

SENATE RESOLUTION 536—DESIGNATING SEPTEMBER 9, 2012, AS “NATIONAL FETAL ALCOHOL SPECTRUM DISORDERS AWARENESS DAY”

Ms. MURKOWSKI (for herself, Mr. JOHNSON of South Dakota, and Mr. BEGICH) submitted the following resolution; which was considered and agreed to:

S. RES. 536

Whereas the term “fetal alcohol spectrum disorders” includes a broader range of conditions than the term “fetal alcohol syndrome” and has replaced the term “fetal alcohol syndrome” as the umbrella term describing the range of effects that can occur in an individual whose mother consumed alcohol during her pregnancy;

Whereas fetal alcohol spectrum disorders are the leading cause of cognitive disability in Western civilization, including the United States, and are 100 percent preventable;

Whereas fetal alcohol spectrum disorders are a major cause of numerous social disorders, including learning disabilities, school failure, juvenile delinquency, homelessness, unemployment, mental illness, and crime;

Whereas the incidence rate of fetal alcohol syndrome is estimated at 1 out of every 500 live births and the incidence rate of fetal alcohol spectrum disorders is estimated at 1 out of every 100 live births;

Whereas, in February 1999, a small group of parents with children who suffer from fetal alcohol spectrum disorders united to promote awareness of the devastating consequences of alcohol consumption during pregnancy by establishing International Fetal Alcohol Syndrome Awareness Day;

Whereas September 9, 1999, became the first International Fetal Alcohol Syndrome Awareness Day;

Whereas Bonnie Buxton of Toronto, Canada, the co-founder of the first International Fetal Alcohol Syndrome Awareness Day, asked “What if . . . a world full of FAS/E [Fetal Alcohol Syndrome/Effect] parents all got together on the ninth hour of the ninth day of the ninth month of the year and asked the world to remember that, during the 9 months of pregnancy, a woman should not consume alcohol . . . would the rest of the world listen?”; and

Whereas, on the ninth day of the ninth month of each year since 1999, communities around the world have observed International Fetal Alcohol Syndrome Awareness Day: Now, therefore, be it

Resolved, That the Senate—

(1) designates September 9, 2012, as “National Fetal Alcohol Spectrum Disorders Awareness Day”; and

(2) calls on the people of the United States to observe National Fetal Alcohol Spectrum Disorders Awareness Day with—

(A) appropriate ceremonies—

(i) to promote awareness of the effects of prenatal exposure to alcohol;

(ii) to increase compassion for individuals affected by prenatal exposure to alcohol;

(iii) to minimize the effects of prenatal exposure to alcohol; and

(iv) to ensure healthier communities across the United States; and

(B) a moment of reflection during the ninth hour of September 9, 2012, to remember that a woman should not consume alcohol during the 9 months of her pregnancy.

SENATE RESOLUTION 537—SUPPORTING THE GOALS AND IDEALS OF NATIONAL OVARIAN CANCER AWARENESS MONTH

Ms. STABENOW (for herself, Ms. SNOWE, Mr. BENNET, Mr. BLUMENTHAL, Mrs. BOXER, Mr. BROWN of Massachusetts, Mr. BROWN of Ohio, Ms. CANTWELL, Mr. CARDIN, Mrs. FEINSTEIN, Mr. KERRY, Mr. LAUTENBERG, Mr. MENENDEZ, Mr. MERKLEY, Ms. MIKULSKI, Mr. MORAN, Mr. SCHUMER, Mr. TESTER, Mr. UDALL of Colorado, Mr. WEBB, Mr. WHITEHOUSE, and Ms. MURKOWSKI) submitted the following resolution; which was considered and agreed to:

S. RES. 537

Whereas ovarian cancer is the deadliest of all gynecologic cancers;

Whereas ovarian cancer is the 5th leading cause of cancer deaths among women in the United States;

Whereas approximately 22,000 women will be diagnosed with ovarian cancer this year, and 15,500 will die from the disease;

Whereas these deaths are those of our mothers, sisters, daughters, family members, and community leaders;

Whereas the mortality rate for ovarian cancer has not significantly decreased since the “War on Cancer” was declared, more than 40 years ago;

Whereas all women are at risk for ovarian cancer, and 90 percent of women diagnosed with ovarian cancer do not have a family history that puts them at higher risk;

Whereas some women, such as those with a family history of breast or ovarian cancer, are at higher risk for developing the disease;

Whereas the Pap test is sensitive and specific to the early detection of cervical cancer, but not to ovarian cancer;

Whereas, as of the date of agreement to this resolution, there is no reliable early detection test for ovarian cancer;

Whereas many people are unaware that the symptoms of ovarian cancer often include bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, urinary symptoms, and several other symptoms that are easily confused with other diseases;

Whereas, in June 2007, the first national consensus statement on ovarian cancer symptoms was developed to provide consistency in describing symptoms to make it easier for women to learn and remember the symptoms;

Whereas there are known methods to reduce the risk of ovarian cancer, including prophylactic surgery, oral contraceptives, and breast-feeding;

