

Detroit's Metropolitan Fund, the Jewish Welfare League, United Foundation, and Temple Beth El.

Stanley Winkelman offered American shoppers value, but his real lasting legacy is the values he reflected and fought for to make his community a better place to live. I know my colleagues will join me in honoring Stanley Winkelman on the many great accomplishments of his life as we mourn his passing. •

ORDERS FOR MONDAY, SEPTEMBER 13, 1999

Mr. JEFFORDS. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until the hour of 12 noon on Monday, September 13. I further ask unanimous consent that on Monday, immediately following the prayer, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate then be in a period for morning business until 2 p.m., with Senators speaking for up to 10 minutes each, with the following exceptions: Senator THOMAS, or his designee, for the first 60 minutes; Senator DURBIN, or his designee, for the second 60 minutes.

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

Mr. JEFFORDS. Mr. President, I further ask unanimous consent that at 2 p.m., the Senate then resume debate on H.R. 2466, the Interior appropriations bill.

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

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the second cloture vote occur notwithstanding rule XXII and that there be 5 minutes prior to the vote equally divided between Senators HUTCHISON and BOXER.

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

PROGRAM

Mr. JEFFORDS. Mr. President, for the information of all Senators, the Senate will convene at 12 noon on Monday and be in a period for morning business until 2 p.m. Following morning business, the Senate will resume consideration of the Interior appropriations bill.

As a reminder, cloture motions were filed today on S.J. Res. 33 denouncing the offer of clemency to Puerto Rican terrorists and on the Hutchison amendment regarding oil royalties. These cloture votes have been scheduled for 5 p.m. on Monday.

For the remainder of the next week, the Senate is expected to complete action on the Interior appropriations bill and to begin consideration of the bankruptcy reform bill. The Senate may also begin consideration of any appropriations bills available for action.

ORDER FOR ADJOURNMENT

Mr. JEFFORDS. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment following the remarks of Senator SPECTER, and I ask unanimous consent that the Senator from Pennsylvania be recognized for 5 minutes.

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

The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I thank the distinguished Senator from Vermont.

YOUTH VIOLENCE PREVENTION

Mr. SPECTER. Mr. President, Senator HARKIN and I have just announced a significant program on youth violence prevention, which I think is worthy of a comment or two on the Senate floor before we adjourn.

Next week, the Subcommittee on Labor, Health and Human Services, and Education will have a markup. Senator HARKIN is ranking minority member of that subcommittee, and I chair it. We have worked through a program on a youth violence prevention initiative where we are allocating \$850.8 million; \$330 million is new money and the balance is a reallocation of funds within the Departments which will be directed toward preventing the scourge of youth violence of which we have seen so much in Littleton, CO, and so many other places.

The programs which we will be providing will involve counseling, literacy grants, afterschool programs, drug-free schools, alcohol therapy rehabilitation, mental health services, job training, character education, and metal detectors to prevent guns from being taken into schools.

This program will be directed by the Surgeon General, recognizing this as a national health crisis as articulated as long ago as 1982 by Dr. C. Everett Koop who was then the Surgeon General.

When these terrible occurrences happen at places like Littleton, there is a lot of hand wringing and a lot of finger pointing, but we have yet to have a sustained coordinated effort on a long-term basis to deal with the underlying causes and come to grips with those causes.

Senator HARKIN and I convened three lengthy meetings among the professionals of the three Departments: the Department of Education, the Department of Labor, the Department of Health and Human Services. The experts who sat together said that was the first time they had been convened in that kind of a session.

After the first session, they went back to the drawing boards, and did so again after the second session and again after the third session and, in conjunction with our subcommittee staff, have worked out an extensive program which is comprehended in 11

pages of our proposed markup next week.

Included in this program is funding for the Surgeon General to pull together all the available information on the impact of movies, television, and video game violence and to undertake whatever other studies are necessary with appropriate methodology, with many in those industries claiming that the existing studies do not really deal in a methodological way that is accurate.

Next Tuesday, there will be a hearing of our subcommittee where the Secretaries of the three Departments, plus the Deputy Attorney General Eric Holder will participate where we will be moving forward with the specifics on this program.

This program has been coordinated with the President through his Office of Domestic Policy. We think it could provide a very significant step in dealing with youth violence prevention—a very major problem in America today. This goes to the underlying causes.

