

In Mr. James's case, as I indicated, he is employed, works for the cargo department of a major airline in Alaska, but he would have to demonstrate there is financial hardship as a consequence of this terminal diagnosis.

It makes you wonder why this 5-month period. The capriciousness of a 5-month waiting period is evidenced by looking at the legislative history. In 1972, the House Ways and Means Committee report sought to reduce the waiting period from at that time 6 months to 5 months. At the time the Senate Finance Committee was pushing for a shorter period. They were pushing for a 4-month period.

So back in 1972, you had a 6-month period. Some wanted it to go to 4 months. Eventually they agreed upon a 5-month waiting period. But it begs the question: Should it be 4 months, 5 months? Should it only be 1 month?

My legislation would give the Social Security Commissioner the discretion to waive the waiting period if the terminally ill individual can demonstrate a financial hardship. This will alleviate the financial burden or help to offset the financial burden of a terminal illness on the disabled individuals and their families and will also provide for a financial offset for paying medical bills after he or she is deceased.

I would ask that in honor of my constituent, Mr. JONES, my colleagues support this bill because there are people who become disabled. We know they are unable to work. They need that monthly support to help offset the costs of their terminal illness.

For this reason, it is imperative that the Social Security Commissioner have that ability on a case-by-case basis to make a determination for disability benefits. Mr. James's chemotherapy costs, we understand, are about between \$10,000 and \$15,000 per monthly session, and this does not include the other medical bills he is facing.

I ask my colleagues to join me in supporting this legislation so that Robert James and Americans like Mr. James have the ability to qualify for disability benefits to offset these costly expenses without having to complete an arbitrary 5-month waiting period.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 433—HONORING THE BRAVE MEN AND WOMEN OF THE UNITED STATES COAST GUARD WHOSE TIRELESS WORK, DEDICATION, AND SELFLESS SERVICE TO THE UNITED STATES HAVE LED TO MORE THAN 1 MILLION LIVES SAVED OVER THE COURSE OF ITS LONG AND STORIED 217-YEAR HISTORY

Mr. STEVENS (for himself and Ms. MURKOWSKI) submitted the following resolution; which was considered and agreed to:

S. RES. 433

Whereas, since 1867 the United States Coast Guard has been a vital piece of Alas-

kan history, providing lifesaving medical treatment to native villages along its coasts, protecting its fisheries resources, and courageously rescuing those who face peril on the seas;

Whereas, in 2007 the men and women of the United States Coast Guard stationed in Alaska valiantly responded to 696 calls for assistance and saved the lives of 463 mariners in distress;

Whereas, the actions of Petty Officer Willard L. Milam personify the proud history of courage and public service of the United States Coast Guard on the 10th of February, 2007, when, on a pitch-black winter morning, Petty Officer Milam launched aboard a Coast Guard HH-65 helicopter in near-zero visibility to locate the source of a distress signal approximately 50 miles southwest in Makushin Bay, Alaska;

Whereas, Petty Officer Milam bravely deployed into storm tossed, 40-degree seas and swam to a life raft to find four survivors hypothermic and soaked in unprotected clothing;

Whereas, Petty Officer Milam heroically overcame exhaustion and hypothermia to pull each survivor from a life raft and assist them through the raging seas, placing them into a rescue basket to be hoisted into the rescue helicopter;

Whereas, Petty Officer Milam's courageous rescue off the coast of Alaska has earned him the 2007 Coast Guard Foundation Award for Heroism and the 2007 Captain Frank Erickson Aviation Rescue Award;

Whereas, through extraordinary teamwork, airmanship, and courage, the crew of the Coast Guard rescue helicopter saved four lives from the treacherous Bearing Sea: Now, therefore, be it

Resolved, That the Senate—

(1) honors the heroic accomplishments of Petty Officer Willard Milam, who represented the finest traditions of the United States Coast Guard during the dramatic rescue of four survivors from the treacherous Bering Sea; and

(2) honors the United States Coast Guard, America's lifesavers and guardians of the sea, for its unflinching determination and proud 217-year history of maritime search and rescue resulting in over 1 million lives saved; and

(3) recognizes the tireless work, dedication, and commitment of Coast Guard men and women, many of them stationed in Alaska, far away from family and friends, who commit themselves every day to executing this noble mission hundreds of miles from our shores with honor, respect, and devotion to duty.

