

(ii) an evaluation of any facility and any equipment used to achieve a hunger-free communities goal in the community;

(iii) an analysis of the effectiveness and extent of service of existing nutrition programs and emergency feeding organizations; and

(iv) a plan to achieve any other hunger-free communities goal in the community.

(2) **ACTIVITIES.**—An eligible entity in a community that has submitted an assessment to the Secretary shall use a grant received under this section for any fiscal year for activities of the eligible entity, including—

(A) meeting the immediate needs of people in the community served by the eligible entity who experience hunger by—

(i) distributing food;

(ii) providing community outreach; or

(iii) improving access to food as part of a comprehensive service;

(B) developing new resources and strategies to help reduce hunger in the community;

(C) establishing a program to achieve a hunger-free communities goal in the community, including—

(i) a program to prevent, monitor, and treat children in the community experiencing hunger or poor nutrition; or

(ii) a program to provide information to people in the community on hunger, domestic hunger goals, and hunger-free communities goals; and

(D) establishing a program to provide food and nutrition services as part of a coordinated community-based comprehensive service.

SEC. 202. HUNGER-FREE COMMUNITIES TRAINING AND TECHNICAL ASSISTANCE GRANTS.

(a) **DEFINITION OF ELIGIBLE ENTITY.**—In this section, the term “eligible entity” means a national or regional nonprofit organization that carries out an activity described in subsection (d).

(b) **PROGRAM AUTHORIZED.**—

(1) **IN GENERAL.**—The Secretary shall use not more than 10 percent of any funds made available under title III to make grants to eligible entities to pay the Federal share of the costs of an activity described in subsection (d).

(2) **FEDERAL SHARE.**—The Federal share of the cost of carrying out an activity under this section shall not exceed 80 percent.

(c) **APPLICATION.**—

(1) **IN GENERAL.**—To receive a grant under this section, an eligible entity shall submit an application to the Secretary at the time and in the manner and accompanied by any information the Secretary may require.

(2) **CONTENTS.**—Each application submitted under paragraph (1) shall—

(A) demonstrate that the eligible entity does not operate for profit;

(B) describe any national or regional training program carried out by the eligible entity, including a description of each region served by the eligible entity;

(C) describe any national or regional technical assistance provided by the eligible entity, including a description of each region served by the eligible entity; and

(D) describe the means by which each organization served by the eligible entity—

(i) works to achieve a domestic hunger goal;

(ii) works to achieve a hunger-free communities goal; or

(iii) used a grant received by the organization under section 201.

(3) **PRIORITY.**—In making grants under this section, the Secretary shall give priority to eligible entities the applications of which demonstrate 2 or more of the following:

(A) The eligible entity serves a predominantly rural and geographically underserved area.

(B) The eligible entity serves a region in which the rates of food insecurity, hunger, poverty, or unemployment are demonstrably higher than national average rates.

(C) The eligible entity serves a region that has carried out long-term efforts to reduce hunger in the region.

(D) The eligible entity serves a region that provides public support for the efforts of the eligible entity.

(E) The eligible entity is committed to achieving more than 1 hunger-free communities goal.

(d) **USE OF FUNDS.**—An eligible entity shall use a grant received under this section for any fiscal year to carry out national or regional training and technical assistance for organizations that—

(1) work to achieve a domestic hunger goal;

(2) work to achieve a hunger-free communities goal; or

(3) receive a grant under section 201.

SEC. 203. REPORT.

Not later than September 30, 2011, the Secretary shall submit to Congress a report describing—

(1) each grant made under this title, including—

(A) a description of any activity funded by such a grant; and

(B) the degree of success of each activity funded by such a grant in achieving hunger-free communities goals; and

(2) the degree of success of all activities funded by grants under this title in achieving domestic hunger goals.

TITLE III—AUTHORIZATION OF APPROPRIATIONS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out title II \$50,000,000 for each of fiscal years 2006 through 2011.

GYNECOLOGIC CANCER EDUCATION AND AWARENESS ACT OF 2005

Mr. ENZI. I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 1245, Johanna’s Law, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1245) to provide for programs to increase the awareness and knowledge of women and health care providers with respect to gynecologic cancers.