I ask unanimous consent that the 11-page text of our program be printed in the Congressional RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

YOUTH VIOLENCE PREVENTION INITIATIVE

The shocking events surrounding the shootings at public schools serve to highlight a problem that is neither new nor predictable by way of demographics, region or economic standing. Violent behavior on the part of young people is no longer confined to inner-city street gangs. For all of the hope and inspiration our young people give us, we now find ourselves profoundly troubled by the behavior of some of the younger generation.

An estimated 3 million crimes a year are committed in or near the nation's 85,000 public schools. During the 1996-97 school year alone, one-fifth of public high schools and middle schools reported at least one violent crime incident, such as murder, rape or robbery; more than half reported less serious crimes. Homicide is now the third leading cause of death for children age 10 to 14. For more than a decade it has been the leading cause of death among minority youth between the ages of 15 and 24. The trauma and anxiety that violence begets in our children most certainly interferes with their ability to learn and their teachers' ability to teach: an increasing number of school-aged children say they often fear for their own safety in and around their classroom.

The Gun-Free Schools Act of 1994 requires states to pass laws mandating school districts to expel any student who brings a firearm to school. A recent study indicates that the number of students carrying weapons to school dropped from 26.1 percent in 1991 to 18.3 percent in 1997. While this trend is encouraging, the prevalence of youth violence is still unacceptably high. Recent incidents clearly indicate that much more needs to be done. Some of the funds provided in this initiative will help state and local authorities to purchase metal detectors and hire security officers to reduce or eliminate the number of weapons brought into educational settings.

Fault does not rest with one single factor. In another time, society might have turned to government for the answer. However, there is no easy solution, and total reliance

on government would be a mistake. Youth violence has become a public health problem that requires a national effort. Certainly, our government at all levels—federal, state and local—must play a role. But we must also enlist the energies and resources of private organizations, businesses, families and the children themselves.

The Committee is aware of the controversy regarding the media's role in influencing in youth violence. The Committee recognizes that some members of the entertainment industry have challenged the methodology of studies conducted over the past 3 decades which have linked movies, television programs, song lyrics, and video games with violent behavior. The Committee believes that any studies that determine causative factors for youth violence should be based on sound methodology which yields statistically significant and replicable results. Despite disagreement over the media's role, the Committee is encouraged by historic efforts of various sectors of the entertainment industry to monitor and discipline themselves and to regulate content. The industry's self-imposed, voluntary ratings systems are steps in the right direction. Further vigilance, however, is needed to ensure that media products are distributed responsibly, and that ratings systems are appropriate and informative so that parents are empowered to monitor their youths' consumption of movies, television programs, music and video games.

Many familial, psychological, biological and environmental factors contribute to youths' propensity toward violence. The youth violence prevention initiative contained in this bill is built around these factors and seeks to be comprehensive and to eliminate the conditions which cultivate violence.

Over the past several months, the Committee convened three lengthy meetings with the Deputy Attorney General; the Surgeon General; Assistant Secretary for Management and Budget, DHHS; Acting Deputy Assistant Secretary for Elementary and Secondary Education and the Director of Safe and Drug Free Schools; Assistant Secretary for Special Education; Commissioner, Administration for Children and Families; Director, National Institute of Mental Health; Director of Policy, Employment and Training Administration; Director of Program Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; Director, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control; Assistant Surgeon General; Deputy Assistant Secretary for Health; Acting Director, Office of Victims of Crime, Department of Justice; Deputy Assistant Secretary for Employment and Training, Department of Labor; and the National Association of School Psychologists. These officials expressed their appreciation for the opportunity to discuss this issue with other agency administrators, and share their particular programs' approaches to preventing youth violence. The meeting participants enthusiastically endorsed a coordinated inter-agency approach to the youth violence problem, and discussed how best to efficiently collaborate with other agencies and organizations across the government and in the private sector.

Based on those three meetings and staff follow up, the following action plan was developed.

The Committee has included \$850,800,000 for a youth violence prevention initiative. These funds together with increases included for the National Institute of Mental Health, National Institute of Drug Abuse, and the National Institute of Alcohol Abuse and Alco-

holism will provide increased resources to address school violence issues in a comprehensive way. This coordinated approach will improve research, prevention, education and treatment strategies to address youth violence.

