(3) supports the establishment of an interagency policy committee and a National Security Council position dedicated to the prevention of genocide and other mass atrocities;

(4) urges the President—

(A) to direct relevant departments and agencies of the United States Government to review and evaluate existing capacities for anticipating, preventing, and responding to genocide and other mass atrocities, and to determine specific steps to coordinate and enhance those capacities; and

(B) to develop and communicate a whole of government approach and policy to anticipate, prevent, and mitigate acts of genocide and other mass atrocities;

(5) urges the Secretary of State, working closely with the Administrator of the United States Agency for International Development—

(A) to ensure that all relevant officers of the Foreign Service and particularly those deploying to areas undergoing significant conflict or considered to be at risk of significant conflict, genocide, and other mass atrocities receive appropriate advanced training in early warning and conflict prevention, mitigation, and resolution;

(B) to determine appropriate leadership, structure, programs, and mechanisms within the Department of the State and the United States Agency for International Development that can enhance efforts to help prevent and mitigate genocide and other mass atrocities; and

(C) to ensure recommendations for enhancing conflict prevention and mitigation are included in the upcoming Quadrennial Diplomacy and Development Review;

(6) urges the Secretary of the Treasury, working in consultation with the Secretary of State, to review how sanctions and other financial tools could be used against individuals and entities that directly or indirectly support or enable genocides and mass atrocities;

(7) recognizes the importance of flexible contingency crisis funding to enable United States civilian agencies to respond quickly and effectively to threats or crises that could lead to significant armed conflict, genocides, and other mass atrocities;

(8) urges the Secretary of Defense to conduct an analysis of the doctrine, organization, training, material, leadership, personnel, and policies required to prevent and respond to genocide and mass atrocities;

(9) encourages the Secretary of State and Secretary of Defense to work with the relevant congressional committees to promote the effective use of United States security assistance and training to support legitimate, accountable security forces committed to upholding the sovereign responsibility to protect civilian populations from violence, especially genocide and other mass atrocities;

(10) supports efforts by the United States Government to provide logistical, communications, and intelligence support, as appropriate, to assist multilateral diplomatic efforts and peace operations in preventing mass atrocities and protecting civilians;

(11) calls on other members of the international community to work with the relevant congressional committees to promote the effective use of United States security assistance and training to support legitimate, accountable security forces committed to upholding the sovereign responsibility to protect civilian populations from violence, especially genocide and other mass atrocities;

(12) encourages the Secretary of State to work closely with regional and international organizations, the United Nations Special Adviser for the Prevention of Genocide, and civil society to develop additional multilateral mechanisms for early warning, information sharing, and rapid response diplomacy for the prevention of genocide and other mass atrocities; and

(13) commits to calling attention to areas at risk of genocide and other mass atrocities and ensuring that the United States Government has the tools and resources to enable its efforts to help prevent genocide and mass atrocities.

SUPPORTING THE GOALS AND IDEALS OF THE YEAR OF THE LUNG 2010

Mr. BAYH. Madam President, I ask unanimous consent that the Health, Education, Labor, and Pensions Committee be discharged from further consideration of S. Res. 432, and the Senate proceed to its consideration.

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

The clerk will report.

The assistant legislative clerk read as follows:

A resolution (S. Res. 432) supporting the goals and ideals of the Year of the Lung 2010.

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

Mr. BAYH. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements related to the resolution be printed in the Record.

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

The resolution (S. Res. 432) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. Res. 432

Whereas millions of people around the world struggle each year for life and breath due to lung diseases, including tuberculosis, asthma, pneumonia, influenza, lung cancer, and chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, and more than 2,000,000 people die prematurely due to indoor and outdoor air pollution; whereas chronic bronchiolitis, a group of rare lung diseases, has many different forms, including surfactant protein deficiency, chronic bronchiolitis, and other conditions, which has risen by over 150 percent since 1988; whereas asthma is the most common chronic disease found in children, with 7,000,000 affected; whereas an estimated 12,000,000 adults in the United States, are diagnosed with COPD, and another 12,000,000 have the disease but don’t know it; whereas COPD kills an estimated 126,000 people in the United States each year, currently the fourth leading cause of death in the Nation, is the only one of the 4 major causes that is still increasing in prevalence, and is expected to rise to the third leading cause of death in the United States; whereas lung cancer is the second most common cancer in the United States and the most common cause of cancer death; whereas the leading cause of lung cancer is long-term exposure to tobacco smoke; whereas about 23,400,000 people in the United States have asthma, a prevalence which has risen by over 150 percent since 1988; whereas asthma is the most common chronic disease found in children, with 7,000,000 affected; whereas flu and pneumonia together are the eighth leading cause of death in the United States; whereas about 190,000 people in the United States are affected by acute respiratory distress syndrome (ARDS) each year, a critical illness that results in sudden respiratory system failure, which is fatal in up to 30 percent of cases; whereas about 75,000 people in the United States die as a result of acute lung injury, a disease that can be triggered by infection, drowning, traumatic accident, burn injuries, blood transfusions, and inhalation of toxic substances, which kills approximately the same number of people each year as die from breast cancer, colon cancer, and prostate cancer combined; whereas of the 10 leading causes of infant mortality in the United States, 4 are lung diseases or have a lung disease component; whereas pulmonary fibrosis (PF) is a relentlessly progressive, ultimately fatal disease with a median survival rate of 2.8 years that has no life-saving therapy or cure; whereas more than 120,000 people are living with PF in the United States, 48,000 are diagnosed with it each year, and as many as 46,000 die annually, the same as die from breast cancer; whereas the cause of sarcoidosis, an inflammatory disease that occurs most often in the lungs and has its highest incidence among young people aged 20 to 29, is unknown; whereas 15 years ago, people with pulmonary hypertension lived on average less than 3 years after diagnosis; whereas new treatments have improved survival rates and quality of life for those living with this condition, but it remains a severe and often fatal illness; whereas Lymphangioleiomyomatosis (LAM), a rare lung disease that affects exclusively women that is associated with tuberous sclerosis, has no treatment protocol or cure and is often misdiagnosed as asthma or emphysema; whereas Hermansky-Pudlak Syndrome, a genetic metabolic disorder which causes albinism, visual impairment, and serious bleeding due to platelet dysfunction, has no cure and no standard of treatment; whereas children’s interstitial lung disease, a group of rare lung diseases, has many different forms, including surfactant protein deficiency, chronic bronchiolitis, and connective tissue lung disease, and is thus difficult to diagnose and treat; whereas the Centers for Disease Control and Prevention report that 65,000 to 70,000,000 adults in the United States suffer from disorders of sleep and wakefulness;
Whereas insufficient sleep is associated with a number of chronic diseases and conditions, including diabetes, cardiovascular disease, obesity, and depression;

