of the Legislative Reorganization Act of 1946 (2 U.S.C. 4301(i))).

SEC. 19. COMMITTEE ON INDIAN AFFAIRS.

(a) GENERAL AUTHORITY.—In carrying out its powers, duties, and functions imposed by section 105 of S. Res. 4, agreed to February 4, 1977 (95th Congress), and in exercising the authority conferred on it by that section, the Committee on Indian Affairs is authorized from March 1, 2015 through February 28, 2017, in its discretion—

(1) to make expenditures from the contingent fund of the Senate;

(2) to employ personnel; and

(3) with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable, or nonreimbursable, basis the services of personnel of any such department or agency.

(b) EXPENSES FOR PERIOD ENDING SEPTEMBER 30, 2015.—The expenses of the committee for the period March 1, 2015 through September 30, 2015 under this section shall not exceed $1,184,317, of which—

(1) not to exceed $20,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946 (2 U.S.C. 4301(i))); and

(2) not to exceed $20,000 may be expended for the training of the professional staff of such committee (under procedures specified by section 202(j) of that Act).

(c) EXPENSES FOR FISCAL YEAR 2016 PERIOD.—The expenses of the committee for the period October 1, 2015 through September 30, 2016 under this section shall not exceed $2,030,258, of which—

(1) not to exceed $20,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946 (2 U.S.C. 4301(i))); and

(2) not to exceed $20,000 may be expended for training consultants of the professional staff of such committee (under procedures specified by section 202(j) of that Act).

(d) EXPENSES FOR PERIOD ENDING FEBRUARY 28, 2017.—The expenses of the committee for the period October 1, 2016 through February 28, 2017 under this section shall not exceed $845,941, of which—

(1) not to exceed $20,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946 (2 U.S.C. 4301(i))); and

(2) not to exceed $20,000 may be expended for training consultants of the professional staff of such committee (under procedures specified by section 202(j) of that Act).

SEC. 20. SPECIAL RESERVE.

(a) ESTABLISHMENT.—Within the funds in the account ''Expenses of Inquiries and Investigations'', there is authorized to be established a special reserve to be available to any committee funded by this resolution as provided in subsection (b) of which—

(1) for the period March 1, 2015 through September 30, 2015, an amount shall be available, not to exceed 7 percent of the amount equal to $\frac{7}{12}$th of the appropriations for the account that are available for the period October 1, 2014 through September 30, 2015;

(2) for the period October 1, 2015 through September 30, 2016, an amount shall be available, not to exceed 7 percent of the appropriations for the account that are available for that period; and

(3) for the period October 1, 2016 through February 28, 2017, an amount shall be available, not to exceed 7 percent of the amount equal to $\frac{5}{12}$th of the appropriations for the account that are available for the period October 1, 2016 through September 30, 2017.

(b) AVAILABILITY.—The special reserve authorized in subsection (a) shall be available to any committee—

(1) on the basis of special need to meet unpaid obligations incurred by that committee during the periods referred to in paragraphs (1), (2), and (3) of subsection (a); and

(2) at the request of a Chairman and Ranking Member of that committee subject to the approval of the Chairman and Ranking Member of the Committee on Rules and Administration.

SENATE RESOLUTION 74—DECLARING THAT ACHIEVING THE PRIMARY GOAL OF THE NATIONAL PLAN TO ADDRESS ALZHEIMER'S DISEASE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO PREVENT AND EFFECTIVELY TREAT ALZHEIMER'S DISEASE BY 2025 IS AN URGENT NATIONAL PRIORITY

Ms. COLLINS (for herself, Ms. KLOBUCHAR, Ms. MIKULSKI, Mr. WARNER, Ms. STABENOW, Mr. DURBIN, Mr. MARKEY, and Mr. WHITEHOUSE) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 74

Whereas the number of individuals in the United States with Alzheimer's disease and related dementias (referred to in this preamble as ''Alzheimer's'') is as high as 5,200,000, which is more than double the number in 1980;

Whereas based on the trajectory of Alzheimer's, as many as 16,000,000 individuals in the United States may have Alzheimer's by 2050;

Whereas the increasing prevalence of Alzheimer's and other dementias is a global health crisis that afflicts an estimated 44,000,000 individuals worldwide as of December, 2013 and may afflict over 135,000,000 individuals by 2050;