1. OFFICE OF THE UNITED STATES SURGEON GENERAL

A. Coordination by the United States Surgeon General.—The Committee views youth violence as a public health problem, and therefore directs the United States Surgeon General to take the lead role in coordinating a federal initiative to prevent youth violence. The Office of the Surgeon General (OSG) within the Office of Public Health and Science shall be responsible for the development and oversight of cross-cutting initiatives within the Department of Health and Human Services and with other Federal Agencies to coordinate existing programs, some of which are outlined below, to reduce the incidence of youth violence in the United States. The Committee has included \$4,000,000 directly to the OSG to help in this coordination effort. Sufficient funds have been included for a Surgeon General's report on youth violence. This report, to be coordinated by the OSG should review the biological, psychosocial and environmental determinants of violence, including a comprehensive analysis of the effects of the media, the internet, and video games on violent behavior and the effectiveness of preventive interventions for violent behavior, homicide, and suicide. The OSG shall have lead responsibility for this report and its implementation activities.

B. Federal Coordinating Committee on the Prevention of Youth Violence.—The Committee also directs the Secretary of HHS to establish a Federal Coordinating Committee on the Prevention of Youth Violence. This Committee should be chaired by the Surgeon General and co-chaired by a representative from the OSG, within the Office of Public Health and Science, the Departments of Justice, Education and Labor to foster inter-departmental collaboration and implementation of programs and initiatives to prevent youth violence. The representative from the OSG within the Office of Public Health and Science shall report directly to the Surgeon General and shall coordinate this initiative.

C. National Academic Centers of Excellence on Youth Violence Prevention.—The Committee has included \$10,000,000 to support the establishment of ten National Centers of Excellence at academic health centers that will serve as national models for the prevention of youth violence. These Centers should: (1) develop and implement a multi-disciplinary research agenda on the risk and protective factors for youth violence, on the interaction of environmental and individual risk factors, and on preventive and therapeutic interventions; (2) develop and evaluate preventive interventions for youth violence, establishing strong linkages to the community, schools and with social service and health organizations; (3) develop a community response plan for youth violence, bringing together diverse perspectives including health and mental health professionals, educators, the media, parents, young people, police, legislators, public health specialists, and business leaders; and (4) develop a curriculum for the training of health care professionals on violent behavior identification, assessment and intervention with high risk youth, and integrate this curriculum into medical, nursing and other health professional training programs.

D. National Youth Violence Prevention Resource Center.—The Committee has included \$2,500,000 to establish a National Resource Center on Youth Violence Prevention. This

center should establish a toll free number (in English and Spanish) and an internet website, in coordination with existing Federal web site resources, to provide accurate youth violence prevention and intervention information produced by the government and linked to private resources. Hundreds of resources are now available on this issue including statistics, brochures, monographs, descriptions of practices that work, and manuals about how to implement effective interventions. This Resource Center will provide a single, user-friendly point of access to important, potentially life-saving information about youth violence, and an explanation about preventing youth violence and how to intervene. Additionally, technical assistance on how to establish programs in communities across the country by providing local resources would also be made available through the National Resource Center.

E. Health Care Professional Training.—The Committee has included sufficient funds for the training of primary health care providers, pediatricians and obstetricians/gynecologists in detecting child and youth violence stemming from child abuse.

2. NATIONAL INSTITUTE OF MENTAL HEALTH

A. Zero to Five.—Many risk factors are established early in a child's life (0 to 5 years), including child abuse and neglect. However, less dramatic problems that delay cognitive and social and emotional development may also lead to later serious conduct problems that are resistant to change. The Committee encourages NIMH to address both of these types of problems by supporting research to understand and prevent abuse and neglect, by encouraging research on how to best instruct parents and child care workers in appropriate interventions, and by supporting research that develops and evaluates interventions for early disruptive behavior in diverse preschool and community settings. In addition, the Institute should work to ensure that the goals of all interventions include effectiveness and sustainability.

B. Five to twelve.—Attention Deficit Hyperactivity Disorder (ADHD) and depression often emerge in the 5-12 year age range. Comprehensive research-based programs have been developed to provide such children with the mental health services and behavioral interactions they need. The Committee urges NIMH to continue its work toward the development and evaluation of programs aimed at prevention, early recognition, and intervention for depression and youth suicide in diverse school and community settings to determine their effectiveness and sustainability; to support the development and evaluation of behavioral interventions for home and classroom to manage ADHD; to identify through research the most cost-effective features of proven prevention programs for resource poor communities; and to support multi-site clinical trials to establish safe and effective treatment of acute and long-term depression and ADHD.