Whereas, due to the lack of a reliable early detection test, 75 percent of cases of ovarian cancer are detected at an advanced stage, making the overall 5-year survival rate only 45 percent;

Whereas there are factors that are known to reduce the risk for ovarian cancer and that play an important role in the prevention of the disease;

Whereas awareness of the symptoms of ovarian cancer by women and health care providers can lead to a quicker diagnosis;

Whereas, each year during the month of September, the Ovarian Cancer National Alliance and its partner members hold a number of events to increase public awareness of ovarian cancer; and

Whereas September 2012 should be designated as “National Ovarian Cancer Awareness Month” to increase the awareness of the public regarding the cancer:

Now, therefore, be it

Resolved, That the Senate supports the goals and ideals of National Ovarian Cancer Awareness Month.

SENATE RESOLUTION 538—DESIGNATING SEPTEMBER 2012 AS “NATIONAL PROSTATE CANCER AWARENESS MONTH”

Mr. SESSIONS (for himself, Mr. CARDIN, Mr. KERRY, Mr. LUGAR, Mr. SHELBY, Mr. MENENDEZ, Mr. TESTER, Mr. LIEBERMAN, Mr. WYDEN, Mrs. HUTCHISON, Mr. ROBERTS, Mr. CRAPO, Mr. CHAMBLISS, Mr. COCHRAN, Mr. ISAKSON, Mr. WICKER, Mr. INHOFE, Mr. MORAN, Mr. BROWN of Massachusetts, Mr. AKAKA, Mr. KIRK, Ms. MURKOWSKI, and Mrs. FEINSTEIN) submitted the following resolution; which was considered and agreed to:

S. RES. 538

Whereas countless families in the United States live with prostate cancer;

Whereas 1 in 6 males in the United States will be diagnosed with prostate cancer during his lifetime;

Whereas prostate cancer is the most commonly diagnosed non-skin cancer and the second most common cause of cancer-related deaths among males in the United States;

Whereas, in 2012, the American Cancer Society estimates that 241,740 males will be diagnosed with prostate cancer, and 28,170 males will die from the disease;

Whereas 30 percent of newly diagnosed prostate cancer cases occur in males under the age of 65;

Whereas, approximately every 14 seconds, a male in the United States turns 50 years old and increases his odds of developing cancer, including prostate cancer;

Whereas African-American males suffer from a prostate cancer death rate that is more than twice the death rate of White males from prostate cancer;

Whereas obesity is a significant predictor of the severity of prostate cancer;

Whereas the probability that obesity will lead to death and high cholesterol levels is strongly associated with advanced prostate cancer;

Whereas males in the United States with 1 family member diagnosed with prostate cancer have a 33 percent chance of being diagnosed with the disease, males with 2 family members diagnosed have an 83 percent chance, and males with 3 family members diagnosed have a 97 percent chance;

Whereas screening by a digital rectal examination and a prostate-specific antigen blood test can detect the disease at the early stages, increasing the chances of survival for more than 5 years to nearly 100 percent;

Whereas only 27.8 percent of males survive more than 5 years if diagnosed with prostate cancer after the cancer has metastasized;

Whereas there are no noticeable symptoms of prostate cancer while the cancer is in the early stages, making screening critical;

Whereas ongoing research promises further improvements in prostate cancer prevention, early detection, and treatment; and

Whereas educating people in the United States, including health care providers, about prostate cancer and early detection strategies is crucial to saving the lives of males and preserving and protecting families: Now, therefore, be it

Resolved, That the Senate—

(1) designates September 2012 as “National Prostate Cancer Awareness Month”; and

(2) declares that steps should be taken—

(A) to raise awareness about the importance of screening methods for, and treatment of, prostate cancer;

(B) to increase research funding in an amount commensurate with the burden of prostate cancer so that—

(i) screening and treatment for prostate cancer may be improved;

(ii) the causes of prostate cancer may be discovered; and

(iii) a cure for prostate cancer may be developed; and

(C) to continue to consider ways for improving access to, and the quality of, health care services for detecting and treating prostate cancer; and

(3) calls on the people of the United States, interested groups, and affected persons—

(A) to promote awareness of prostate cancer;

(B) to take an active role in the fight to end the devastating effects of prostate cancer on individuals, families, and the economy; and

(C) to observe National Prostate Cancer Awareness Month with appropriate ceremonies and activities.