Whereas Alzheimer's is a leading cause of death in the United States with new data indicating that more than 500,000 deaths each year are attributable to the disease;

Whereas Alzheimer's is the only disease among the top 10 causes of death in the United States without an effective means of prevention, treatment, or cure;

Whereas Alzheimer's places an enormous financial strain on families, the health care system, and State and Federal budgets;

Whereas the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) are estimated to bear more than two-thirds of the total costs of this care in 2015;

Whereas a RAND Corporation study published in 2013 and commissioned by the National Institute on Aging found that Alzheimer's is the costliest disease in the United States, costing more than cancer and heart disease;

Whereas in 2013, an estimated 15,500,000 family members and friends of individuals with Alzheimer's provided those individuals with 17,700,000,000 hours of unpaid care, an amount valued at more than $220,000,000;

Whereas Alzheimer's disease has a disproportionate impact on many populations including women, African Americans, and Latinos;

Whereas the global cost of Alzheimer's exceeds $600,000,000,000 each year, an amount equal to approximately 1 percent of the world's gross domestic product;

Whereas in December 2013, the G-8 nations met and adopted a political declaration supporting the goal of a cure or disease-modifying therapy for dementia by 2025 as well as collectively and significantly increasing resources committed to dementia research;

Whereas Alzheimer's takes an emotional and physical toll on caregivers that results in a higher incidence of chronic conditions, such as heart disease, cancer, and depression among caregivers;

Whereas the National Plan to Address Alzheimer's Disease of the Department of Health and Human Services enables family caregivers of individuals with Alzheimer's to provide care while maintaining personal health and well-being;

Whereas the National Plan to Address Alzheimer's Disease supports informal caregivers by—

(1) identifying the support needs of caregivers;

(2) developing and disseminating modes for intervention;

(3) providing information that caregivers need, particularly in crisis situations; and

(4) assisting caregivers in maintaining personal health and well-being;

Whereas a strong and sustained research effort is the best tool to slow the progression and ultimately prevent the onset of Alzheimer's;

Whereas while the cost to the Medicare and Medicaid programs of caring for Alzheimer's patients is estimated to be $153,000,000,000 in 2015, the United States, through the National Institutes of Health, will spend about $586,000,000 on Alzheimer's research in 2015;

Whereas the Chairman of the Advisory Council on Alzheimer's Research, Care, and Services created by the National Alzheimer's Project Act (42 U.S.C. 11225) has testified before Congress that the United States must devote at least $2,000,000,000 each year to Alzheimer's research to reach the goal of preventing and effectively treating Alzheimer's by 2025; and

Whereas the public members of the Advisory Council on Alzheimer's Research, Care, and Services unanimously agree with the testimony of the Chairman regarding the amount of money required to reach the goal for 2025: Now, therefore, be it

Resolved, That the Senate—

(1) is committed to strengthening the quality of care and expanding support for individuals with Alzheimer's disease and related dementias (referred to in this resolution as ''Alzheimer's'') and family caregivers of individuals with Alzheimer's;

(2) declares that achieving the primary goal of the National Plan to Address Alzheimer's Disease to prevent and effectively treat Alzheimer's by 2025 is an urgent national priority;

(3) recognizes that bold action and considerable increases in funding are necessary to meet that goal;

(4) encourages greater collaboration between the United States and other global governments, particularly the G-7 nations, to advance a global Alzheimer's and dementia research plan;

(5) supports innovative public-private partnership and the pursuit of innovative financing tools, incentives and other mechanisms to accelerate the pursuit of disease-modifying therapies; and

(6) strives to—

(A) double the amount of funding the United States spends on Alzheimer's research in fiscal year 2016; and

(B) develop a plan for fiscal years 2017 through 2020 to meet the target of the Advisory Council on Alzheimer's Research, Care, and Services for the United States to spend $2,000,000,000 each year on Alzheimer's research.

Ms. COLLINS. Mr. President, Alzheimer's is a terrible disease that takes a tremendous personal and economic toll on the individual, the family, and society. In addition to the human suffering it causes, Alzheimer's costs the United States an estimated $226 billion a year, including $153 billion from the Medicare and Medicaid Programs. These costs will only skyrocket as the baby boom generation ages. Already our Nation's costliest disease, Alzheimer's is projected to cost more than $1.1 trillion if nothing is done to change its current trajectory. It is now estimated that nearly one in two of the baby boomers reaching age 85 will develop Alzheimer's. As a consequence, chances are that members of the baby boom generation will either be spending their golden years suffering with Alzheimer's or caring for someone who has it. In many ways Alzheimer's has become the defining disease of this generation.

