

DISCHARGE AND REFERRAL—H.R.
5057

Mrs. BOXER. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of H.R. 5057 and that the bill be referred to the Committee on the Judiciary.

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

EXTENSION OF CERTAIN AUTHORITIES
OF THE DEPARTMENT OF
STATE

Mrs. BOXER. Mr. President, I ask unanimous consent that the Foreign Relations Committee be discharged from further consideration of H.R. 6456, and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title. The assistant legislative clerk read as follows:

A bill (H.R. 6456) to provide for extensions of certain authorities of the Department of State, and for other purposes.

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

Mrs. BOXER. I ask unanimous consent that the bill be read three times and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to this measure be printed in the RECORD.

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

The bill (H.R. 6456) was ordered to be read a third time, was read the third time, and passed.

RESOLUTIONS DISCHARGED AND
THE CALENDAR

Mrs. BOXER. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged and the Senate now proceed to the en bloc consideration of the following Senate resolutions: S. Res. 647, S. Res. 649. I further ask that the Senate then proceed to Calendar No. 922, S. Res. 620, and Calendar No. 923, S. Res. 622, all en bloc.

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

The Senate proceeded to consider the resolutions en bloc.

Mrs. BOXER. I ask unanimous consent that the resolutions be agreed to, the preambles be agreed to, and the motions to reconsider be laid upon the table en bloc.

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

NATIONAL FETAL ALCOHOL SPECTRUM
DISORDERS AWARENESS
DAY

The resolution (S. Res. 647) designating September 9, 2008, as "National Fetal Alcohol Spectrum Disorders Awareness Day" was agreed to.

The preamble was agreed to. The resolution, with its preamble, reads as follows:

S. RES. 647

Whereas the term "fetal alcohol spectrum disorders" includes a broader range of conditions and therefore has replaced the term "fetal alcohol syndrome" as the umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during 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 500 live births and the incidence rate of fetal alcohol spectrum disorders is estimated at 1 out of every 100 live births;

Whereas, although the economic costs of fetal alcohol spectrum disorders are difficult to estimate, the cost of fetal alcohol syndrome alone in the United States was \$5,400,000,000 in 2003 and it is estimated that each individual with fetal alcohol syndrome will cost taxpayers of the United States between \$1,500,000 and \$3,000,000 in his or her lifetime;

Whereas, in February 1999, a small group of parents of children who suffer from fetal alcohol spectrum disorders came together with the hope that in 1 magic moment the world could be made aware of the devastating consequences of alcohol consumption during pregnancy;

Whereas the first International Fetal Alcohol Syndrome Awareness Day was observed on September 9, 1999;

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, 2008, as "National Fetal Alcohol Spectrum Disorders Awareness Day"; and

(2) calls upon the people of the United States—

(A) to observe National Fetal Alcohol Spectrum Disorders Awareness Day with 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 further effects of prenatal exposure to alcohol; and

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

(B) to observe a moment of reflection on the ninth hour of September 9, 2008, to remember that during the 9 months of pregnancy a woman should not consume alcohol.

NATIONAL ATTENTION DEFICIT
DISORDER AWARENESS DAY

The resolution (S. Res. 649) designating September 18, 2008, as "National

Attention Deficit Disorder Awareness Day" was agreed to.

The preamble was agreed to. The resolution, with its preamble, reads as follows:

S. RES. 649

Whereas Attention Deficit/Hyperactivity Disorder (also known as ADHD or ADD), is a chronic neurobiological disorder that affects both children and adults, and can significantly interfere with the ability of an individual to regulate activity level, inhibit behavior, and attend to tasks in developmentally-appropriate ways;

Whereas ADHD can cause devastating consequences, including failure in school and the workplace, antisocial behavior, encounters with the criminal justice system, interpersonal difficulties, and substance abuse;

Whereas ADHD, the most extensively studied mental disorder in children, affects an estimated 3 to 7 percent (4,000,000) of young school-age children and an estimated 4 percent (8,000,000) of adults across racial, ethnic, and socio-economic lines;

Whereas scientific studies indicate that between 10 and 35 percent of children with ADHD have a first-degree relative with past or present ADHD, and that approximately ½ of parents who had ADHD have a child with the disorder, suggesting that ADHD runs in families and inheritance is an important risk factor;

