

understand perhaps and with some counseling perhaps make their lives a lot easier. And another thing that we should remember, I think, is that we are really talking about a bill here that would allow local control and a great deal of flexibility in that curriculum and that we would want it to be done in an appropriate manner for that community, not only appropriate for the community but appropriate for the age group. We're not going to come into a kindergarten class and teach about death and dying or about pregnancy or about drugs in a way that you would address it at a junior high school or senior high school level. You might have to, as I mentioned earlier, have to address the matter of a pet dying, or something of that nature, at the kindergarten level, but certainly you would make it age appropriate. Many of the issues that we're talking about here are issues that high risk kids have to face and the health issues perhaps are even what make them high risk kids. When we're talking about, as we will be talking about this year on this floor, about drug enforcement and how to cut down on the amount of drugs that are sold and bartered, we have to remember that the more that we can teach about that and prevent that kind of behavior the better. But just teaching about drugs is not going to solve the problem. You've got to build a whole healthy individual. The schools can't do it all but they can perhaps help. Five points I would like you to remember. One, that this is not a new piece of legislation. It is an expansion of what is already in place. The appropriation is small; 120,000 for the first year, 50,000 for the second year, and that is mainly to pay the lodging and the meals for the teachers and the guidance counselors and all who would come in to these training workshops. That this, in the long run, if we can...if we can encourage the kind of behavior that this bill would as far as eating habits and weight control and exercise and things, which a lot of our schools are already doing, but build it into this comprehensive plan, that ultimately, hopefully, we would have lower costs for medical treatment and insurance, and so forth. In fact, there is a statistic that was told to me lately that for every seven times...for every 10 times that we visit a doctor's office, seven of those times will be because of behavior that we, ourselves, have had and caused these symptoms to develop. Seven out of 10 visits to the doctor's office are related to our own behavior. And if we could learn to cut down on some of those behavioral problems, perhaps we could cut down on some of our medical costs. As I mentioned, it could be a part of a long-term solution to drug problems, certainly not the only thing but one which needs to be addressed. And, finally,