

4. Ranger (Sun), Univ. of Texas, TX, 326.0.
5. Jaguar (Cray), Oak Ridge, TN (DOE), 205.0.
6. JUGENE (IBM), Juelich, Germany, 180.0.
7. Encanto (SGI), NMCAC, NM, 133.2.
8. EKA (HP), TATA SONS, India, 132.8.
9. Blue Gene/P (IBM), IDRIS, France, 112.5.
10. SGI Altix ICE (SGI), Total Exploration, France, 106.1.

**SENATE RESOLUTION 638—SUPPORTING LEGISLATION PROMOTING IMPROVED HEALTH CARE AND ACCESS TO HEALTH CARE FOR WOMEN**

Ms. STABENOW (for herself and Mr. OBAMA, Ms. KLOBUCHAR, Ms. CANTWELL, Mrs. MCCASKILL, Ms. MIKULSKI, Mrs. MURRAY, Mrs. CLINTON, Mrs. BOXER, Mr. KENNEDY, and Mrs. FEINSTEIN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

**S. RES. 638**

Whereas women are the health care decisionmakers for themselves and their families;

Whereas women want affordable health care they can count on throughout life transitions, such as starting a family, job changes, part-time and full-time work, divorce, caring for an elderly or sick family member, having a major disease, or retiring;

Whereas women with good health coverage worry about keeping their coverage and access to their providers;

Whereas women are more likely to seek essential preventive and routine care than are men, are more likely to have a chronic health condition, and are more likely to take a prescription drug on a daily basis;

Whereas women pay 68 percent more than men for out-of-pocket medical costs, due in large part to reproductive health care needs;

Whereas more than half of underinsured women (53 percent) and ⅔ of uninsured women (68 percent) forego needed care, and about half of the underinsured (45 percent) and uninsured (51 percent) report difficulty paying medical bills;

Whereas, in 2004, 1 in 6 women with individual coverage reported postponing or going without needed care because she couldn't afford it;

Whereas high-deductible health plans are often targeted to young women as an inexpensive health coverage option, but fail to cover pregnancy-related care, the most expensive health event most young families face and the leading reason for hospital stays;

Whereas 75,000,000 adults (42 percent of the under-65 population) had either no insurance or inadequate insurance in 2007, up from 35 percent in 2003;

Whereas 47,000,000 people, nearly 16 percent of the United States population, are uninsured, including 17,000,000 adult women ages 18 to 64 (18 percent) and 9,000,000 children (12 percent);

Whereas the Institute of Medicine estimated that lack of health insurance coverage resulted in 18,000 excess deaths in the United States in 2000 (a number which the Urban Institute estimates grew to 22,000 by 2006) and that acquiring health insurance reduces mortality rates for the uninsured by 10 to 15 percent;

Whereas uninsured women with breast cancer are 30 to 50 percent more likely to die from the disease, and uninsured women are 3 times less likely to have had a Pap test in the last 3 years, with a 60 percent greater risk of late-stage cervical cancer;

Whereas 13 percent of all pregnant women are uninsured, making them less likely to seek prenatal care in the 1st trimester and to receive the optimal number of visits during their pregnancies, and 31 percent more likely to experience an adverse health outcome after giving birth;

Whereas the lack or inadequate use of prenatal care is associated with pregnancy-related mortality rates 2 to 3 times higher and infant mortality rates 6 times higher than that of women receiving early prenatal care, as well as increased risk of low birthweight and preterm birth;

Whereas heart disease is the leading cause of death for both women and men, but women are less likely to receive lifestyle counseling, diagnostic and therapeutic procedures, and cardiac rehabilitation and more likely to die or have a 2nd heart attack, demonstrating inequalities in access to care;

Whereas health care disparities persist, leaving Hispanic and Native American women and children 3 times more likely and African Americans nearly twice as likely to be uninsured as non-Hispanic Whites;

Whereas, in 2005, nearly 80 percent of the female population infected with the human immunodeficiency virus (HIV) was Black or Hispanic, and the incidence rates of HIV and acquired immunodeficiency syndrome (AIDS) are dramatically higher for Black and Hispanic women and adolescents (60.2 and 15.8 per 100,000, respectively) than for White women and adolescents (3.0 per 100,000);

Whereas women are less likely than men to be insured through their jobs and more likely to be insured as a dependent, making them more vulnerable to insurance loss in the event of divorce or death of a spouse;

Whereas 64 percent of uninsured women are in families with at least 1 adult working full-time;

Whereas health care costs are increasingly unaffordable for working families and employers, with employer-sponsored health insurance premiums increasing 87 percent since 2000;

Whereas America's 9,100,000 women-owned businesses employ 27,500,000 people, contribute \$3,600,000,000 to the economy, and face serious obstacles in obtaining affordable health coverage for their employees;

Whereas the lack of affordable health coverage creates barriers for women who want to change jobs or create their own small businesses;

Whereas health care professionals and workers—a significant portion of whom are women—have a stake in achieving reform that allows them to provide the highest quality care for their patients;