Whereas despite the serious consequences that can manifest in the family and life experiences of an individual with ADHD, studies indicate that less than 85 percent of adults with the disorder are diagnosed and less than ½ of children and adults with the disorder receive treatment and, furthermore, poor and minority communities are particularly underserved by ADHD resources;

Whereas the Surgeon General, the American Medical Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the National Institutes of Mental Health, among others, recognize the need for proper diagnosis, education, and treatment of ADHD;

Whereas the lack of public knowledge and understanding of the disorder play a significant role in the overwhelming numbers of undiagnosed and untreated cases of ADHD, and the dissemination of inaccurate, misleading information contributes as an obstacle for diagnosis and treatment;

Whereas lack of knowledge combined with issues of stigma have a particularly detrimental effect on the diagnosis and treatment of the disorder;

Whereas there is a need for education of health care professionals, employers, and educators about the disorder and a need for well-trained mental health professionals capable of conducting proper diagnosis and treatment activities; and

Whereas studies by the National Institute of Mental Health and others consistently reveal that through proper comprehensive diagnosis and treatment, the symptoms of ADHD can be substantially decreased and quality of life can be improved: Now, therefore, be it

Resolved, That the Senate—

(1) designates September 18, 2008, as "National Attention Deficit Disorder Awareness Day";

(2) recognizes Attention Deficit/Hyperactivity Disorder (ADHD) as a major public health concern;

(3) encourages all Americans to find out more about ADHD, support ADHD mental health services, and seek the appropriate treatment and support, if necessary;

(4) expresses the sense of the Senate that the Federal Government has a responsibility to—

(A) endeavor to raise awareness about ADHD; and

(B) continue to consider ways to improve access and quality of mental health services dedicated to improving the quality of life of children and adults with ADHD; and

(5) calls on Federal, State, and local administrators and the people of the United States to observe the day with appropriate programs and activities.

NATIONAL POLYCYSTIC KIDNEY DISEASE AWARENESS WEEK

The resolution (S. Res. 620) designating the week of September 14–20, 2008, as National Polycystic Kidney Disease Awareness Week, to raise public awareness and understanding of polycystic kidney disease, and to foster understanding of the impact polycystic kidney disease has on patients and future generations of their families, was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 620

Whereas polycystic kidney disease (known as “PKD”), one of the most prevalent life-threatening genetic diseases in the United States, is a severe, dominantly inherited disease that has a devastating impact, in both human and economic terms, on people of all ages, and affects equally people of all races, sexes, nationalities, geographic locations, and income levels;

Whereas this devastating disease comes in 2 hereditary forms, with autosomal dominant polycystic kidney disease (ADPKD) affecting 1 in 500 worldwide, including 600,000 PKD patients in the United States, according to prevalence estimates in the National Institutes of Health;

Whereas families in which 1 or both parents have ADPKD have a 50 percent chance of passing the disease on to each of their children;

Whereas autosomal recessive polycystic kidney disease (ARPKD), a rarer form of PKD, affects 1 in 20,000 live births and too often leads to death early in life;

Whereas parents who carry the gene for ARPKD pass on the disease to 25 percent of the children the parents conceive;

Whereas, in addition to patients directly affected by PKD, countless friends, loved ones, family members, colleagues, and caregivers must shoulder the physical, emotional, and financial burdens that polycystic kidney disease causes;

Whereas polycystic kidney disease, for which there is no treatment or cure, is the leading genetic cause of kidney failure in the United States and the fourth leading cause overall;

Whereas the vast majority of polycystic kidney disease patients reach kidney failure at an average age of 53, causing a severe strain on dialysis and kidney transplantation resources and on the delivery of health care in the United States, as the largest segment of the population of the United States, the “baby boomers”, continues to age;

Whereas end stage renal disease is one of the fastest growing components of the Medicare budget, and polycystic kidney disease contributes to that cost by an estimated \$2,000,000,000 annually for dialysis, kidney transplantation, and related therapies;

Whereas polycystic kidney disease is a systemic disease that causes damage to the kid-

ney and the cardiovascular, endocrine, hepatic, and gastrointestinal organ systems and instills in patients a fear of an unknown future with a life-threatening genetic disease and apprehension over possible genetic discrimination;

