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Robert was known for his dedication to his family and his love of country. Today and always, Robert will be remembered by family members, friends, and fellow Hoosiers as a true American hero and we honor the sacrifice he made while dutifully serving his country.

As I search for words to do justice in honoring Robert's sacrifice, I am reminded of President Lincoln's remarks as he addressed the families of the fallen soldiers in Gettysburg: "We cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract. The world will little note nor long remember what we say here, but it can never forget what they did here." This statement is just as true today as it was nearly 150 years ago, as I am certain that the impact of Robert's actions will live on far longer than any record of these words.

It is my sad duty to enter the name of Robert W. Murray, Jr. in the official record of the Senate for his service to this country and for his profound commitment to freedom, democracy, and peace. When I think about this just cause in which we are engaged, and the unfortunate pain that comes with the loss of our heroes, I hope that families like Robert's can find comfort in the words of the prophet Isaiah, who said, "He will swallow up death in victory; and the Lord God will wipe away tears from off all faces."

May God grant strength and peace to those who mourn, and may God be with all of you, as I know He is with Robert.

PRIVATE FIRST CLASS DARREN DEBLANC

Mr. BAYH. Mr. President, I also rise today with a heavy heart and deep sense of gratitude to honor the life of a brave young man from Evansville. Darren DeBlanc, 20 years old, died on April 29 when a roadside bomb exploded during his patrol in Baghdad. With his entire life before him, Darren risked everything to fight for the values Americans hold close to our hearts, in a land halfway around the world.

A 2003 graduate of Reitz High School, Darren was only 2 weeks away from returning home to Evansville when this tragedy occurred. In March, he had been decorated for his bravery in Iraq with a Purple Heart, after surviving an earlier bomb attack. Darren had a carefully laid plan for his life: he intended to finish his 3-year commitment to the Army, then take classes in law enforcement in the hopes of boosting his application to join the Evansville police force with his brother. Friends and family recount that he was an outgoing, driven, and personable young man with a promising future ahead of him. His mother Judy Woolard told a local television station, "I know if he

is looking down on us, he is very proud with the way his life ended because if he was to go, this was the way, trying to help other people." I stand here today to express Indiana's gratitude for Darren's sacrifices and for those made by his family on behalf of our country.

Darren was killed while serving his country in Operation Iraqi Freedom. He was assigned to the 10th Mountain Division, based out of Fort Drum, New York. This brave young soldier leaves behind his father Michael DeBlanc, Sr., his mother Judy Woolard, and his older brother Michael DeBlanc, Jr.

Today, I join Darren's family and friends in mourning his death. While we struggle to bear our sorrow over this loss, we can also take pride in the example he set, bravely fighting to make the world a safer place. It is his courage and strength of character that people will remember when they think of Darren, a memory that will burn brightly during these continuing days of conflict and grief.

Darren was known for his dedication to his family and his love of country. Today and always, Darren will be remembered by family members, friends and fellow Hoosiers as a true American hero and we honor the sacrifice he made while dutifully serving his country.

As I search for words to do justice in honoring Darren's sacrifice, I am reminded of President Lincoln's remarks as he addressed the families of the fallen soldiers in Gettysburg: "We cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract. The world will little note nor long remember what we say here, but it can never forget what they did here." This statement is just as true today as it was nearly 150 years ago, as I am certain that the impact of Darren's actions will live on far longer than any record of these words.

It is my sad duty to enter the name of Darren DeBlanc in the official record of the Senate for his service to this country and for his profound commitment to freedom, democracy and peace. When I think about this just cause in which we are engaged, and the unfortunate pain that comes with the loss of our heroes, I hope that families like Darren's can find comfort in the words of the prophet Isaiah, who said, "He will swallow up death in victory; and the Lord God will wipe away tears from off all faces."

May God grant strength and peace to those who mourn, and may God be with all of you, as I know He is with Darren.

WOMEN'S HEALTH OFFICE ACT

Ms. SNOWE. Mr. President, this is National Women's Health Week, and it is certainly fitting to take stock of both our successes in promoting women's health while looking at the challenges ahead.

