)(1) shall be deposited in the Numismatic Public Enterprise Fund, as described in section 5134 of title 31, United States Code; and

(2) the Secretary of the Treasury shall charge such fund with all expenditures relating to the issuance of medals authorized under this Act.

(d) START-UP COSTS.—A 1-time amount not to exceed \$55,000 shall be provided to the OPTN contractor to cover initial start-up costs. The amount will be paid back in full within 3 years of the date of the enactment of this Act from funds received under subsection (a).

(e) NO NET COST TO THE GOVERNMENT.—The Secretary of the Treasury shall take all actions necessary to ensure that the issuance of medals authorized under section 2 results in no net cost to the Government.

SEC. 9. DEFINITIONS.

In this Act:

(1) ORGAN.—The term “organ” means the human kidney, liver, heart, lung, pancreas, and any other human organ (other than corneas and eyes) specified by regulation of the Secretary of Health and Human Services or the OPTN contractor.

(2) ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.—The term “Organ Procurement and Transplantation Network” means the Organ Procurement and Transplantation Network established under section 372 of the Public Health Service Act (42 U.S.C. 274).

SEC. 10. SUNSET PROVISION.

This Act shall be effective during the 5-year period beginning on the date of the enactment of this Act.

By Mr. OBAMA (for himself and Mr. BAYH):

S. 2286. A bill to amend part A of title IV of the Social Security Act to eliminate the separate work participation rate for 2-parent families under the temporary assistance for needy families programs; to the Committee on Finance.

Mr. OBAMA. Mr. President, I rise today to speak about the “Equality for Two-Parent Families Act of 2006” that I am introducing with Senator BAYH. When Congress reauthorized the Temporary Assistance for Needy Families program as part of the Spending Reconciliation bill two weeks ago, we failed to eliminate a pernicious disincentive to marriage that was contained in that bill. The Equality for Two-Parent Families Act will correct that unfortunate error.

Republicans and Democrats often have different ideas about how best to promote self sufficiency and economic mobility for low-income families. But one thing on which we all can agree is that children are better off when they grow up with two responsible parents.

The evidence shows that, on average, children in two-parent families do better in school and are more likely to lead successful, independent lives. That is why recent TANF legislation, including the bipartisan PRIDE Act in the Senate and H.R. 240 in the House, and Administration proposals have recognized that the separate two-parent work participation standard, which introduces an anti-marriage bias in TANF, should be eliminated.

Unfortunately, the recent TANF reauthorization failed to reflect this long-standing consensus. Instead, the new law compels States to meet an unequal work participation standard with their own State-funded programs. Whereas States must ensure that 50 percent of their single parents satisfy the work requirements, they will be penalized if fewer than 90 percent of their two-parent families meet what are even greater work requirements.

As a result, many States, including Illinois which until now has successfully served two-parent families in its state program, may now face an unfortunate choice: stop serving two-parent families or face a penalty. I even heard one welfare official joke that States may be better off paying couples to split up in order to avoid possible penalties. What kind of incentive is that?

Requiring States to treat two-parent families differently undermines efforts on both the state and federal level to promote and strengthen two-parent families. It is especially ironic that the policy is part of a bill that includes funding for marriage promotion and fatherhood programs.

The remedy for this contradiction is clear; we must eliminate the separate two-parent work participation standard. Senator BAYH and I have introduced the “Equality for Two-Parent Families Act of 2006” to eliminate this standard and rectify the inequity in current TANF policy. Our bill does not change two-parent work requirements

or interfere with State efforts to promote employment and reduce case-loads. Instead, our bill reinforces State efforts to support two-parent families in the ways that they know best.

I urge my colleagues to support this legislation and join us in promoting stronger families. Thank you for your attention to this important matter.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 371—DESIGNATING JULY 22, 2006 AS “NATIONAL DAY OF THE AMERICAN COWBOY”

Mr. THOMAS (for himself, Mr. BINGAMAN, Mr. DORGAN, Mr. BURNS, Mr. ALLARD, Mr. JOHNSON, Mr. REID, Mr. MARTINEZ, Mr. INHOFE, Mr. SALAZAR, Mr. BAUCUS, Mr. CRAIG, Mr. ENZI, Mr. STEVENS, Mr. ALLEN, and Mr. ENSIGN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 371

Whereas pioneering men and women, recognized as cowboys, helped establish the American West;

Whereas that cowboy spirit continues to infuse this country with its solid character, sound family values, and good common sense;

Whereas the cowboy embodies honesty, integrity, courage, compassion, respect, a strong work ethic, and patriotism;

Whereas the cowboy loves, lives off of, and depends on the land and its creatures, and is an excellent steward, protecting and enhancing the environment;

Whereas the cowboy continues to play a significant role in the culture and economy of the United States;

Whereas approximately 800,000 ranchers are conducting business in all 50 States and are contributing to the economic well being of nearly every county in the Nation;

Whereas rodeo is the sixth most-watched sport in the United States;

Whereas membership in rodeo and other organizations encompassing the livelihood of a cowboy transcends race and sex and spans every generation;

Whereas the cowboy is an American icon;

Whereas to recognize the American cowboy is to acknowledge the ongoing commitment of the United States to an esteemed and enduring code of conduct; and

Whereas the ongoing contributions made by cowboys to their communities should be recognized and encouraged: Now, therefore, be it

Resolved, That the Senate—

(1) designates July 22, 2006, as “National Day of the American Cowboy”; and

(2) encourages the people of the United States to observe the day with appropriate ceremonies and activities.

Mr. THOMAS. Mr. President, I rise today to submit a resolution designating July 22, 2006, as “National Day of the American Cowboy.”

The cowboy has influenced American culture in literature, music, art, fashion, theater, and sport. What's more, these folks contribute substantially to the economic well-being of our country. In 2005 alone, United States cash receipts from the sale of cattle and calves exceeded \$48 billion, accounting