C. 12 to 18.—Early adolescence is an important time to stop the progression of violent behavior and delinquency. Multisystemic therapy (MST), in which specially trained individuals work with the youth and family in their homes, schools and communities, have been found to reduce chronic violent or delinquent behavior. Research has shown sustained improvements for at least 4 years, and MST appears to be cost effective when compared to conventional community treatment programs in that it has proven to reduce hospitalization and incarceration.

D. Behavioral and Psychosocial Therapies.—Therapeutic Foster Care is an effective home based intervention for chronically offending

delinquents. Key elements of the program include providing supervision, structure, consistency, discipline, and positive reinforcement. This intervention results in fewer run-aways and program failures than other placements and is less expensive. The Committee encourages NIMH to work in collaboration with CDC, SAMHSA, and the Department of Justice to implement effective model interventions for juvenile offenders with conduct disorders in diverse populations and settings. NIMH has initiated the nation's first large-scale multi-site clinical trial for treatment of adolescent depression, and the Committee supports additional research to improve recognition of adolescent depression.

E. Public Health Research, Data Collection and Community-based Interventions.—There are four cross-cutting areas in need of further research action across all agencies: community interventions, media, health provider training, and information dissemination. The Committee directs NIMH to ensure that research focuses on: examining the feasibility of public health programs combining individual, family and community level interventions to address violence and identify best practices; developing curricula for health care providers and educators to identify pediatric depression and other risk factors for violent behavior; studying the impact of the media, computer games, internet, etc., on violent behavior; disseminating information to families, schools, and communities to recognize childhood depression, suicide risk, substance abuse, and ADHD and decreasing the stigma associated with seeking mental health care. The Committee also encourages NIMH to work in collaboration with CDC and SAMHSA to create a system to provide technical assistance to schools and communities to provide public health information and best practices to schools and communities to work with high risk youth. The Committee has included sufficient funds to collect data on the number and percentage of students engaged in violent behavior, incidents of serious violent crime in schools, suicide attempts, and students suspended and/or expelled from school.

3. NATIONAL INSTITUTE OF DRUG ABUSE

Drug abuse is a risk factor for violent behavior. The Committee encourages NIDA to support research on the contribution of drug abuse including methamphetamine use, its co-morbidity with mental illness, and treatment approaches to prevent violent behavior.

4. NATIONAL INSTITUTE OF ALCOHOL ABUSE AND ALCOHOLISM

The Committee encourages NIAAA to examine the relationship of alcohol and youth violence with other mental disorders and to test interventions to prevent alcohol abuse and its consequences.

5. SAFE SCHOOLS, HEALTHY STUDENTS

Mental Health Counselors/Community Support/Technical Assistance and Education.—The Committee has included \$80,000,000, an increase of \$40,000,000 over the fiscal year 1999 appropriation, to support the delivery and improvement of mental health services, including school-based counselors, in our nation's schools. These funds allow State and local mental health counselors to work closely with schools and communities to provide services to children with emotional, behavioral, or social disorders. Some of these funds also help train teachers, school administrators, and community groups that work with youths to identify children with emotional or behavioral disorders. The program is being administered collaboratively by the Substance Abuse and Mental Health Services Administration within the Department of

Health and Human Services and the Departments of Education and Justice to help school districts implement a wide range of early childhood development techniques, early intervention and prevention strategies, suicide prevention, and increased and improved mental health treatment services. Some of the early childhood development services include effective parenting programs and home visitations.

6. PARENTAL RESPONSIBILITY/EARLY INTERVENTION

Sociological and scientific studies show that the first three years of a child's cognitive development sets the foundation for life-long learning and can determine an individual's emotional capabilities. Parents, having the primary and strongest influence on their child, play a pivotal role at this stage of development. Scientists have found that parental relationships affect their child's brain in many ways. A secure, highly interactive, and warm bond can bolster the biological systems that help a child handle their emotions. Research further indicates that a secure connection with the parent will better equip a child to handle stressful events throughout life. Statistics show that the parental assistance program in particular has helped to lower the incidence of child abuse and neglect, reduces placement of children in special education programs, and involves parents more actively throughout their child's school years. The Committee recognizes that early intervention activities conducted through the Department of Education's parent information and resource centers program can make a critical difference in addressing the national epidemic of youth violence, and therefore includes an additional \$3,000,000 to expand its services to educate parents to work with professionals in preventing and identifying violent behavioral tendencies.

