

thus far failed to stop countries from funneling the arms into Darfur.

At the upcoming session of the United Nations General Assembly, we now have another opportunity to name and shame the perpetrators and to halt the immoral export of weapons to the killing fields.

That is what this resolution is about. It pledges to continue United States support for a political solution in Darfur, and it calls for the immediate and unfettered deployment of a United Nations-African Union peacekeeping force, without regard to the country of origin of those forces.

It calls for the immediate end of arms sales to the Government of Sudan from all U.N. member states. That will continue until the conflict in Darfur has been resolved. This resolution calls for the use of the voice and vote of the United States in the Security Council in order to expand that embargo to cover all of the arms going into the Sudan except for an appropriate exception for the nonlethal assistance to the Government of southern Sudan. At this upcoming 63rd U.N. General Assembly, when it opens next week, the U.S. must support this expanded embargo that will try to bring some sense into the madness that is over there. If the U.N. Security Council were to strengthen the embargo regime, it would send a strong signal to the Sudanese Government that their support in the international community is shifting.

It is going to be this Senator's great privilege, as one of two Senators representing the Senate Foreign Relations Committee, to represent the Senate at the United Nations General Assembly. I plan to bring up this issue over and over again to the U.N. delegates I meet. I hope the Senate will see fit to support this effort by passing this resolution.

SENATE RESOLUTION 661—SUPPORTING THE GOALS AND IDEALS OF NATIONAL SPINA BIFIDA AWARENESS MONTH

Mr. DODD (for himself and Mr. WICKER) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 661

Whereas spina bifida is the most common, permanently disabling birth defect;

Whereas spina bifida occurs during the first month of pregnancy and leaves a permanent opening in the spinal column that subsequently impacts nearly every organ system;

Whereas an estimated 70,000 to 130,000 people in the United States currently live with spina bifida;

Whereas all women of childbearing age are at risk of having a spina bifida affected pregnancy;

Whereas an estimated 70 percent of neural tube defects such as spina bifida can be prevented if a woman consumes adequate amounts of folic acid, which is found in most over-the-counter multivitamins and foods rich in folate such as spinach, prior to becoming pregnant;

Whereas Hispanic women are at the highest risk, between 1.5 and 2 times higher than non-Hispanic whites, of delivering a baby with spina bifida or another neural tube defect, yet are the least likely to consume sufficient amounts of folic acid prior to becoming pregnant;

Whereas people with spina bifida face unprecedented medical complications associated with aging because people with spina bifida are living longer than people with spina bifida in previous generations lived and care for spina bifida is complex and involves myriad clinical specialists;

Whereas a 2005 nationwide survey of spina bifida clinics revealed that the current system of care serving people with spina bifida does not fully meet current or anticipated needs and physicians have little evidence-based research about spina bifida on which to build neurological, orthopedic, or urologic treatment regimens and interventions;

Whereas the National Spina Bifida Program, administered by the Centers for Disease Control and Prevention, exists to improve the health, well being, and overall quality of life for the individuals and families affected by spina bifida through numerous programmatic components, including the National Spina Bifida Patient Registry and critical quality of life research in spina bifida;

Whereas the National Spina Bifida Patient Registry helps to improve the quality of care, to reduce morbidity and mortality from spina bifida, and to increase the efficiency of, and decrease the cost of, care by supporting the collection of longitudinal treatment data, developing quality measures and treatment standards of care and best practices, identifying centers of excellence in spina bifida, evaluating the clinical and cost effectiveness of the treatment of spina bifida, and exchanging evidence-based information among health care providers across the country; and

Whereas October has been designated as "National Spina Bifida Awareness Month" to increase awareness of spina bifida, of ways to prevent spina bifida, and of the need for increased funding to support improving evidence-based research and enhancing the quality of life of those living with spina bifida: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of National Spina Bifida Awareness Month and of national organizations working for people with spina bifida;

(2) recognizes the importance of—
(A) highlighting the occurrence of spina bifida;

(B) recognizing the struggles and successes of people who live with spina bifida; and
(C) advancing efforts to decrease the incidence of spina bifida;

(3) supports the ongoing development of the National Spina Bifida Patient Registry to improve lives through research and to improve the treatment of spina bifida in both children and adults;

(4) recognizes that there is a continued need for a commitment of resources for efforts to reduce and prevent disabling birth defects like spina bifida; and

(5) commends the work of national organizations that educate, support, and provide hope for individuals who are affected by spina bifida and their families.

SENATE CONCURRENT RESOLUTION 98—EXPRESSING THE SENSE OF CONGRESS ON THE NEED FOR A NATIONAL AIDS STRATEGY

Mrs. CLINTON submitted the following concurrent resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. CON. RES. 98

Whereas the Centers for Disease Control and Prevention estimate that more than 1,000,000 people are currently living with HIV in the United States;

Whereas the Centers for Disease Control and Prevention estimate that 56,300 individuals were newly infected with HIV in 2006;

Whereas approximately 25 percent of individuals with HIV are unaware that they are infected;

Whereas the estimate by the Centers for Disease Control and Prevention utilizes a new methodology that has resulted in more accurate estimates of new infections than the previous methodology;

Whereas previous estimates of HIV infection rates undercounted the rate of infection by 40 percent;

Whereas the Centers for Disease Control and Prevention have determined that the leading transmission category of HIV infection is male-to-male sexual contact, followed by heterosexual contact and injection drug use;

Whereas the 2000 United States Census noted that African Americans account for approximately 13 percent of the population of the United States, but in 2006 African Americans accounted for 46 percent of HIV diagnoses;

Whereas, of the estimated 18,849 people under the age of 25 who were diagnosed with HIV between 2001 and 2005, more than 60 percent were African American;

Whereas the rate of AIDS diagnoses for African-American adults and adolescents is 10 times higher than that of their White counterparts and the rate of diagnoses for Black women is nearly 23 times the rate for White women;

Whereas, in 2006, Black women accounted for 61 percent of new HIV infections among women and had an infection rate that was almost 15 times higher than that of White women;

Whereas AIDS is the leading cause of death for Black women between the ages of 25 and 34;

Whereas the Black AIDS Institute notes that there are more African Americans living with HIV in the United States than there are people living with HIV in 7 out of the 15 focus countries served by the President's Emergency Plan for AIDS Relief;

Whereas the Centers for Disease Control and Prevention note that socioeconomic issues impact the rates of HIV infection among Blacks, and studies have found an association between higher AIDS incidence and lower incomes;

Whereas, in 2006, Hispanics accounted for 18 percent of new HIV/AIDS diagnoses, but account for approximately 15 percent of the overall population, according to the Bureau of the Census;

Whereas, in 2005, HIV/AIDS was the fourth leading cause of death among Hispanic men and women between the ages of 35 and 44;

Whereas, in 2006, Hispanic women were 5 times more likely to have AIDS than non-Hispanic White women;

Whereas, according to the Kaiser Family Foundation, funding for domestic HIV prevention programs was decreased by more