Whereas 56 percent of all caregivers are women;

Whereas the United States spends twice as much on health care as the median industrialized nation, our health care system ranks near the bottom on most measures of health status among the 30 developed nations of the Organisation for Economic Co-operation and Development (OECD), and 37th in overall health performance among 191 nations; and

Whereas the National Institutes of Medicine (NIH) estimates that the cost of achieving full insurance coverage in the United States would be less than the loss in economic productivity from existing coverage gaps: Now, therefore, be it

*Resolved*, That the Senate commits to pass, and urges the President sign into law, within the next 18 months, legislation that guaran-

tees health care for all women and health care for all people of the United States and that—

(1) recognizes the special role that women play as health care consumers, caregivers, and providers;

(2) guarantees inclusion of health care benefits essential to achieving and maintaining good health, including comprehensive reproductive health, pregnancy-related, and infant care;

(3) promotes primary and preventive care, including family planning, contraceptive equity, and care continuity;

(4) provides a choice of public and private plans and direct access to a choice of doctors and health providers that ensures continuity of coverage and a delivery system that meets the needs of women;

(5) eliminates health disparities in coverage, treatment, and outcomes on the basis of gender, culture, race, ethnicity, socioeconomic status, health status, and sexual orientation;

(6) shares responsibility for financing among employers, individuals, and the government while taking into account the needs of small businesses;

(7) ensures that access to health care is affordable;

(8) enhances quality and patient safety;

(9) promotes administrative efficiency, reduces unnecessary paperwork, and is easy for health care consumers and providers to utilize; and

(10) ensures a sufficient supply of qualified providers through expanded medical and public health education and adequate reimbursement.

Ms. STABENOW. Mr. President, I rise today to issue a challenge on the need to reform health care. The resolution I am introducing today with my friend and colleague, Representative JAN SCHAKOWSKY, calls on Congress to send a plan to the next President that will ensure high-quality and affordable health care for women and for all. I also am proud to be joined by my colleagues, Senators OBAMA, KLOBUCHAR, CANTWELL, MCCASKILL, MIKULSKI, MURRAY, CLINTON, BOXER, and KENNEDY.

We spend twice as much on health care as any other industrialized nation, yet we have an unacceptably high number of Americans without health insurance—nearly 50 million. Millions more are also underinsured and have less coverage than they need. We are blessed with the best doctors, nurses, and other health providers in the world but rank 43rd in the world in infant mortality.

We are all in this together. From working families to the uninsured, from multinational corporations to small businesses, we all face challenges in making sure Americans get the quality, affordable health care they need, when they need it. Rising costs are crippling our businesses and our economy. Health care costs make large businesses, like Michigan's automakers, less competitive globally and threaten the survival of small firms.

We must ensure that no child is denied doctor visits, no pregnant woman has to choose between prenatal care and her rent, and no working family pays high premiums every month only to find that the care they most need isn't covered. And we need to end

health care disparities that affect women. For example, heart disease is a leading cause of death for both women and men but women are less likely to receive lifestyle counseling or other medical intervention and more likely to die or have a second heart attack.

Women understand these hard choices and are calling on Congress to find a solution. As mothers with young children, women with aging parents, small business owners, health professionals and health care consumers, women confront problems in our health care system every day.

We are pleased to have the support of numerous groups representing physicians, women, and families, including the American College of Obstetricians and Gynecologists, Planned Parenthood, the National Women's Law Center, and the National Partnership for Women and Families.

There is much work to be done to change our health care system and it is going to take everyone's best effort, working together, to achieve it. America's families, businesses, and providers cannot wait any longer. This resolution is a first step and a signal that we need to roll up our sleeves and get to work.

**SENATE RESOLUTION 639—RECOGNIZING THE BENEFITS OF TRANSPORTATION IMPROVEMENTS ALONG THE UNITED STATES ROUTE 36 CORRIDOR TO COMMUNITIES, INDIVIDUALS, AND BUSINESSES IN COLORADO**

Mr. SALAZAR (for himself and Mr. ALLARD) submitted the following resolution; which was referred to the Committee on Environment and Public Works:

S. RES. 639

Whereas the Colorado communities of Westminster, Louisville, Superior, Broomfield, Denver, and Boulder have united in support of transportation improvement along the United States Route 36 corridor (in this preamble referred to as the "U.S. 36 Corridor");

Whereas communities in Denver, Adams, Broomfield, Jefferson, and Boulder counties, which have experienced unprecedented levels of growth since the early 1990s, are connected by the U.S. 36 Corridor;

Whereas the area's rapid growth has outpaced its transportation needs and is impeding the efficient movement of people and goods;

Whereas the U.S. 36 Corridor exemplifies the congestion challenges facing the fastest-growing sections of States in the American West;

Whereas the U.S. 36 Corridor is a dynamic travel corridor with bi-directional travel to and from the multiple communities throughout the day;

Whereas addressing congestion along the U.S. 36 Corridor is critical to the work and school commutes of thousands of Coloradans between communities in the Denver metropolitan area and Boulder;