7. SAFE AND DRUG-FREE SCHOOLS

A. National Programs.—The Committee remains extremely concerned about the frequent and horrific occurrence of violence in our Nation's schools. Last year, the Committee provided \$90,000,000 within this account for a school violence prevention initiative. As part of an enhanced and more comprehensive effort, the Committee has provided \$100,000,000 within the safe and drug-free schools and communities program to support activities that promote safe learning environments for students. Such activities should include: targeted assistance, through competitive grants, to local educational agencies for community-wide approaches to creating safe and drug free schools; and training for teachers and school security officers to help them identify students who exhibit signs of violent behavior, and respond to disruptive and violent behavior by students. The Committee also encourages the Department to coordinate its efforts with children's mental health programs.

B. Coordinator Initiative.—The Committee has included \$60,000,000, an increase of \$25,000,000 over the fiscal year 1999 appropriation and \$10,000,000 more than the budget request. The Committee recommendation will enable the Department of Education to provide assistance to local educational agencies to recruit, hire, and train drug prevention and school safety program coordinators in middle schools with significant drug and school safety problems. These coordinators will be responsible for developing, conducting and analyzing assessments of their school's drug and crime problems, and identifying promising research-based drug and violence prevention strategies and programs to address these problems.

8. 21ST CENTURY COMMUNITY LEARNING CENTERS

The Committee has included \$400,000,000 for the 21st Century Community Learning Cen-

ters, an increase of \$200,000,000 over the fiscal year 1999 level. These funds are intended to be used to reduce idleness and offer an alternative to children when they conclude their school day, at a time when they are typically unsupervised. Nationally, each week, nearly 5 million children ages 5-14 are home alone after school, which is when juvenile crime rates double. According to the Department of Justice, 50 percent of all juvenile crime occurs between the hours of 2 p.m. and 8 p.m. during the week. Therefore, the Committee has included funds to allow the Department of Education to support after-school programs that emphasize safety, crime awareness, and drug prevention.

9. TEACHER QUALITY ENHANCEMENT GRANTS

The Committee has included \$80,000,000 for teacher quality enhancement grants, an increase of \$2,788,000, for professional development of K-12 teachers, which is a necessary component to addressing the epidemic of youth violence. The Committee encourages the Department, in making these grants, to give priority to partnerships that will prepare new and existing teachers to identify students who are having difficulty adapting to the school environment and may be at risk of violent behavior. Funds should also be used to train teachers on how to detect, manage, and monitor the warning signs of potentially destructive behavior in their classrooms.

10. CHARACTER EDUCATION

The Committee recommends \$10,300,000 for character education partnership grants. These funds will be used to encourage states and school districts to develop pilot projects that promote strong character, which is fundamental to violence prevention. Character education programs should be designed to equip young individuals with a greater sense of responsibility, respect, trustworthiness, caring, civic virtue, citizenship, justice and fairness, and a better understanding of the consequences of their actions.

11. ELEMENTARY SCHOOL COUNSELING

The Committee is concerned about the inaccessibility of school counselors for young children and therefore is providing \$20,000,000 for the Elementary School Counseling Demonstration as a part of the youth violence prevention initiative. Many students who are having a difficult time handling the pressures of social and academic demands could benefit from having mental health care readily available. The Committee believes that increasing the visibility of school counselors would legitimize their role as part of the school's administrative framework, thereby, encouraging students to seek assistance before resorting to violence.

12. CIVIC EDUCATION

Within the amounts provided, the Committee has included \$1,500,000 to continue the violence prevention initiative begun in fiscal year 1999. The Committee encourages that funds be used to conduct a five State violence prevention demonstration program on public and private elementary, middle, and secondary schools involving students, parents, community leaders, volunteers, and public and private sector agencies, such as law enforcement, courts, bar associations, and community based organizations.

13. LITERACY PROGRAMS

A. The Committee has included \$21,500,000, an increase of \$3,500,000 for the Reading is Fundamental program to promote literacy skills. Studies show that literacy promotion is one tool to prevent youth violence. The Committee believes that this program, which motivates children to read and increases parental involvement is another way to prevent youth violence at an early age.

B. The Committee has included \$19,000,000, an increase of \$2,277,000 for the State Grants for Incarcerated Youth Offenders/Prisoner Literacy Programs. This program, which assists states to encourage incarcerated youth to acquire functional literacy, life and job skills, can also play a role in reducing recidivism rates and violent behavior.

C. The Committee has included \$42,000,000 for the Title I Neglected and Delinquent/High Risk Youth program, an increase of \$1,689,000 over the fiscal year 1999 appropriation. These funds will assist states to strengthen programs for neglected and delinquent children to enhance youth violence prevention programs in state-run institutions and for juveniles in adult correctional facilities.