Whereas the average cost of treating severe COPD is 5 times higher than treating mild COPD;

Whereas the appropriate medication and disease management of asthma can reduce health care costs, including hospitalization, emergency room visits, and physician visits, by half;

Whereas the flu vaccine can prevent 60 percent of hospitalizations and 80 percent of deaths from flu-related complications among the elderly;

Whereas advances in medical research have significantly improved the capacity to fight lung disease by providing greater knowledge about its causes, innovative diagnostic tools to detect the disease, and new and improved treatments that help people survive and recover from this disease;

Whereas there is no cure for major lung diseases including asthma, COPD, and lung cancer;

Whereas chronic lung diseases are a leading cause of death and yet the quality of palliative and end-of-life care for patients with chronic lung disease is significantly worse than patients with other terminal illnesses;

Whereas the National Institutes of Health, through its many institutes and centers, through basic, clinical, and translational research, plays a pivotal role in advancing the prevention, detection, treatment, and cure of lung disease;

Whereas the Department of Veterans Affairs is actively engaged in research in respiratory diseases that impact the Nation's veterans;

Whereas the Environmental Protection Agency establishes air quality standard and enforcement programs to ensure the quality of the air we breathe;

Whereas the Centers for Medicare and Medicaid Services, provides essential health insurance benefits for millions of patients with respiratory disorders;

Whereas the Centers for Disease Control and Prevention, through its many centers and programs, provides valuable prevention and surveillance programs on diseases of the lung;

Whereas an international collaboration of medical professional and scientific societies is working to enhance the public's understanding of respiratory diseases, their causes, prevention, treatment, and impact respiratory disease play in human health; and

Whereas the initiative, The Year of the Lung, seeks to raise awareness about lung health among the public, initiate action in communities worldwide, and advocate for resources to combat lung disease including resources for research and research training programs worldwide: Now, therefore, be it

Resolved, That Senate Resolution 149 of the One Hundred Third Congress, 1st session (agreed to on March 25, 1999), as further amended by Senate Resolution 355 of the One Hundred Seventh Congress, 2d session (agreed to on November 13, 2002), as further amended by Senate Resolution 625 of the One Hundred Ninth Congress, 2d session (agreed to on December 6, 2006), and as further amended by Senate Resolution 715 of the One Hundred Tenth Congress, 2d session (agreed to on November 20, 2008), be further amended in section 4 by striking “2010” and inserting “2012”.

Resolved, That Senate Resolution 105 of the One Hundred First Congress, 1st session (agreed to on April 13, 1989), as amended by Senate Resolution 194 of the One Hundred Third Congress, 1st session (agreed to on October 5, 1993), as further amended by Senate Resolution 75 of the One Hundred Sixth Congress, 1st session (agreed to on March 25, 1999), as further amended by Senate Resolution 383 of the One Hundred Sixth Congress, 2d session (agreed to on October 27, 2000), as further amended by Senate Resolution 480 of the One Hundred Sixth Congress, 2d session (agreed to on November 13, 2002), as further amended by Senate Resolution 355 of the One Hundred Seventh Congress, 2d session (agreed to on November 13, 2002), as further amended by Senate Resolution 625 of the One Hundred Ninth Congress, 2d session (agreed to on December 6, 2006), and as further amended by Senate Resolution 715 of the One Hundred Tenth Congress, 2d session (agreed to on November 20, 2008), be further amended in section 4 by striking “2010” and inserting “2012”.

Resolved, That Senate Resolution 105 of the One Hundred First Congress, 1st session (agreed to on April 13, 1989), as amended by Senate Resolution 194 of the One Hundred Third Congress, 1st session (agreed to on October 5, 1993), as further amended by Senate Resolution 75 of the One Hundred Sixth Congress, 1st session (agreed to on March 25, 1999), as further amended by Senate Resolution 383 of the One Hundred Sixth Congress, 2d session (agreed to on October 27, 2000), as further amended by Senate Resolution 480 of the One Hundred Sixth Congress, 2d session (agreed to on November 13, 2002), as further amended by Senate Resolution 355 of the One Hundred Seventh Congress, 2d session (agreed to on November 13, 2002), as further amended by Senate Resolution 625 of the One Hundred Ninth Congress, 2d session (agreed to on December 6, 2006), and as further amended by Senate Resolution 715 of the One Hundred Tenth Congress, 2d session (agreed to on November 20, 2008), be further amended in section 4 by striking “2010” and inserting “2012”.

WHEREAS the National Institutes of Health, through its many institutes and centers, plays a pivotal role in advancing the prevention, detection, treatment, and cure of chronic lung disease by providing greater knowledge about its causes, innovative diagnostic tools to detect the disease, and new and improved treatments that help people survive and recover from this disease;