If we are to prevent Alzheimer's from becoming the defining disease of the next generation, it is imperative that we dramatically increase our investment in Alzheimer's research. At a time when the United States is spending some $226 billion a year caring for Alzheimer's patients, we are spending less than three-tenths of 1 percent of that amount—under $600 million a year—on research. This makes no sense. We currently spend $4.5 billion a year for cancer research, $3 billion a year for research on HIV-AIDS, and $2 billion for cardiovascular research—all investments that have paid dividends.

Surely we can do more for Alzheimer's given the tremendous human and economic price of this devastating disease. Investments in research for other diseases have yielded tremendous results. We see that with cancer, with HIV/AIDS. Patients have access to new treatments, and death rates for some of these diseases are decreasing. At the same time, mortality due to Alzheimer's is escalating.

Alzheimer's is one of our Nation's leading causes of death, with recent data revealing that each year more than 500,000 deaths are attributable to Alzheimer's and other dementia, 6 times the amount previously estimated. Moreover, Alzheimer's is the only one of our Nation's top 10 deadliest diseases without an effective means of prevention, treatment or a cure.

Fortunately there is promising research that holds hope for Alzheimer's patients and their families. The research community is poised to make important advances through clinical trials and by investigating new therapeutic targets, but adequate funding is critical to achieve this promise. The National Plan to Address Alzheimer's Disease was authorized by the bipartisan National Alzheimer's Act, which I coauthored with then-Senator Evan Bayh.

The national plan has as its primary goal to prevent and effectively treat Alzheimer's disease by the year 2025. The chairman of the advisory council that was created by the act, Dr. Ronald Petersen of the Mayo Clinic, has testified before Congress that the United States should be devoting $2 billion a year at a minimum to Alzheimer's research in order to reach that goal.

A dramatic increase in funding for Alzheimer's research will not just save lives, it will also save money. According to a report issued by the Alzheimer's Association last year, a Federal investment of $2 billion a year between now and the year 2025, as recommended by the experts on the Alzheimer's Advisory Council and the scientific community more broadly, would be recouped within the first 3 years after a treatment delaying the onset of Alzheimer's by just 5 years becomes available.

I am therefore pleased to be introducing today, with my colleagues Senators KLOBUCHAR, MIKULSKI, WARNER, DURBIN, and STABENOW, a resolution declaring that the goal of preventing and effectively treating Alzheimer's is an urgent national priority. In recognition of the fact that bold action and considerable increases in funding are necessary to meet that goal, our resolution states that the Senate will strive to double the amount of funding the United States spends on Alzheimer's research in fiscal year 2016 and that we will develop a plan to meet the target of $2 billion over the next 5 years.

Our bill is supported by a number of organizations including the Alzheimer's Association, UsAgainstAlzheimer's, the Leaders Engaged on Alzheimer's Disease—or the LEAD Coalition—and the Alzheimer's Foundation of America.

I ask unanimous consent that the letters from these organizations be printed in the RECORD.

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

LEAD—LEADERS ENGAGED
ON ALZHEIMER'S DISEASE,
February 11, 2015.

Hon. SUSAN COLLINS,
Chairman, Special Committee on Aging, U.S. Senate, Washington, DC.

DEAR CHAIRMAN COLLINS: As executive director of Leaders Engaged on Alzheimer's Disease (the LEAD Coalition), I write to thank you for your inspirational leadership in reintroducing the Senate resolution to strengthen care and support, encourage greater international collaboration, incentivize private sector research, double federal investments in Alzheimer's disease and related dementias research in FY 2016, and bring annual federal investments to at least $2 billion by 2020. Your resolution is an important next step toward each of these vital goals and the LEAD Coalition will continue to work arm-in-arm with you and your colleagues to realize the resolution's promise.