Whereas the Colorado Department of Transportation and the Regional Transportation District, in conjunction with the Federal Highway Administration and the Federal Transit Administration, have been

studying multimodal transportation improvements between Denver and Boulder in the U.S. 36 Corridor environmental impact statement since 2003;

Whereas public comments received in the process of developing the environmental impact statement sought a transportation solution that further reduced the impacts on the community and the environment, minimized project costs, and improved mobility of people and goods;

Whereas the U.S. 36 Corridor project, as developed through the environmental impact statement process, is a national model for congestion mitigation measures, which may combine tolling, public transit, technology, teleworking, and bikeway options that can be quickly implemented and have an immediate impact;

Whereas the U.S. 36 Corridor could become a premier transportation corridor, complete with bus rapid transit, high occupancy vehicle lanes, and safe bicycling lanes;

Whereas the U.S. 36 Corridor project represents a thoughtful, comprehensive approach to congestion on the Nation's roadways;

Whereas a record of decision will be issued in 2009, which will permit construction to commence on the U.S. 36 Corridor project;

Whereas the U.S. 36 Corridor project was among the highest ranked congestion mitigation proposals submitted under the Department of Transportation's Urban Partnership Agreement Program; and

Whereas it is important that Congress find innovative ways to fund regionally significant transportation projects, especially projects that will improve air quality, expand transportation choice, reduce congestion, and provide access to bicycle and pedestrian facilities: Now, therefore, be it

*Resolved*, That the Senate—

(1) commends the members of the Mayors and Commissioners Coalition, the Colorado Department of Transportation, the Regional Transportation District, and the businesses that support 36 Commuting Solutions, a public-private nonprofit organization, for their commitment, dedication, and efforts to proceed with the United States Route 36 corridor project;

(2) recognizes the benefits for mobility, the environment, and quality of life that would be gained by investing in transportation improvements along the United States Route 36 corridor, throughout Colorado and elsewhere; and

(3) supports Federal transportation investments along United States Route 36, throughout Colorado, and elsewhere that reduce congestion, reduce carbon emissions, improve mobility, improve access to transit for bicyclists and pedestrians, reduce vehicle miles traveled, reduce dependence on foreign oil, support mass transit, include intelligent transportation systems, and implement travel demand management strategies.

**SENATE RESOLUTION 640—EXPRESSING THE SENSE OF THE SENATE THAT THERE SHOULD BE AN INCREASED FEDERAL COMMITMENT TO PUBLIC HEALTH AND THE PREVENTION OF DISEASES AND INJURIES FOR ALL PEOPLE IN THE UNITED STATES**

Mr. CARDIN (for himself and Mrs. CLINTON) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 640

Whereas the United States has the highest rate of preventable deaths among 19 industrialized countries and lags behind 28 other members of the United Nations in life expectancy;

Whereas various research studies suggest that nearly 60 percent of premature deaths in the United States are attributable to environmental conditions, social circumstances, or behavioral choices that could be prevented;

Whereas more money is spent each year on health care in the United States than in any other country in the world;

Whereas, of the more than \$2,200,000,000,000 spent on health care in the United States each year, less than 4 cents out of every dollar are spent on improving public health and preventing diseases and injuries;

Whereas chronic diseases are the leading cause of preventable death and disability in the United States, accounting for 7 out of every 10 deaths and killing more than 1,700,000 people in the United States each year;

Whereas those often preventable chronic diseases account for approximately 75 percent of health care spending in the United States each year, including more than 96 cents out of every dollar spent under the Medicare program and more than 83 cents out of every dollar spent under the Medicaid program;

Whereas those chronic diseases cost the United States an additional \$1,000,000,000,000 each year in lost productivity and are a major contributing factor to the overall poor health that is placing the Nation's economic security and competitiveness in jeopardy;

Whereas the number of people with chronic diseases is rapidly increasing, and it is estimated that by 2050 nearly half of the population of the United States will suffer from at least one chronic disease if action is not taken;

Whereas the use of clinically-based preventive services has been demonstrated to prevent or result in early detection of cancer and other diseases, save lives, and reduce overall health care costs; and

Whereas research has shown that investing in community-level interventions that promote and enable proper nutrition, increased access to physical activity, and smoking cessation programs can prevent or mitigate chronic diseases, improve quality of life, increase economic productivity, and reduce health care costs: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes that, in order to reduce the disease burden and health care costs associated with preventable diseases and injuries, it is imperative that the United States strengthen its public health system—

(A) to provide all people in the United States with the information, resources, and environment necessary to make healthier choices and live healthier lives; and

(B) to protect all people in the United States from health threats beyond their control, such as bioterrorism, natural disasters, infectious disease outbreaks, and environmental hazards;

(2) commits to creating public health strategies to eliminate health disparities and improve the health of all people in the United States, regardless of race, ethnicity, or socioeconomic status;

(3) supports the prioritizing of public policies focusing on the prevention of disease and injury;

(4) calls for community-based programs to support healthy lifestyles, including programs that promote proper nutrition and increased access to physical activity;