SENATE RESOLUTION 539—DESIGNATING OCTOBER 13, 2012, AS “NATIONAL CHESS DAY”

Mr. ROCKEFELLER (for himself, Mr. ALEXANDER, and Mr. LEVIN) submitted the following resolution; which was considered and agreed to:

S. RES. 539

Whereas there are more than 80,000 members of the United States Chess Federation (referred to in this preamble as the “Federation”), and an unknown number of additional people in the United States who play chess without joining an official organization;

Whereas approximately ½ of the members of the Federation are members of scholastic chess programs, and many of those members join the Federation by the age of 10;

Whereas the Federation is very supportive of scholastic chess programs and sponsors a Certified Chess Coach program that provides the coaches involved in the scholastic chess programs with training and ensures schools and students can have confidence in the programs;

Whereas many studies have linked scholastic chess programs to the improvement of students’ scores in reading and math, as well as improved self-esteem;

Whereas the Federation offers guidance to educators to help incorporate chess into the school curriculum;

Whereas chess is a powerful cognitive learning tool that can be used to successfully enhance students’ reading skills and understanding of math concepts; and

Whereas chess engages students of all learning styles and strengths and promotes problem-solving and higher-level thinking skills: Now, therefore, be it

Resolved, That the Senate—

(1) designates October 13, 2012, as “National Chess Day” to enhance awareness and encourage students and adults to play chess, a game known to enhance critical-thinking and problem-solving skills; and

(2) encourages the people of the United States to observe National Chess Day with appropriate programs and activities.

SENATE RESOLUTION 540—DESIGNATING THE WEEK OF AUGUST 6 THROUGH AUGUST 10, 2012, AS “NATIONAL CONVENIENT CARE CLINIC WEEK”

Mr. INOUE (for himself and Mr. COCHRAN) submitted the following reso-

lution; which was considered and agreed to:

S. RES. 540

Whereas convenient care clinics are health care facilities located in high-traffic retail outlets that provide affordable and accessible care to patients who have little time to schedule an appointment with a traditional primary care provider or are otherwise unable to schedule such an appointment;

Whereas millions of people in the United States do not have a primary care provider, and there is a worsening primary care provider shortage that will prevent many people from obtaining one in the future;

Whereas convenient care clinics have provided an accessible alternative for more than 15,000,000 people in the United States since the first clinic opened in 2000, the number of convenient care clinics continues to increase rapidly, and as of June 2012, there are approximately 1,350 convenient care clinics in 35 States;

Whereas convenient care clinics follow rigid industry-wide quality of care and safety standards;

Whereas convenient care clinics are staffed by highly qualified health care providers, including advanced practice nurses, physician assistants, and physicians;

Whereas convenient care clinicians all have advanced education in providing quality health care for common episodic ailments including cold and flu, skin irritation, and muscle strains and sprains, and can also provide immunizations, physicals, and preventive health screening;

Whereas convenient care clinics are proven to be a cost-effective alternative to similar treatment obtained in physicians’ offices, urgent care clinics, or emergency departments; and

Whereas convenient care clinics complement traditional medical service providers by providing extended weekday and weekend hours without the need for an appointment, short wait times, and visits that generally last only 15 to 20 minutes: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of August 6 through August 10, 2012, as “National Convenient Care Clinic Week”;

(2) supports the goals and ideals of National Convenient Care Clinic Week to raise awareness of the need for accessible and cost-effective health care options to complement the traditional health care model;

(3) recognizes that many people in the United States face difficulties accessing traditional models of health care delivery;

(4) supports the use of convenient care clinics as an adjunct to the traditional model of health care delivery; and

(5) calls on the States to support the establishment of convenient care clinics so that more people in the United States will have access to the cost-effective and necessary emergent and preventive services provided in the clinics.

SENATE CONCURRENT RESOLUTION 55—DIRECTING THE CLERK OF THE HOUSE OF REPRESENTATIVES TO MAKE A CORRECTION IN THE ENROLLMENT OF H.R. 1627

Mr. HARKIN submitted the following concurrent resolution; which was considered and agreed to:

S. CON. RES. 55

Resolved by the Senate (the House of Representatives concurring), That, in the enrollment of the bill (H.R. 1627) an Act to amend

title 38, United States Code, to furnish hospital care and medical services to veterans who were stationed at Camp Lejeune, North Carolina, while the water was contaminated at Camp Lejeune, to improve the provision of housing assistance to veterans and their families, and for other purposes, the Clerk of the House of Representatives shall make the following correction: in section 201, strike “Andrew Connelly” and insert “Andrew Connolly”.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2743. Mr. PAUL submitted an amendment intended to be proposed by him to the bill S. 3414, to enhance the security and resiliency of the cyber and communications infrastructure of the United States; which was ordered to lie on the table.

SA 2744. Mr. HOEVEN submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2745. Mr. BROWN of Massachusetts submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2746. Ms. LANDRIEU submitted an amendment intended to be proposed by her to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2747. Mr. PAUL submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2748. Mr. AKAKA (for himself, Mr. BLUMENTHAL, Mr. COONS, Mr. FRANKEN, Mr. SANDERS, Mr. UDALL of New Mexico, Mr. WYDEN, Mr. DURBIN, and Mrs. SHAHEEN) submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2749. Mrs. MURRAY (for herself and Ms. LANDRIEU) submitted an amendment intended to be proposed by her to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2750. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2751. Mr. LIEBERMAN submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2752. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2753. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2754. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2755. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2756. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2757. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2758. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.

SA 2759. Mr. JOHNSON of South Dakota submitted an amendment intended to be proposed by him to the bill S. 3414, supra; which was ordered to lie on the table.