There are few more compelling or complex issues to confront our aging society now and over the coming decades than Alzheimer's disease and related dementias (including vascular, Lewy body or frontotemporal dementia). Its place as a national priority was made clear by the effort you led resulting in unanimous congressional passage of the National Alzheimer's Project Act. That law directed creation of the National Plan to Address Alzheimer's Disease and, as you know, the National Plan's goal number one is to prevent and effectively treat Alzheimer's disease and related dementias by 2025.

In fact, as your resolution highlights, Alzheimer's disease and related dementias are an urgent national priority that impose enormous costs to our nation's health and prosperity, costs that are skyrocketing. Today, more than five million Americans have dementia at an annual cost to our economy exceeding $200 billion. Alzheimer's disease contributes to the deaths of approximately 500,000 Americans each year, making it the third leading cause of death in the United States. If the current trajectory of the disease persists, between 13 million and 16 million Americans will have dementia in 2050 and total costs of care are projected to exceed (inflation adjusted 2014 dollars) $1 trillion annually. The federal government, through Medicare and Medicaid payments, shoulders an estimated 70 percent of all such direct care costs.

Globally, the stakes of American scientific leadership are higher still. Today, 44 million people have dementia with annual costs exceeding $600 billion or about one percent of the world's GDP. If the current trajectory of the disease persists, upwards of 135 million persons worldwide will have dementia in 2050. American scientific leadership is nowhere more urgent than in Alzheimer's disease and related dementias.

Congress, the President and NIH Director Dr. Francis Collins have overcome enormous obstacles to increase funding and prioritization of Alzheimer's disease and related dementias research over the past several years. The National Institute an Aging (NIA) and other NIH institutes—such as the National Institute of Neurological Disorders and Stroke, the National Institute of Biomedical Imaging and Bioengineering, the National Institute of Mental Health and the National Institute of Child Health and Human Development—are supporting a number of promising research projects to: understand the genetic risk factors, address the disproportionate impact on women, African Americans, Hispanics, and persons with intellectual disabilities; and pursue cutting-edge but costly and time consuming trials aimed at preventing or substantially slowing disease progression by administering treatments much earlier in the disease process. These resources of time, talent and treasure are precious and indefensibly scarce. We owe it to the taxpayers, to the research community and—most of all—to people living with, or at risk of, Alzheimer's disease and related dementias to provide adequate and necessary resources proportionate to the disease burden, unmet medical need, and our nation's ethical and moral compass.

The broad, diverse, and unified Alzheimer's disease and related dementias community—working together as the LEAD Coalition—deeply admires and appreciates your remarkable leadership on this and so many other issues of vital importance to our nation's cognitive health, economic well-being, and global scientific leadership. We look forward to working with you for passage of the resolution and subsequent congressional action on each of its goals.

Sincerely,

IAN KREMER, Esq.,
Executive Director,
LEAD Coalition.

USAGAINSTALZHEIMERS,
February 10, 2015.
Hon. SUSAN COLLINS,
Chairman, Special Committee on Aging, U.S. Senate, Washington, DC.

DEAR CHAIRMAN COLLINS: On behalf of USAgainstAlzheimers, the national movement committed to mobilizing the nation around the goal of stopping Alzheimer's by 2020, I am writing to applaud you for recognizing the mounting threat of Alzheimer's and dementia and for leading the call for the level of public resources that are necessary to stop this disease before it destroys our nation's health and finances.

As you are well aware from your extensive history of leadership against Alzheimer's and dementia, more than five million Americans are currently suffering from this disease, and millions more are impacted as family members and caregivers. Economic estimates suggest that Alzheimer's disease costs the nation upwards of $200 billion each year, with about 70 percent of costs shouldered by Medicare and Medicaid. Direct care costs of Alzheimer's have been found to be larger than similar costs of cancer and heart disease, and a groundbreaking 2014 study from Rush University indicates that more than 500,000 deaths each year are attributable to Alzheimer's disease, six times more than the levels that have been reported by the Centers for Disease Control and Prevention (CDC).

Fortunately, thanks to your leadership several years ago, our nation has a National Plan to Address Alzheimer's Disease that established as goal one preventing and effectively treating the disease by 2025, a mere 10 years away. As your resolution recognizes, while we can set bold goals, we simply will not achieve them absent the appropriation of necessary resources. I commend you for being a champion in Congress behind measures to substantially increase the amount of public resources committed to Alzheimer's disease research so we can reach the level of $2 billion in annual funding that multiple experts have estimated as being needed to maximize our chances of achieving the 2025 goal.