These funds will be used to motivate youth to read and enhance their academic achievement. Literacy promotion encourages young individuals to pursue productive goals, such as continued education and gainful employment.

14. YOUTH SERVICE DELIVERY SYSTEMS

The Committee is aware that the Workforce Investment Act (WIA) brings new emphasis to the development of coherent, comprehensive youth services that address the needs of low-income youth over time. It believes that youth service delivery systems under WIA integrate academic and work-based learning opportunities, offer effective connections to the job market and employers, and have intensive private-sector involvement. Such effective systems can provide low-income, disadvantaged youth with opportunities in our strong economy as alternatives to youth violence and crime. The Committee further recognizes the potential of Youth Councils for creating the necessary collaboration of private and public groups to create community strategies that improve opportunities for youth to successfully transition to adulthood, postsecondary education and training. Thus, the Committee has included funds to continue investments in WIA

formula-funded youth training and employment activities, the Youth Opportunities grant program, the Job Corps, and added \$15,000,000 to continue and expand the Youth Offender grant program serving youth who are or have been under criminal justice system supervision.

Mr. SPECTER. I thank the Chair for the time and yield the floor.

ADJOURNMENT UNTIL MONDAY,
SEPTEMBER 13, 1999

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon, Monday, September 13, 1999.

Thereupon, the Senate, at 12:49 p.m., adjourned until Monday, September 13, 1999, at 12 noon.

**FY 2000 HOUSE / SENATE/CONFERENCE APPROPRIATIONS LANGUAGE
LHHS**

NOVEMBER 23, 1999

PROJECT	LANGUAGE-HOUSE	LANGUAGE-SENATE	CONFERENCE ACTION
<p>Portable lead screening device</p>	<p>Last year, the Committee learned that the Food and Drug Administration had given final approval to a portable, easy to use lead screening device developed with the support and participation of CDC. The Committee continues to believe that this device holds great promise for increasing childhood screening rates in underserved communities in the U.S. and throughout the world. Page 60</p>	<p>The Committee understands that the Food and Drug Administration had given final approval to a portable, easy to use lead screening device developed with the support and participation of CDC. Such advances could hold great promise for increasing childhood screening rates in underserved communities. Page 96, 97</p>	
<p>Injury control</p>	<p>The Committee provides \$57,581,000 for the injury control program, which is the same as the comparable fiscal year 1999 level and \$12,917,000 below the Administration request. Page 60</p>	<p>The recommendation by the Committee includes \$82,819,000 for injury control efforts. Of the amount provided, \$63,994,000 is for program activities, which is \$25,238,000 above the 1999 level and \$14,500,000 above the administration request. For salaries and expenses within this category of activities, \$18,825,000 has been provided, which is the same as the 1999 level and \$2,179,000 below the administration request. The recommendation includes an additional \$6,000,000 from the violent crime reduction trust fund for domestic violence activities authorized by the Violence Against Women Act. This is the same level as the 1999 appropriation. These funds will continue to support community program demonstrations on domestic violence. Page 97</p>	<p>The conference agreement provides \$86,198,000 for injury control instead of \$57,581,000 as proposed by the House and \$82,819,000 as proposed by the Senate. The conference agreement includes the following amounts for the following projects and activities: --\$200,000 to the City of Waterloo, Iowa, for expansion of Fire PALS, a school-based injury prevention program; --\$500,000 for the Trauma Information Exchange Program as described in the House and Senate reports; --\$2,500,000 to expand injury control centers; and --\$12,500,000 to initiate or expand youth violence programs, of which \$10,000,000 shall be for national academic centers of excellence on youth violence prevention and \$2,500,000 shall be for a national youth violence prevention resource center.</p>
<p>Prohibition to advocate or promote gun control</p>	<p>The bill retains a limitation included in previous Appropriation Acts to prohibit the National Center for Injury Prevention and Control from engaging in any activities to advocate or promote gun control. The Committee does not believe that CDC should advocate or promote policies to advance gun control initiatives, or discourage responsible private gun ownership. The Committee expects research on gun violence to be objective and grants to be awarded through an impartial peer review process. Page 60, 61</p>	<p>The Committee recognizes the important role that CDC provides as a focal point for all Federal injury control activities. Page 98</p>	