Historically, women's health care needs have been poorly understood. While the obvious differences between the sexes are indisputable, it was assumed that those differences had limited implications, resulting in women being systematically excluded from health research studies. Too often, only men were studied and considered the health care "norm" for both genders.

Of course, for a few diseases such as ovarian or breast cancer, the study of women was an absolute requirement. However, for so many others, women were excluded. Sometimes we heard that it would cost more to include women in trials because more participants would need to be enrolled—since research results would need to be analyzed separately for both men and women. That certainly sounds like a recognition that men and women can differ quite substantially.

As researchers have looked, they have found so many times where a single difference between the sexes has so many other ramifications for health and disease. For example, because every child is genetically unique and different from both parents, child-bearing requires the ability of a woman to have periods of lowered immunity in her reproductive tract. This is also a major contributor to her susceptibility to gynecologic infections, and it helps explain why women are much more susceptible to sexually transmitted diseases. This is critical knowledge when one is trying to protect women from HIV and that knowledge simply must be reflected in strategies for protecting women.

Remember that men and women differ genetically—that was obvious from our earliest study of genetics . . . an entire chromosome is different. As we learn more about the human genome, and how genes interact, we doubtless will discover more differences which must be reflected in health decisions. There can be no doubt that whenever we fail to see women properly represented in health research, we risk causing major harm. One recent example is so notable.

When one federally funded study examined the ability of aspirin to prevent heart attacks in 20,000 medical doctors, all of whom were men, physicians were left to assume that the protective effect may apply to women as well. So for years physicians have been left to assume that aspirin had the same effect in women but we simply didn't know. Yet we do know that the pattern of heart disease in women is different than in men. Heart disease develops a bit later about 10 years later. Despite this, heart disease kills more women than men, more than either breast or ovarian cancer! So in March of this year when we finally learned that aspirin does not have the same effect in women as in men, we saw more evidence that assuming there is no difference between men and women is no substitute for conducting proper research.

Sex differences in health are so numerous. Osteoporosis is far more common in women—as is depression. While women have the ability to modulate our immunity to bear a child, it is ironic that we suffer far more autoimmune disease than men. For example, 9 of 10 lupus sufferers are women! Drugs and alcohol affect us differently from men as well even a woman's response to anesthesia is different than a man's. So one can see it is a critical problem when we fail to discover such differences. It compromises the quality of health care for more than half of all Americans!

Many of us have worked for years to achieve equal representation of women in health research. Since 1990 when the Society for Women's Health Research was founded, we have had a voice to help us in our effort to promote the inclusion of women in health care research, and to educate all of us about sex differences in health and disease. The Society is to be commended for its tireless efforts to increase our understanding of sex differences.

Today we know that equity does not yet exist in health care, and we have a long way to go. Progress has been made—we have seen an Office of Women's Health established at the NIH, and the research at the Institutes has reflected that representation. In fact, we see that not only women but also children and minorities are being better represented in health research today.

I introduced the Women's Health Office Act to help address the sex-based disparities in research and policy. This legislation provides permanent authorization for offices of women's health in five Federal agencies: the Department of Health and Human Services; the Centers for Disease Control and Prevention; the Agency for Healthcare Research and Quality; the Health Resources and Services Administration; and the Food and Drug Administration. Currently, only two women's health offices in the Federal Government have statutory authorization: the Office of Research on Women's Health at the National Institutes of Health and the Office for Women's Services within the Substance Abuse and Mental Health Services Administration.

With some offices established, but not authorized, the needs of women could be compromised without the consent of Congress. We must create statutory authority for these offices, to ensure that health policy flows from fact, not assumption. Improving the health of American women requires a far greater understanding of women's health needs and conditions, and ongoing evaluation in the areas of research, education, prevention, treatment and the delivery of services and passage of this legislation will help ensure that.

I call on my colleagues to join me in supporting this legislation, which will ensure better health for our mothers, our sisters, our daughters, here and abroad.

Thank you, Mr. President.

NATIONAL HEPATITIS B AWARENESS WEEK

Mrs. FEINSTEIN. Mr. President, I rise today to recognize the week of May 9, 2005 as National Hepatitis B Awareness Week.