Whereas the severity of the symptoms of polycystic kidney disease and the limited public awareness of the disease cause many patients to live in denial and forego regular visits to their physicians or to avoid following good health management which would help avoid more severe complications when kidney failure occurs;

Whereas people who have chronic, life-threatening diseases like polycystic kidney disease have a predisposition to depression and the resulting consequences of depression due to their anxiety over pain, suffering, and premature death;

Whereas the Senate and taxpayers of the United States desire to see treatments and cures for disease and would like to see results from investments in research conducted by the National Institutes of Health (NIH) and from such initiatives as the NIH Roadmap to the Future;

Whereas polycystic kidney disease is a verifiable example of how collaboration, technological innovation, scientific momentum, and public-private partnerships can generate therapeutic interventions that directly benefit polycystic kidney disease sufferers, save billions of Federal dollars under Medicare, Medicaid, and other programs for dialysis, kidney transplants, immunosuppressant drugs, and related therapies, and make available several thousand openings on the kidney transplant waiting list;

Whereas improvements in diagnostic technology and the expansion of scientific knowledge about polycystic kidney disease have led to the discovery of the 3 primary genes that cause polycystic kidney disease and the 3 primary protein products of the genes and to the understanding of cell structures and signaling pathways that cause cyst growth that has produced multiple polycystic kidney disease clinical drug trials;

Whereas there are thousands of volunteers nationwide who are dedicated to expanding essential research, fostering public awareness and understanding of polycystic kidney disease, educating polycystic kidney disease patients and their families about the disease to improve their treatment and care, providing appropriate moral support, and encouraging people to become organ donors; and

Whereas these volunteers engage in an annual national awareness event held during the third week of September, and such a week would be an appropriate time to recognize National Polycystic Kidney Disease Awareness Week: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of September 14–20, 2008, as “National Polycystic Kidney Disease Awareness Week”;

(2) supports the goals and ideals of a national week to raise public awareness and understanding of polycystic kidney disease;

(3) recognizes the need for additional research into a cure for polycystic kidney disease; and

(4) encourages the people of the United States and interested groups to support National Polycystic Kidney Disease Awareness Week through appropriate ceremonies and activities, to promote public awareness of polycystic kidney disease, and to foster understanding of the impact of the disease on patients and their families.

NATIONAL HISTORICALLY BLACK COLLEGES AND UNIVERSITIES WEEK

The resolution (S. Res. 622) designating the week beginning September 7, 2008, as “National Historically Black Colleges and Universities Week” was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 622

Designating the week beginning September 7, 2008, as “National Historically Black Colleges and Universities Week”.

Whereas there are 103 historically Black colleges and universities in the United States;

Whereas historically Black colleges and universities provide the quality education essential to full participation in a complex, highly technological society;

Whereas historically Black colleges and universities have a rich heritage and have played a prominent role in the history of the United States;

Whereas historically Black colleges and universities have allowed many underprivileged students to attain their full potential through higher education; and

Whereas the achievements and goals of historically Black colleges and universities are deserving of national recognition: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week beginning September 7, 2008, as “National Historically Black Colleges and Universities Week”; and

(2) calls on the people of the United States and interested groups to observe the week with appropriate ceremonies, activities, and programs to demonstrate support for historically Black colleges and universities in the United States.

REMOVAL OF INJUNCTION OF SECRECY—TREATY DOCUMENT NO. 110–21

Mrs. BOXER. Mr. President, as in executive session, I ask unanimous consent that the injunction of secrecy be removed from the following treaty transmitted to the Senate on September 8, 2008, by the President of the United States: Hague Convention on International Recovery of Child Support and Family Maintenance, Treaty Document No. 110–21. I further ask consent that the treaty be considered as having been read the first time; that it be referred, with accompanying papers, to the Committee on Foreign Relations and ordered to be printed; and that the President’s message be printed in the RECORD.

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

The message of the President is as follows:

To the Senate of the United States:

I transmit herewith the Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance, adopted at The Hague on November 23, 2007, and signed by the United States on that same date, with a view to receiving the advice and consent of the Senate to ratification, subject to the reservations