I understand the multiple fiscal challenges confronting the nation. At the same time, we must recognize that the question is not whether or not we will pay for Alzheimer's. We are paying, dearly, today, and we will pay even more tomorrow unless we redouble efforts to achieve scientific breakthroughs and develop therapies and means of prevention. Your resolution outlines a sensible track to achieve the necessary level of funding within a timeframe during which we can achieve the necessary impact, and makes clear that preventing and treating Alzheimer's disease must be a national priority.

Thank you, again, for your tremendous leadership on behalf of all Americans impacted by this disease.

Sincerely,

GEORGE VRADENBURG,
Founder and Chairman.

ALZHEIMER'S ASSOCIATION,
Washington, DC, February 11, 2015.
Hon. SUSAN COLLINS,
U.S. Senate, Washington, DC.
Hon. AMY KLOBUCHAR,
U.S. Senate, Washington, DC.

DEAR SENATOR COLLINS AND SENATOR KLOBUCHAR: On behalf of the Alzheimer's Association and its nationwide network of advocates, thank you for your continued leadership on issues and legislation important to Americans with Alzheimer's and their caregivers. The Alzheimer's Association proudly supports your most recent Alzheimer's resolution, which supports the goals of National Plan to Address Alzheimer's Disease.

The Alzheimers Association is the world's leading voluntary health organization in Alzheimers care, support and research. Our mission is to eliminate Alzheimer's disease and other dementias through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer's.

As one of our nation's strongest voices on behalf of Americans living with Alzheimer's, you know that more than 5 million Americans are living with the disease, and without significant action, as many as 16 million Americans will have Alzheimer's by 2050. A 2013 study funded by the National Institutes of Health (NIH) and published in the New England Journal of Medicine further confirmed that Alzheimers disease is the most expensive disease in America. Additionally, as the baby boomer generation ages, one in eight will develop Alzheimer's. This explosive growth will cause Alzheimers costs to Medicare and Medicaid to increase from $153 billion today to nearly $800 billion in 2050 (in today's dollars) and threatens to bankrupt families, businesses and our health care system. Unfortunately, our work is only growing more urgent.

The passage of the National Alzheimer's Project Act in 2010, and the subsequent release of the National Plan to Address Alzheimer's Disease, marks a new era for Alzheimers disease and other dementias. Achieving the first goal of the National Plan, to prevent and effectively treat Alzheimer's disease by 2025, and supporting individuals with the disease and their caregivers are critical to the success of this legislation.

The Alzheimers Association deeply appreciates your continued leadership on behalf of all American's living with Alzheimer's. If you have any questions about this or any other legislation, please contact Rachel Conant, Director of Federal Affairs, at rconant@alz.org or at 202.638.7121.

Sincerely,

ROBERT EGGE,
Executive Vice President,
Government Affairs, Alzheimer's Association.

Ms. COLLINS. Mr. President, we have to face the facts that if we do not invest in Alzheimer's research at the levels the experts tell us is necessary to develop effective treatments for this disease or perhaps a means of prevention or eventually a cure, this disease is going to continue to cause untold suffering not only for its victims but for its families, and it will bankrupt America 's health care system.

I urge our colleagues to join us as cosponsors. I want, in particular, to recognize my partner in this effort, the Senator from Minnesota, Ms. KLOBUCHAR. The home of the Mayo Clinic is in her State. She has been stalwart in supporting the efforts to increase funding for Alzheimer's research.

With that, I am very pleased to yield to my partner, Senator KLOBUCHAR.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I come to the Senate floor to join my friend and colleague from Maine, Senator COLLINS, who has for so long been a leader on this issue. I thank her for that and thank her for her very strong remarks.

This is a horrible disease. Senator COLLINS did a very good job of going through the costs to our country. Mr. President, 5.2 million Americans are already living with Alzheimer's, and by 2050 an estimated 13.5 million Americans will be living with the disease. Also, $226 billion is being spent in 2015 caring for individuals with Alzheimer's, and by 2050 costs will reach $1.1 trillion.

Those are the numbers. They are pretty stunning numbers, but I think we all know we are not just here to talk about the numbers. We are here to talk about the people. Every single Senator in this Chamber knows someone who is suffering from Alzheimer's or someone who has died from Alzheimer's. So this resolution, yes, it is about the numbers and being smarter about how we spend our money to prevent this horrible disease from occurring in the first place, but it is also for that daughter who goes to see her mom every day in the assisted living care facility and with each and every day her mom's memory slips away to the point where she does not remember who she is anymore.