I thank Senator SANTORUM, who introduced this resolution with me, as well as Senators SPECTER, STABENOW, INOUE, and DURBIN who cosponsored it.

In the United States today, more than 1.25 million Americans are infected with hepatitis B. Chronic hepatitis B is often called a "silent disease" because more than two-thirds of patients infected with the disease have no symptoms or their symptoms go unrecognized.

Chronic hepatitis B infection is a potentially life threatening disease that may lead to cirrhosis of the liver, liver failure and liver cancer. More than half a million people worldwide die each year from primary liver cancer, and up to 80 percent of primary liver cancers are caused by chronic hepatitis B. In the United States, more than one million people have developed chronic hepatitis B infection and more than 5,000 Americans die from hepatitis B and hepatitis B-related liver complications each year.

Despite these alarming statistics, however, it is estimated that only a small percentage of chronic hepatitis B patients are currently receiving treatment for their disease. Approximately 15 to 40 percent of chronically infected hepatitis B patients will develop liver disease due to long-term exposure. Of chronic hepatitis B patients who develop cirrhosis, almost half of them may die within five years because of the high risk of liver cancer associated with the progression of the disease.

Upon closer examination of hepatitis B, researchers have found alarmingly disproportionate rates of infection among Asian Pacific Islanders and African Americans. In the U.S., as many as one out of ten Asian Pacific Islanders Americans are chronically infected with the hepatitis B virus.

California has initiated a number of programs to ensure that we are working to stop the transmission of Hepatitis B through vaccine programs and disease management programs intended to make living with the disease more comfortable.

I recognize the Association of Asian Pacific Community Health Organizations, AAPCHO, which is based in Oakland, CA, and the partners across the country with whom they are working to demystify and educate citizens about hepatitis B.

During National Hepatitis B Awareness Week, the "AIM for the B: Awareness, Involvement and Mobilization for Chronic Hepatitis B" campaign will consist of a series of local awareness forums and educational roundtables featuring doctors, patients and families and patient advocates. Two will be held in California—one in San Francisco and one in San Jose—in addition to

various other sites around the country to raise awareness and open the dialogue about chronic hepatitis B, prevention, disease management, and future advances.

It is my hope that National Hepatitis B Awareness Week will raise the profile of hepatitis B, facilitate open dialogue about what we can do in our families and communities to stop the transmission of this disease and arm ourselves with the knowledge to fight back against hepatitis B.

We possess the weapons to combat hepatitis B, including vaccination and treatment. For those infected, treatment options exist that are designed to stop the progression of liver disease and reduce liver damage. As we recognize National Hepatitis B Awareness Week, I encourage Americans who may be at risk for chronic hepatitis B to get tested for the disease, and physicians and patients to understand there is a large group of patients who do need treatment right now.

I ask my colleagues to join me in recognizing the great strides made in hepatitis B awareness and treatment and acknowledge the ongoing battle during National Hepatitis B Awareness Week.

IN MEMORY OF MIGUEL CONTRERAS

Mrs. FEINSTEIN. Mr. President, I rise today to pay tribute to my friend and fellow Californian Miguel Contreras, secretary-treasurer of the Los Angeles County Federation of Labor, AFL-CIO who died suddenly of a heart attack on Friday, May 6 at the age of 52.

Working families and the Latino community lost a great champion with the passing of Miguel Contreras.

As the son of migrant farmworkers Miguel also labored in the agriculture fields of California. Yet through his passion to ensure equity and fairness for workers, Miguel advanced to become one of the premier leaders in the local, State, and national labor movement.

As a young man Miguel worked with Cesar Chavez of the United Farm Workers Union to organize farm workers to secure improved working conditions and better wages.

In 1996, Miguel became the executive secretary-treasurer of the Los Angeles County Federation of Labor, AFL-CIO.

Under his leadership the Los Angeles County Federation of Labor grew to become a powerful voice for working men and women of Los Angeles County.

Miguel was the driving force behind the transformation of an organization that went from a union of 125,000 members to a multi-ethnic coalition of union workers now nearly 800,000 strong.

Through his leadership Miguel led a union-sponsored grass roots political drive that played a significant role in deciding the outcome of five Los Angeles congressional seats and countless state and local races.