SENATE RESOLUTION 434—DESIGNATING THE WEEK OF FEBRUARY 10–16, 2008, AS “NATIONAL DRUG PREVENTION AND EDUCATION WEEK”

Mr. BIDEN (for himself, Mr. BAUCUS, Mr. KERRY, Mr. MENENDEZ, Mr. GRASSLEY, Mr. SPECTER, Mr. CORNYN, Mr. DOMENICI, Mr. ROBERTS, Mr. SALAZAR, Mr. CASEY, and Mr. LAUTENBERG) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 434

Whereas recent survey data suggests that illegal drug use among youth has declined by 24 percent since 2001;

Whereas, despite the reduction in drug use among youth, the number of 8th, 10th, and 12th graders who use drugs remains too high and the rates of prescription and over-the-counter drug abuse are alarming;

Whereas the overall rate of current illegal drug use among persons aged 12 or older is 8.3 percent, which has remained stable since 2002;

Whereas ecstasy (methylenedioxyamphetamine, or MDMA) use among high school age youth has been rising since 2004;

Whereas, while methamphetamine use is down among 8th, 10th, and 12th graders, many counties across the country still report that methamphetamine is a serious drug problem;

Whereas 25 percent of youth in the 10th grade reported the use of marijuana during the past year;

Whereas youth who first smoke marijuana under the age of 14 are more than 5 times as likely to abuse drugs in adulthood;

Whereas nearly 6 percent of 12th graders have used over-the-counter cough and cold medications in the past year for the purpose of getting high;

Whereas Vicodin remains one of the most commonly abused drugs among 12th graders, with 1 in 10 reporting nonmedical use within the past year;

Whereas teenagers' and parents' lack of understanding of the potential harms of these powerful medicines makes it even more critical to raise public awareness about the dangers associated with their non-medical use;

Whereas the rates of use for any illegal drug are directly related to the perception of harm and social disapproval;

Whereas more than 20 years of research has demonstrated that prevention interventions, designed and tested to reduce risk and enhance protective factors, can help children at every step along their developmental path, from early childhood into young adulthood;

Whereas prevention efforts should be flexible enough to address and prevent local problems before they become national trends;

Whereas research has demonstrated that there are 4 major targets of prevention: youth, parents, schools (including colleges and universities), and communities and social environments that must be reinforced by each other to have the greatest effect in deterring the consequences of drug use;

Whereas a comprehensive blend of individually and environmentally focused efforts must be adopted and a variety of strategies must be implemented across multiple sectors of a community to reduce drug use;

Whereas community anti-drug coalitions are an essential component of any drug prevention and education campaign because they are data driven, know their community epidemiology, and are capable of understanding and implementing the multi-sector interventions required to reduce the availability and use of drugs;

Whereas community anti-drug coalitions help to change community norms, laws, policies, regulations, and procedures to create an environment that discourages the use of drugs;

Whereas school-based prevention programs should be part of a comprehensive community wide approach to deal with drug use;

Whereas the more successful we are at general prevention of drug use in younger adolescents, the less we will have to deal with the concomitant economic and societal consequences of their use;

Whereas the total economic cost of drug, alcohol, and tobacco abuse in the United States is more than \$500,000,000,000;

Whereas the savings per dollar spent on substance abuse prevention rather than on substance abuse treatment are substantial, and can range from \$2.00 to \$20.00;

Whereas there will always be new and emerging drug trends that require additional prevention and education efforts;

Whereas preventing drug use before it begins and educating the public about the dangers of drug use is a critical component of what must be a consistent and comprehensive effort to stunt and decrease drug use rates throughout the country; and

Whereas thousands of community anti-drug coalition leaders and community based substance abuse prevention, treatment, and education specialists come to Washington, D.C. to receive state-of-the-art technical assistance, training, and education on drug prevention at the Community Anti-Drug Coalition of America's Annual National Leadership Forum in February: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of February 10-16, 2008, as "National Drug Prevention and Education Week"; and

(2) urges communities, schools, parents, and youth to engage in, and carry out, appropriate prevention and education activities and programs to reduce and stop drug use before it starts.

Mr. BIDEN. Mr. President. Today I rise to introduce an important resolution designating the week of February 10-16, 2008 as National Drug Prevention and Education Week. While we have made progress in curbing the rate of illegal drug use among teens in this country, there remains a great deal of work to be done. Key components of staying on top of emerging drug threats and lowering the overall rate of drug use in this country are prevention and education. These efforts start at the local level and this resolution encourages communities, schools, parents, and youth to engage in and carry out community-based prevention and education activities and programs to reduce and stop drug use before it starts.

We have come a long way in combating drug use in this country, in large part because of the good work of so many talented professionals in the prevention and treatment fields. However, the rates of illegal drug use among teens and adults remains too high. The overall rate of current illegal drug use among persons aged 12 or older is 8.3 percent, which has remained stable since 2002. Moreover, the well-known Monitoring the Future survey found "a clear pattern of gradually rising use [of ecstasy] in the upper grades" over the past couple of years. Thus, as the data shows, clearly we have got a lot of work left to do.