FY 2000 HOUSE / SENATE/CONFERENCE APPROPRIATIONS LANGUAGE

LHHS

NOVEMBER 23, 1999

PROJECT	LANGUAGE-HOUSE	LANGUAGE-SENATE	CONFERENCE ACTION
<p>Uniform trauma surveillance data system</p>	<p>The Committee is aware that the Institute of Medicine has recommended that a uniform trauma surveillance data system be created and encourages CDC to consider establishing such a system within available resources. Page 61</p>	<p>The Committee is aware of the Institute of Medicine study that recommends the creation of a uniform trauma surveillance data system. Sufficient funds are available to initiate a trauma information and exchange program. The Committee is further aware that the American Trauma Society is in a unique position to develop a national clearinghouse on statistics, data, and other information critical to determining trauma needs. Page 100</p>	
<p>Comprehensive injury programs</p>	<p>The Committee encourages CDC to adopt the recommendations contained in the recent Institute of Medicine report titled, "The Burden of Injury". CDC is urged to assist States in developing comprehensive injury programs, provide States and other injury partners with the necessary information on the implementation of a program in specific injury areas, and support investigator-initiated research, injury control research centers, and formal training of injury researchers. Page 61</p>		
<p>Injury Control Research Centers</p>		<p>The Committee recognizes the outstanding achievements of the ICRCs in multiple research areas such as rural injuries, trauma, traffic injuries and falls among the elderly. Based at universities across the Nation, the ICRCs have excelled in discovering what prevention and treatment measures work and in disseminating these measures to State and community injury prevention programs. The Committee expects CDC to continue using an independent peer-review process for any new research projects funded from this amount. Funds remain available to expand the program level of the existing ICRCs. Page 100</p>	
<p>Residential fires</p>	<p>The Committee commends CDC for its efforts to prevent such injuries and deaths. The Center has funded fire-related injury prevention programs in 19 States, including Mississippi and many other Southeastern States where residential fire death rates are the highest. The Committee encourages CDC to continue support for programs which include multiple strategies for and comprehensive approaches to preventing fire-related injuries and deaths. Page 61</p>		

FY 2000 HOUSE / SENATE/CONFERENCE APPROPRIATIONS LANGUAGE

LHHS

NOVEMBER 23, 1999

PROJECT	LANGUAGE-HOUSE	LANGUAGE-SENATE	CONFERENCE ACTION
<p>Youth violence prevention</p>		<p>Recent incidents of school violence highlights the need for a long-term response that incorporates prevention of problem issues for youth before they become manifested in violent behavior. The Committee has allocated \$12,500,000 above the request to initiate a national strategy. Of the increase provided, the Committee has included \$10,000,000 to support the establishment of ten national centers of excellence at academic health centers that will serve as national models for the prevention of youth violence. These centers should: (1) develop and implement a multidisciplinary research agenda on the risk and protective factors for youth violence, on the interaction of environmental and individual risk factors, and on preventive and therapeutic interventions; (2) develop and evaluate preventive interventions for youth violence, establishing strong linkages to the community, schools, and social service and health organizations; (3) develop a community response plan for youth violence, bringing together diverse perspectives, including health and mental health professionals, educators, the media, parents, young individuals, police, legislators, public health specialists, and business leaders; and (4) develop a curriculum for the training of health care professionals on violent behavior identification, assessment, and intervention with high risk youth, and integrate this curriculum into medical, nursing, and other health professional training programs. Page 98</p> <p>Furthermore, the Committee has included \$2,500,000 to establish a national resource center on youth violence prevention. This center would establish a toll free number, bilingual in English and Spanish, and an internet website, in coordination with existing Federal website resources, to provide accurate youth violence prevention and intervention information produced by the government and linked to private resources. This resource center will provide a single, user-friendly point of access to important, potentially life-saving information about youth violence, an explanation about preventing youth violence, and intervention strategies. The center would also be responsible for lending technical assistance on how to establish programs in communities around the country using local resources. Page 98</p>	