There being no objection, the Senate proceeded to consider the bill.

Mr. COBURN. Mr. President, as a physician and a two-time cancer survivor, I believe that eliminating cancer should be among our Nation’s highest priorities.

During my two decades practicing medicine, I have treated countless patients of all ages and backgrounds who were diagnosed with various forms of cancers. Many were successfully treated and are alive and healthy today. Others were not as fortunate. Sadly, most of these cases could have been treated if detected earlier. Nearly all could have been prevented.

As a physician, I know firsthand that both patients and health care providers are not properly informed about many

symptoms and causes of cancer. I have long been disappointed that the U.S. Surgeon General and the Centers for Disease Control and Prevention, CDC, have failed to take an effective leadership role to educate the American people with lifesaving information about the various forms of cancer and how to protect themselves. As a result, the American Cancer Society estimates that 1,399,790 men and women—720,280 men and 679,510 women—will be diagnosed with and 564,830 men and women will die of cancer of all sites in 2006. Countless others will require invasive treatment that will forever affect their lives.

Each of these individual lives represents a failure to protect the health of one of our sisters, daughters, brothers, sons, parents, neighbors, and friends.

One recent patient of mine, an 18-year-old girl, is an example. She was diagnosed with human papillomavirus, HPV, infection. HPV is the cause of over 99 percent of all cervical cancers and is a sexually transmitted disease.

To prevent the onset of invasive cervical cancer, a large portion of this young girl’s cervix had to be removed. As a result she is less likely to be able to become pregnant in the future and more likely to have a premature infant if she does become pregnant. And despite already undergoing invasive treatment, she remains at risk for future complications and additional surgeries.

This girl and the others that I am caring for in my medical practice are the real faces of those affected by HPV and cervical cancer. What we are confronting is not an isolated epidemic.

About 24 million Americans are currently infected with HPV according to the National Cancer Institute and an estimated 5.5 million Americans become infected with HPV every year. With 4.6 million of these HPV infections acquired by those aged 15 to 24, HPV accounts for over half of all new sexually transmitted diseases among young Americans. On March 8, 2004, researchers from the Colorado Health Sciences Center reported that more than 30 percent of women in a recent study were found to be infected with a strain of HPV linked to cervical and anal cancer. In comparison, 18.7 percent of men carried HPV-16, one of 10 high-risk strains of the virus.

Over 1,350,000 women will have invasive procedures each year just to assess the status of their abnormal pap smears secondary to HPV. According to the American Cancer Society, every year over 12,000 new cases of invasive cervical cancer are diagnosed and more than 4,000 women die of the disease. And noninvasive cervical cancer is estimated to be four times as widespread as the invasive type. HPV is also associated with other forms of cancer and more than 1 million precancerous lesions that affect both women and men.

Few of my patients with HPV had ever heard of the virus and were unaware of its health risks including its

link to cancer. Many of my fellow physicians were not even aware of HPV and its symptoms.

In 2000, I authored legislation directing the CDC and the Food and Drug Administration—FDA—to take actions to educate the public with “medically accurate information” about HPV and cervical cancer. I was disappointed when groups that claimed to advocate for women’s health, such as the American College of Obstetricians and Gynecologists—ACOG—opposed my proposal and fought to keep the public in the dark about HPV.

The HPV law was approved by Congress as a component of the Consolidated Appropriations Act of 2001 and became Public Law 106-554 with the signature of President Bill Clinton on December 21, 2000. In a Statement of Administration policy, President Clinton stated:

The Administration supports the goal of better informing the public about HPV and the fact that the use of condoms may not fully prevent HPV transmission.

The law directed CDC to develop a report outlining the “best strategies to prevent future infections, based on the available science.” After the repeated urging of Congress, CDC finally issued a report in 2004 that concluded:

Because genital HPV infection is most common in men and women who have had multiple sex partners, abstaining from sexual activity (i.e. refraining from any genital contact with another individual) is the surest way to prevent infection. For those who choose to be sexually active, a monogamous relationship with an uninfected partner is the strategy most likely to prevent future genital HPV infections. For those who choose to be sexually active but who are not in a monogamous relationship, reducing the number of sexual partners and choosing a partner less likely to be infected may reduce the risk of genital HPV infection. . . .