The threat of illegal drugs is not our only concern. Newly released data shows that abuse of prescription and over-the-counter medicines is a huge problem that has not declined in recent years. One in ten 12th graders has reported non-medical use of the powerful painkiller Vicodin within the past year and abuse rates of other powerful narcotics are similarly troubling.

Abuse of over-the-counter drugs has also become concerning, with nearly 6 percent of 12th graders having used over-the-counter cough and cold medications in the past year for the purpose of getting high. These problems don't simply pose serious health risks, but they are also closely linked to low edu-

cational achievement and increased risk of illegal activity and crime.

One critical component of stemming drug use is prevention. Over 20 years of research has demonstrated that prevention intervention, designed and tested to reduce risk and enhance protective factors, can help children at every step along their developmental path, from early childhood into young adulthood. The more successful we are at general prevention of drug use in younger adolescents, the less we will have to deal with the concomitant economic and societal consequences of their use—including the more than \$500 billion in societal costs associated with drug and alcohol use. Community anti-drug coalitions provide the flexibility needed to effectively address the local needs of their communities.

Coalitions of local leaders, including parents, teachers, religious leaders, local law enforcement officials, youth, and business leaders have the power to reduce the demand for drugs, and we must support their efforts and applaud them for their outstanding work on these issues.

During the week of February 10-16, thousands of community anti-drug coalition leaders and community based substance abuse prevention, treatment, and education specialists will come to Washington, DC to receive state-of-the-art technical assistance, training, and education on drug prevention at the Community Anti-Drug Coalition of America's Annual National Leadership Forum. I applaud these community leaders—and prevention and treatment professionals around the Nation—for their tireless efforts to curb drug use in our country and, in recognition of these efforts I have introduced this resolution to designate the week of February 10-16, 2008 as National Drug Prevention and Education Week.

NATIONAL DRUG PREVENTION AND EDUCATION WEEK

Mr. GRASSLEY. Mr. President, I am pleased to join my colleague, Senator BIDEN, in cosponsoring a resolution to designate the week of February 10-16, 2008, as National Drug Prevention and Education Month. Although recent survey data compiled by the Substance Abuse and Mental Health Services Administration shows illegal drug use among youth has declined by 24 percent since 2001, the number of teens abusing prescription and over-the-counter medicines has rapidly increased. Kids are turning to these dangerous drugs because they are easily accessible and widely used. Many of us do not realize that our left-over prescriptions and cold medicines are just as addictive and dangerous as meth or heroin when not properly used. This is why we must continue our efforts to inform the public about the dangers of these and other drugs. We must continue to do all we can to prevent our kids from falling into a vicious cycle of drug abuse and dependence.

Research has shown that if you can keep a child drug free until they turn 20, chances are very slim that they will ever try or become addicted to drugs. This is why it is essential to maintain a coherent antidrug message that begins early in adolescence and continues throughout the growing years. Such an effort must engage professionals, parents, communities, and young people. While the Federal Government has a role to play in supporting these activities, local, community-based initiatives are better able to target specific concerns and respond to them flexibly.

Local community antidrug coalitions are our first line of defense against the scourge of drug abuse. Each community is different from the other, and each community antidrug coalition is tailored to meet the specific antidrug needs of its community. For example, I formed the Face It Together, FIT, Coalition in an effort to combat drug use in Iowa. My goal with FIT is to bring to the same table parents, educators, businesses, religious leaders, law enforcement officials, health care providers, youth groups, and members of the media to promote new ways of thinking about how to reach and educate Iowans about the dangers of drug abuse. With everyone working together, we will make a difference in our communities. Moreover, together we can build healthy children, healthy families, healthy communities, and a healthy future for society at large.

Community antidrug coalitions would not be able to succeed in fighting drug abuse without the support of the Community Anti-Drug Coalitions of America, CADCA. CADCA works to strengthen the ability of new and existing community coalitions to build safe, healthy, and drug-free communities and helps provide vital funding to local coalitions through the Drug Free Communities grant program.

Since the inception of the Drug Free Communities grant program over 1,300 community coalitions have received grants nationwide. There have been 43 coalitions in my State of Iowa that have received grants to provide crucial assistance to combat the abuse of alcohol, tobacco, and illegal drugs. These coalitions have been successful in tracking the use of illegal drugs in their communities, starting after-school and summer programs for kids, holding community events and town-hall meetings, and uniting all sectors of the community to fight drug abuse.

I believe that we have a moral obligation to ensure that our young people have a chance to grow up without being accosted by drug dealers at every turn, whether on TV, in the movies, or on the way to school. We need, as a country, to create a strong moral context to help our kids know how to make the right choices. They need to know how to say "no." They need to know that saying "no" is OK. They need to know that saying "no" to drugs is the right thing to do, not just the safe thing or the healthier thing