FY 2000 HOUSE / SENATE/CONFERENCE APPROPRIATIONS LANGUAGE

LHHS

NOVEMBER 23, 1999

PROJECT	LANGUAGE-HOUSE	LANGUAGE-SENATE	CONFERENCE ACTION
SAFE U.S.A. initiative		The agency budget request includes \$1,900,000 in additional funding to support an array of activities intended to foster collaboration and cooperation between CDC and organizations working in injury control. Page 98, 99.	
Violence against women initiative		The agency budget request includes \$11,000,000 for the reduction of violence against women nationwide. Page 98	
Prevention programs for traumatic brain injury		Sufficient funds have been provided to enable the Center to support and expand effective prevention programs for traumatic brain injury consistent with the Traumatic Brain Injury Act. The Committee is supportive of a science-based process that identifies the most practical and effective steps communities can undertake to prevent suicide in high-risk populations. Page 99	
Suicide prevention		Suicide and suicidal behavior is a major public health risk, particularly for the elderly, adolescents, and young adults. The Committee recommendation includes funds for the Center to sustain suicide prevention research and intervention. Page 99	The Committee encourages CDC to establish a national suicide prevention resource center. This center would provide technical assistance to states and communities to identify and implement effective programs for those at significant risk for suicide, including African American males, American Indians/Alaska Natives, young adolescents, and the elderly. Page 99

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NOVEMBER 23, 1999

PROJECT	LANGUAGE-HOUSE	LANGUAGE-SENATE	CONFERENCE ACTION
<p>Prevention of physical and emotional injuries in children</p>		<p>The Committee recognizes CDC's contribution to national efforts to reduce violence and prevent domestic violence. With over 1 million children a year the victims of abuse and neglect, the Committee again recommends the Center give consideration to extending its focus on violence by supporting an initiative directed to the prevention of physical and emotional injuries associated with child maltreatment and neglect. The Committee encourages the NCIPC to collaborate with relevant national organizations and with academic institutions, including schools of social work, in the development and implementation of this initiative. Page 99</p>	
<p>Cost effectiveness study of trauma care</p>		<p>The Committee is aware of a proposed study to determine the cost effectiveness of trauma care by comparing the functional outcomes of patients provided care by trauma center and nontrauma center facilities. The Committee urges CDC to consider initiating this activity and encourages it to consider a cooperatively determined methodology from the managed care industry, the American Trauma Society, and participating agencies, including the Institute of Medicine. Page 99</p>	
<p>School and community violence prevention strategies</p>		<p>The Committee urges CDC to initiate process and outcome research to evaluate the efficacy of various school and community violence prevention strategies and programs and to disseminate the findings nationally. Funds should also be made available to support a national surveillance system of uniform data collection and monitoring of injuries, deaths, and behavioral risk factors in school and community violence. Page 99</p>	
<p>West Virginia University</p>		<p>The Committee is aware of the contribution of the West Virginia University injury control training and demonstration center. Sufficient funds are available to continue its activities at the same level provided in the previous fiscal year. Page 99</p>	
<p>Hawaiian conference</p>		<p>The Committee urges CDC to review and implement the recommendations of the Hawaiian conference for the integration of brain injured individuals into the community. Page 99</p>	

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LHHS

NOVEMBER 23, 1999

PROJECT	LANGUAGE-HOUSE	LANGUAGE-SENATE	CONFERENCE ACTION
<p>City of Waterloo, Iowa for the Fire PALS program</p>		<p>The Committee is aware of the efforts of the City of Waterloo, Iowa for the Fire PALS program which teaches children in schools the skills necessary to protect themselves and their families when confronted with a fire or life safety hazard. The Committee encourages that full and fair consideration be given to funding the expansion of this program to additional schools for injury prevention education. Page 100</p>	
<p>Playground safety</p>		<p>The Committee continues to be pleased with the efforts of the National Program for Playground Safety and the level of public interest that has been generated by this program. Sufficient funds are available to continue to implement the action steps described in the National Action Plan for the Prevention of Playground Injuries, which includes activities aimed at enhancing playground safety, gathering of relevant statistics, research, and training. The Committee urges the agency to consider establishing a model playground for children ages 0 to 3 to advance research on early developmental experiences for children in this age group. Page 100</p>	
<p>Refer victims of violence to appropriate services</p>		<p>The Committee is aware of the provision of the Health Professions and Education Act that specifies an Institute of Medicine study on the training needed by health professionals to help identify and refer victims of family or acquaintance violence to appropriate services. The Committee understands that the IOM study is underway but funds are needed to complete the study. Within the increase provided to this account, sufficient funds are available to complete this study. Page 100</p>	
<p>Farm health and safety</p>		<p>The Committee has included funding to continue the farm health and safety initiative at its current level. This important initiative, begun in fiscal year 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the millions of agricultural workers and their families in the United States. The Committee is particularly pleased with the research being undertaken by the agricultural research centers. Page 100</p>	