It is for that wife who has valiantly cared for her husband as it gets harder and harder and harder as he goes wandering around the neighborhood and gets lost. She does not know if she can leave him at home anymore. That is what this is about. Every single person in this Chamber and every single person back home knows of someone who suffers from this disease.

The only way to stem the tide of this devastating disease is through, as the great Senator from Maine mentioned, through research. Yes, a lot of that research is going on in Minnesota, both at the University of Minnesota and at the Mayo Clinic. If we were able to delay the onset of Alzheimer's by just 5 years, similar to the effect that anticholesterol drugs have had on preventing heart disease, we would be able to significantly cut the government's spending on Alzheimer's care, but more importantly we would be able to give these families extra years, extra time, less time battling this disease.

We all know the answers to Alzheimer's will not just drop out of the sky. If that was true, it would have been cured a long time ago. It will take dedicated scientists, advanced research initiatives, and skilled doctors with knowledge of the disease to conduct trials and care for as many patients as possible until we find a cure.

That is why we are coming together for this important resolution, which resolves simply that the Senate will strive to double the funding the United States spends on Alzheimer's research in 2016 and will develop a plan to meet the target of $2 billion a year in Alzheimer's research funding over the next 5 years.

As Senator COLLINS mentioned, this effort is led on the national level by Dr. Ronald Petersen, a Minnesota native and a leading researcher. He agrees this is the time to move forward to get this research done. What kind of research are we talking about? I remember first hearing about some of the work Mayo had done and realizing they were focusing on trying to identify this disease early to be able to figure out if people were getting it early.

I thought: That is great, but how does that help? They still have the disease. What I learned is the earlier they can identify the disease, then the earlier they can start those trials so they can tell what is working or not. If they wait too long to identify the disease, it is nearly impossible to tell what kind of potential cures work and what do not.

This is a very important part of this initiative, which is to be able to immediately identify what those risk factors are when they think someone actually has Alzheimer's. Two years ago the United States launched the BRAIN Initiative, which is a national research effort to map the human brain in hopes of finding new ways to prevent and cure brain diseases. Similar to the Human Genome Project, I think we can expect this initiative to truly be a game-changer that stimulates the next generation of scientific development.

There is always more knowledge we need to get. There are always more treatments to discover. There are more diseases to cure. That is why it is so important that we continue funding and actually increase funding to the National Institutes of Health. Earlier this year I introduced, with Senator DURBIN and others, a bill to boost funding for NIH by 5 percent a year and also other key Federal research agencies. The American Cures Act would reverse the trend of declining Federal investment in medical research and fuel the next generation of biomedical discoveries.

I care a lot about this. During the government shutdown I will never forget Senator COLLINS once again led the effort to find our way out of that with 14 of us in a bipartisan effort. I gave my entire salary to NIH because I wanted to make the point that every day we go without developing that cure for Alzheimer's, without supporting our scientists who are doing that work, is another day where someone else dies of this disease. It is another loved one we lose.

Another effort I think is very important when we look at this is precision medicine. We should be supporting efforts to further the field of precision medicine, which holds the promise of revolutionizing the prevention, diagnosis, and treatment of diseases. By better understanding genetic variations within diseases such as Alzheimer's, we can develop targeted, more effective treatments.

Of course caregivers are the last thing I wish to talk about. If you know someone with Alzheimer's, then you also know their family member or their friend who is taking care of them. Many of the caregivers have children themselves. That is why they are called the sandwich generation. They are literally sandwiched between taking care of their own children and taking care of their aging mother or father.

Just as we addressed the needs of moms and dads in the 1970s, started working on things such as childcare benefits, we must now address the needs of our working sons and daughters and those who are simply devoting their lives to taking care of an aging relative, someone with Alzheimer's. This goes on every day. People have decided to quit their jobs or they have to decide to take a different job or they have to decide to go part time simply to take care of their loved one.

In 2013 more than 15 million family members and friends cared for someone with Alzheimer's disease or another form of dementia, often at the expense of their own jobs and their own well-being. That is why I am continuing to work on legislation called the Americans Giving Care to Elders Act that would give family caregivers a tax credit and other assistance to help alleviate the financial burdens that come with caring for a loved one.