The available scientific evidence is not sufficient to recommend condoms as a primary prevention strategy for the prevention of genital HPV infection. . . .

Regarding other possible prevention approaches, no data indicate that treatment of clinical lesions or use of microbicides will prevent transmission of infection, although HPV vaccines are likely to become available in the next few years and may become an effective prevention tool.

The CDC’s conclusions reflected what has become the scientific consensus.

In a February 1999 letter to the U.S. House Commerce Committee, Dr. Richard D. Klausner, then-Director of the National Cancer Institute, stated:

Condoms are ineffective against HPV because the virus is prevalent not only in the mucosal tissue (genitalia) but also on dry skin of the surrounding abdomen and groin, and it can migrate from those areas into the vagina and the cervix. Additional research efforts by NCI on the effectiveness of condoms in preventing HPV transmission are not warranted.

In 2001, the National Institute of Allergy and Infectious Diseases along with FDA, CDC and the U.S. Agency for International Development issued a consensus report regarding condom effectiveness that concluded “there was no epidemiologic evidence that condom use reduced the risk of HPV infection.”

In November 2002, a meta-analysis of “the best available data describing the relationship between condoms and HPV-related conditions” from the previous two decades was published in the journal *Sexually Transmitted Diseases*. The meta-analysis concluded: “There was no consistent evidence of a protective effect of condom use on HPV DNA detection, and in some studies, condom use was associated with a slightly increased risk for these lesions.”

Based upon these findings, the law directs CDC to “prepare and distribute educational materials for health care providers and the public that include information on HPV. Such materials shall address modes of transmission, consequences of infection, including the link between HPV and cervical cancer, the available scientific evidence on the effectiveness or lack of effectiveness of condoms in preventing infection with HPV, and the importance of regular Pap smears, and other diagnostics for early intervention and prevention of cervical cancer.” The CDC has not complied with this requirement.

The law further requires that “all other relevant educational and prevention materials prepared and printed from this date forward for the public and health care providers by the Secretary—including materials prepared through the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration—or by contractors, grantees, or subgrantees thereof, that are specifically designed to address STDs including HPV shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address.” Again, Federal agencies have not complied with this provision of law.

The law directed the FDA “to determine whether the labels are medically accurate regarding the overall effectiveness or lack of effectiveness of condoms in preventing sexually transmitted diseases, including HPV.” Six years after this law was signed, the FDA is still in the beginning stages of crafting a new medically accurate informational label for condom packages. By way of comparison, it took 410 days to build the Empire State Building and 2 years, 2 months and 5 days to construct the Eiffle Tower.

Congress approved the HPV law precisely because Federal health agencies had failed to educate the American public about the health risks of HPV and how it can be prevented and these same agencies are continuing their cover-up of the HPV epidemic, now in violation of federal law.

In 1999, when this law was first offered in Congress, a study published by the American Journal of Preventive Medicine in June 1999, found that “only 37 percent of respondents had ever heard of HPV,” meaning knowledge of HPV has not increased in almost a decade. The 1999 study concluded “imple-

menting HPV education programs and measuring their effectiveness should be a priority.”

According to a 2005 Health Information National Trends Survey, only 40 percent of women have ever heard about HPV. Of those that have heard of HPV, less than 20 percent knew that HPV could sometimes lead to cervical cancer, meaning that only about 8 percent of American women are aware that HPV can cause cervical cancer. The only factors associated with having accurate knowledge—knowing that it could lead to cervical cancer—was an abnormal Pap test or testing positive on an HPV test. This suggests that most women are finding out about HPV only after experiencing a negative consequence.

As these numbers show, the failure of CDC and FDA to enact the HPV/cervical cancer education and prevention law has had real consequences—a hidden epidemic that claims thousands of lives every year and affects tens of millions of others.