So these are some ideas, but we know at its core the best thing to do is to stop this terrible disease from the beginning. That means living up to the expectations the people of this country have for us; that is, to do what is best for them; that is, to put forward the dollars we need to do the research.

I know some great doctors in Minnesota and across the country who will put that money to good use.

Let's go forward, let's cure this disease, and we call on the Senate to pass the resolution Senator COLLINS and I are submitting.

SENATE RESOLUTION 75—DESIGNATING THE MONTH OF FEBRUARY 2015, AS “NATIONAL TEEN DATING VIOLENCE AWARENESS AND PREVENTION MONTH”

Mr. DURBIN (for Mr. REID of Nevada (for himself and Mr. WHITEHOUSE)) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 75

Whereas although dating violence, domestic violence, sexual violence, and stalking affect women regardless of age, teenage girls and young women are especially vulnerable;

Whereas a 2013 survey by the Center for Disease Control found that nearly 10 percent of high school students reported physical victimization and 10 percent reported sexual victimization from a dating partner in the 12 months before they were surveyed;

Whereas according to the Center for Disease Control, nearly 1,500,000 high school students experience physical abuse from a dating partner each year;

Whereas a 1997 Commonwealth Fund survey found that more than ¼ of high school girls had been either sexually abused, physically abused, or abused by a date or boyfriend;

Whereas the Bureau of Justice Statistics found that females between the ages of 16 and 24 experience intimate partner violence at a rate that is almost triple the national average;

Whereas in 2008, the National Council on Crime and Delinquency reported that approximately 1 in 3 adolescent girls in the United States is a victim of physical, emotional, or verbal abuse from a dating partner, a rate that far exceeds victimization rates for other types of violence affecting young people;

Whereas a 2012 study, as part of an independent evaluation of Start Strong: Building Healthy Teen Relationships, an initiative aimed at building healthy relationships among middle school youth, found that teen dating violence behaviors were common even among seventh grade students, with nearly 1 in 6 students reporting physical dating violence;

Whereas according to data from the Youth Risk Behavior Surveillance System, almost 20 percent of teenage girls who were exposed to physical dating violence did not attend school on 1 or more occasions during the 30 days preceding the survey because the girls felt unsafe at school or on the way to or from school;

Whereas schools are unequipped to handle the issue of teen dating violence, as a recent study by Ball State University found that—

(1) 81 percent of school counselors reported that they did not have a school protocol on how to respond to an incident of teen dating violence; but

(2) 61 percent of school counselors reported that they had assisted victims of dating-related violence in the past 2 years, despite a lack of formal training for some of the counselors;

Whereas a study published in Pediatrics suggests that teen dating violence “is a substantial public health problem” because victims of teen dating violence are—

(1) at increased risk of mood and behavior problems as young adults; and

(2) at increased risk for future violent relationships;

Whereas girls victimized by a teen boyfriend reported more heavy drinking, smoking, depression, and thoughts of suicide, and teens of both sexes who were in aggressive relationships were 2 to 3 times more likely to be in violent relationships as young adults;

Whereas being physically or sexually abused makes teenage girls up to 6 times more likely to become pregnant and more than twice as likely to contract a sexually transmitted disease;

Whereas according to the 2009 Parent/Teen Dating Violence Poll by Liz Claiborne Inc., although 82 percent of parents are confident that they could recognize the signs if their child was experiencing dating abuse, 58 percent of parents could not correctly identify all of the warning signs of abuse;

Whereas 74 percent of teenage boys and 66 percent of teenage girls report that they have not had a conversation with a parent about dating abuse in the past year;

Whereas 1 in 4 teens in a relationship report having been called names, harassed, or put down by a partner through the use of a telephone, including through texting;

Whereas according to the 2010 College Dating Violence and Abuse Poll by Liz Claiborne Inc., 43 percent of college women who date report experiencing abusive dating behaviors;

Whereas 70 percent of college students who experienced relationship abuse failed to realize that they were in an abusive relationship at the time, and 60 percent of college students who were in an abusive relationship said that no one stepped in to help them;

Whereas the severity of violence among intimate partners has been shown to be greater in cases where a pattern of violence was established during adolescence;