It is unacceptable that federal health agencies have abdicated their responsibility and missions and intentionally ignored the law and, in so doing, placed the health and lives of millions in jeopardy.

Today the Senate has passed another bill, the Gynecologic Cancer Education and Awareness Act, or “Johanna’s Law,” which will again direct CDC and FDA to educate the public about cervical cancer as well as other forms of gynecological cancer.

I would like to recognize Senator ARLEN SPECTER, Congressman DARRELL ISSA, cancer survivor Fran DRESSELL, and the countless other activists who are cancer survivors themselves or have a loved one who has been diagnosed with gynecological cancer who have championed this bill through Congress.

It is an unfortunate statement that this bill is even necessary. It is a recognition that federal health agencies have failed to effectively carry out their missions.

It was my concern that the same agencies entrusted with enacting this bill would ignore it in the same manner that the law Congress passed in 2000 has been ignored. That would mean that the dedication and hard work of the activists and survivors who supported this bill was for nothing.

When I voiced these concerns, Senator SPECTER agreed to amend the bill language to include a date certain that the cancer education activities that both this bill and the current law require. This assures that the law and the epidemic of gynecological and cervical cancer can no longer be ignored by federal agencies.

If the CDC and the FDA do not enact the provisions of this bill and the existing law—317P of the Public Health Service Act—by March 1, 2008, the Department of Health and Human Services is required to submit to Congress a “a detailed description of all actions

taken" to bring the Department into compliance every three months until the law has been fully enacted.

I fully expect that these requirements will compel CDC and FDA to enact these important laws and the Department will not deliver "the dog ate my homework" excuses. Laws, after all, are not optional for citizens, for members of Congress or even for government agencies and bureaucrats.

Again, I am pleased that the Senate is directing federal health agencies to do their part to help educate and prevent gynecological and cervical cancer and that this time we will hold them accountable to ensure that not another one of our sisters, daughters, mothers, or friends falls victim to this silent epidemic.

Mr. ENZI. I ask unanimous consent that the amendment at the desk be agreed to, the bill as amended be read a third time and passed, the motion to reconsider be laid upon the table, and any statements be printed.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 5235) was agreed to, as follows:

(Purpose: To provide a complete substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Gynecologic Cancer Education and Awareness Act of 2005" or "Johanna's Law".

SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Section 317P of the Public Health Service Act (42 U.S.C. 247b-17) is amended—

(1) in the section heading by adding "(JOHANNA'S LAW)" at the end; and

(2) by adding at the end the following:

"(d) JOHANNA'S LAW.—

"(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

"(A) IN GENERAL.—The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and women with respect to gynecologic cancers.

"(B) WRITTEN MATERIALS.—Activities under the national campaign under subparagraph (A) shall include—

"(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers; and

"(ii) distributing the materials to members of the public upon request.

"(C) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include developing and placing, in telecommunications media, public service announcements intended to encourage women to discuss with their physicians their risks of gynecologic cancers. Such announcements shall inform the public on the manner in which the written materials referred to in subparagraph (B) can be obtained upon request, and shall call attention to early warning signs and risk factors based on the best available medical information.

"(2) REPORT AND STRATEGY.—

"(A) REPORT.—Not later than 6 months after the date of the enactment of this subsection, the Secretary shall submit to the Congress a report including the following:

"(i) A description of the past and present activities of the Department of Health and Human Services to increase awareness and

knowledge of the public with respect to different types of cancer, including gynecologic cancers.

"(ii) A description of the past and present activities of the Department of Health and Human Services to increase awareness and knowledge of health care providers with respect to different types of cancer, including gynecologic cancers.

"(iii) For each activity described pursuant to clauses (i) or (ii), a description of the following:

"(I) The funding for such activity for fiscal year 2006 and the cumulative funding for such activity for previous fiscal years.

"(II) The background and history of such activity, including—

"(aa) the goals of such activity;

"(bb) the communications objectives of such activity;

"(cc) the identity of each agency within the Department of Health and Human Services responsible for any aspect of the activity; and

"(dd) how such activity is or was expected to result in change.

"(III) How long the activity lasted or is expected to last.

"(IV) The outcomes observed and the evaluation methods, if any, that have been, are being, or will be used with respect to such activity.

"(V) For each such outcome or evaluation method, a description of the associated results, analyses, and conclusions.

"(B) STRATEGY.—

"(i) DEVELOPMENT; SUBMISSION TO CONGRESS.—Not later than 3 months after submitting the report required by subparagraph (A), the Secretary shall develop and submit to the Congress a strategy for improving efforts to increase awareness and knowledge of the public and health care providers with respect to different types of cancer, including gynecological cancers.

"(ii) CONSULTATION.—In developing the strategy under clause (i), the Secretary should consult with qualified private sector groups, including nonprofit organizations.

"(3) FULL COMPLIANCE.—

"(A) IN GENERAL.—Not later than March 1, 2008, the Secretary shall ensure that all provisions of this section, including activities directed to be carried out by the Centers for Disease Control and Prevention and the Food and Drug Administration, are fully implemented and being complied with. Not later than April 30, 2008, the Secretary shall submit to Congress a report that certifies compliance with the preceding sentence and that contains a description of all activities undertaken to achieve such compliance.

"(B) If the Secretary fails to submit the certification as provided for under subparagraph (A), the Secretary shall, not later than 3 months after the date on which the report is to be submitted under subparagraph (A), and every 3 months thereafter, submit to Congress an explanation as to why the Secretary has not yet complied with the first sentence of subparagraph (A), a detailed description of all actions undertaken within the month for which the report is being submitted to bring the Secretary into compliance with such sentence, and the anticipated date the Secretary expects to be in full compliance with such sentence.

"(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there is authorized to be appropriated \$16,500,000 for the period of fiscal years 2007 through 2009."

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill (H.R. 1245), as amended, was read the third time, and passed.

AMENDING THE OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968

Mr. ENZI. I ask unanimous consent that the Senate proceed to the immediate consideration of S. 4113, the Native American Methamphetamine Act, introduced earlier today.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 4113) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to clarify that territories and Indian tribes are eligible to receive grants for confronting the use of methamphetamine.

There being no objection, the Senate proceeded to consider the bill.

Mr. ENZI. I ask unanimous consent the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 4113) was ordered to a third reading, was read the third time, and passed, as follows:

S. 4113

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. NATIVE AMERICAN PARTICIPATION IN METHAMPHETAMINE GRANTS.

(a) IN GENERAL.—Section 2996(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc(a)) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by inserting ", territories, and Indian tribes (as defined in section 2704)" after "to assist States"; and

(B) in subparagraph (B), by striking "and local" and inserting "territorial, Tribal, and local";

(2) in paragraph (2), by inserting ", territories, and Indian tribes" after "make grants to States";

(3) in paragraph (3)(C), by inserting ", Tribal," after "support State"; and

(4) by adding at the end the following:

"(4) EFFECT OF SUBSECTION.—Nothing in this subsection, or in the award or denial of any grant pursuant to this subsection—

"(A) allows grants authorized under paragraph (3)(A) to be made to, or used by, an entity for law enforcement activities that the entity lacks jurisdiction to perform; or

"(B) has any effect other than to authorize, award, or deny a grant of funds to a State, territory, or Indian tribe for the purposes described in this subsection."

(b) GRANT PROGRAMS FOR DRUG ENDANGERED CHILDREN.—Section 755(a) of the USA PATRIOT Improvement and Reauthorization Act of 2005 (Public Law 109-177; 120 Stat. 192) is amended by inserting ", territories, and Indian tribes (as defined in section 2704 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797d))" after "make grants to States".

(c) GRANT PROGRAMS TO ADDRESS METHAMPHETAMINE USE BY PREGNANT AND PARIENTING WOMEN OFFENDERS.—Section 756 of the USA PATRIOT Improvement and Reauthorization Act of 2005 (Public Law 109-177; 120 Stat. 192) is amended—

(1) in subsection (a)(2), by inserting ", territorial, or Tribal" after "State";

(2) in subsection (b)—

(A) in paragraph (1)—

(i) by inserting ", territorial, or Tribal" after "State"; and