

I want him to understand we are doing the best we can, along with the majority, about this bill. Remember that I had two amendments to offer, but we weren't able to offer them because of a procedural problem.

I hope we can move this bill along quicker. There are lots of amendments.

I think the Senator has already talked to the Appropriations Committee, and we would agree to getting a list of who wants to offer amendments so we have a finite number. We are doing what we can.

Mr. HARKIN. I respond by saying to my whip that we are trying to get a finite list of amendments together so we know how many we have. Hopefully, we can dispose of those in the next couple of days.

We are definitely open for business. I want to start moving amendments. Hopefully, we will get an agreement shortly to offer amendments to be lined up to vote tomorrow.

Mr. REID. My friend has done such a tremendous job of comanaging this very difficult piece of legislation. We agree to accept the amendment of the Senator from Mississippi and vote on my amendment.

Madam President, Senator BOXER is to be listed as cosponsoring this bill. As I have stated, she has been stalwart in working with this. She is the main sponsor of the underlying amendment, the bill last year. We are both working on this amendment. She should be listed as a cosponsor.

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

THE BREAST AND CERVICAL CANCER TREATMENT ACT OF 1999

Mr. HARKIN. Madam President, I would like to take this opportunity to speak about S. 662, the Breast and Cervical Cancer Treatment Act of 1999. I urge the distinguished majority leader, Senator LOTT, to act quickly to bring this bill to the floor. We have no excuse for delay in providing life-saving treatment to women who have been diagnosed with breast and cervical cancer.

As many of you in this body know, this is an issue I take very seriously. My only two sisters both had breast cancer and died from the disease. Sadly, they contracted breast cancer at a time when regular mammograms and improved treatment methods were not widely used or available.

Over the past several years, we have made a great deal of progress against breast cancer, but there is still a long way to go. In particular, we've been able to secure significant increases in funding of research to understand the causes and find treatments for breast cancer.

Look how far we have come. Almost a decade ago, when I looked into the issue of breast cancer research, I discovered that barely \$90 million was spent on breast cancer research.

That is why in 1992, I offered an amendment to dedicate \$210 million in

the Defense Department budget for breast cancer research. This funding was in addition to the funding for breast cancer research conducted at the National Institutes of Health. My amendment passed and—overnight—it doubled federal funding for breast cancer research.

Since then, funding for breast cancer research has been included in the Defense Department budget every year.

Today, I am proud to say, between the DoD and NIH, over \$600 million is being spent on finding a cure for this disease.

Scientific researchers are making exciting discoveries about the causes of breast cancer and its prevention, detection, diagnosis, treatment, and control. These insights are leading to real progress in our war against this devastating disease. We know better than ever before how a healthy cell can become cancerous, how breast cancer spreads, why some tumors are more aggressive than others, and why some women suffer more severely and are more likely to die of the disease.

For example, discovery of the BRCA1 gene has led us to better identify women who are at risk of breast cancer, so the disease can be caught early and treated. And of course the development of cancer-fighting drugs like tamoxifen owes a great deal to our federal research investment.

But our success in building our research enterprise will be pointless if breakthroughs in diagnosis, treatment, and cures are not available to the public.

That is why, a decade ago, as chairman of the Senate Labor, Health and Human Services, and Education Appropriations Subcommittee, I worked to create a program, run by the Centers for Disease Control and Prevention, to provide breast and cervical cancer screening for low-income, uninsured women.

This program is run nationwide and is tremendously successful. In Iowa, almost 9,000 women have been screened.

Nationally, more than one million low-income American women have been screened. Of these, more than 6,000 were diagnosed with breast cancer and 500 with cervical cancer.

This program is a great success. But it is only the first step. Congress must now provide the next critical piece: funding for treatment services once a woman has been diagnosed with breast or cervical cancer. Too often, women diagnosed through this program are left to scramble to find treatment solutions.

I recently heard about this terrible problem from one of my constituents. Her name is Barbara. Five years ago, Barbara was diagnosed with breast cancer through the CDC's program. Uninsured, she struggled to find treatment. Several doctors refused to treat her because she lacked insurance. Eventually, through a hodgepodge of sources and some volunteer services in Iowa she was able to receive chemotherapy.

But today, she owes over \$70,000 in medical bills. She writes, "My bills are so high I often wonder if I should quit treatment so I will not saddle myself and my family with so much debt."

Barbara is one of the lucky ones. Many women who have been diagnosed through this program do not get treated at all.

The Breast and Cervical Cancer Treatment Act has 70 Senate cosponsors from both parties.

Its companion bill, H.R. 4386, has passed the House of Representatives with a vote of 421-1. There is no excuse for any further delay in the Senate. We should get this legislation through, combine it with the House bill, and get it to the President for his signature as soon as possible.

I note for the record, the original cosponsor of this bill was our now departed colleague, Senator John Chafee. He was the original sponsor. It has 70 cosponsors. Those who worked so long with John Chafee admired him so much. I think it would be a fitting tribute to him to get this bill through as soon as possible and get it to the President for his signature.

This is S. 662, the Breast and Cervical Cancer Treatment Act of 1999. As I said, its companion bill passed the House 421-1. I think we should pass it as soon as possible. That is why I am taking this time to talk about it, to encourage our distinguished majority leader to bring it to the floor as soon as possible.

THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND RELATED AGENCIES APPROPRIATIONS, 2001—Continued

Mr. HARKIN. Madam President, this morning I was invited to the White House for a truly historic announcement. Through the collaboration of government and private sector efforts, scientists have completed the first rough map of the human gene. I believe history will prove this the most significant scientific development of our generation. Its implications for improving the health and well-being of people are truly astounding.

Today's announcement was especially fulfilling for me. In 1989, when I served as chair of the subcommittee responsible for this bill, I began the funding for the Human Genome Center at NIH, and the race to map the genome began in earnest. At that time, many criticized the move, saying it was a waste of time and money and couldn't be done in our lifetimes.

I listened very carefully to Dr. James Watson, the Nobel Prize winner who first discovered the double helix of our DNA, and he was the first director of the genome center. He talked to us at great length about the possibilities of not only mapping the human genome but sequencing the entire human genomic code. At that time a lot of us were captivated by this concept, that we could actually have the blueprint of

life that hitherto has been known to no human being, but only to the Almighty.

By breaking down this human genetic code, sequencing every one of the 3 billion pairs that every human has, it would, as Dr. Watson said, provide more than a blueprint, but it would provide the source of research that could very rapidly bring to a close our search for an end to some of the more debilitating diseases that have afflicted mankind for thousands of years. Knowing the genetic code, researchers will now be able to more precisely determine the genetic markers that people have that predispose them to one disease or another.

It was Dr. James Watson who really got the policymakers here in the Congress excited about and interested in this human genome project. I happened at that time to be the chair of the subcommittee. As Dr. Watson explained to us what this would do, I had probably just enough engineering background and mathematics background to get a feel for what this could possibly mean. As a result, we began to fund the human genome project and center.

Today's announcement also demonstrates the importance of our drive to double funding for medical research. Senator SPECTER and I are committed to this effort. The bill provides the third installment of a \$2.7 billion increase, the largest ever of a 5-year plan, to double funding for NIH. The completion of mapping the human genome will yield tremendous advances in the search for medical breakthroughs in heart disease, cancer, Alzheimer's. We are on the way to learning more than we ever thought possible to cure human diseases. The reward will be reflected in the faces of MS, multiple sclerosis, patients who may live longer and better lives because research isolated the gene that causes their dread disease. We will see it in the faces of Parkinson's patients who will experience an improved quality of life from a drug targeted to their individual genome type. And we will see it in the faces of cancer patients whose lives may one day be saved by gene therapy.

Yet as we celebrate this great milestone, we must be looking to the challenges ahead. I, of course, look forward to the day when genetic discrimination will be illegal, both at the workplace and in insurance. Genomic technologies have the potential to lead to better diagnosis and treatment and ultimately to the prevention and cure of many diseases and disabilities. But without antidiscrimination protections, Americans will forego early diagnosis and treatment for fear of discrimination in health insurance and employment.

So we cannot let discrimination or the fear of discrimination threaten our ability to conduct the very research we need to understand, treat, and prevent genetic diseases. That is why Senator DASCHLE, Senator KENNEDY, Senator

DODD, and I have introduced the Genetic Nondiscrimination in Health Insurance and Employment Act. Our legislation would provide greatly needed protections against genetic discrimination in both employment and insurance and prohibit inappropriate disclosure of that information. I urge all my colleagues to join in passing anti-genetic-discrimination legislation to allow the research of the human genome project to reach its full potential.

In conclusion, I offer my heartiest congratulations and appreciation to every individual who worked on this project. There is no higher calling than this work, saving human lives. These outstanding scientists and researchers made this historic day possible. Not only did they meet their timetable, they beat it, and that is what I call real success.

In that vein I want to pay special tribute to Dr. James Watson whose pioneering efforts made today's breakthrough possible and who, at one critical point in this human genome project several years ago, made the decision with the new types of supercomputers we had to ratchet up the number of base pairs that they would be investigating and sequencing, to a much higher level than was ever done before. Because of that, we were able to complete the sequencing of the human gene now rather than 10 or 15 years from now.

I also commend Dr. Francis Collins, the head of the human genome project at NIH. His brilliant and charismatic leadership of the project has been the engine driving this effort.

I might say Dr. Collins headed not only the effort here in the United States, but this has been a multinational effort, and this morning, at the White House, we had Prime Minister Blair on closed circuit television. He was in London. He had his scientists around him. They had provided great support for our project, as had the French and the Germans, the Swiss, the Chinese, the Japanese, and a number of others. They had all provided help and support for sequencing this human gene. Dr. Francis Collins led this international effort.

Finally, I also pay tribute to Dr. Craig Venter, a former NIH scientist now the head of a private entity called Celera Genomics. It is the private sector firm that has been central to today's breakthrough. Dr. Venter, again, at a critical point, came up with a new way of discovering and sequencing more base pairs in a shorter period of time than had ever been done before. Again, because of his insight and his leadership and efforts, and his own private enterprise, he was able to help us reach this day a lot sooner.

I think that also points out the benefit of the tremendous relationship we have had in this country between public-sector-funded basic research and private-sector-funded research. Most—I would not say all—of the basic research done in this country is funded publicly

by our taxpayers through the money that we appropriate here in the Congress. There is some basic research done by the drug companies, that is true. But in most of the research done in the private sector they take the basic research that is funded publicly and determine whether or not there is something there that can be made into a drug or therapeutic or intervention or diagnostic tool that can be used in the private sector, in the real world, to help either to stop the onset of a certain illness, to cure it once it has onset, or to make the illness less invasive and less detrimental to the normal life of a person.

With this marriage, we have in the United States cultivated a very unique body of health research. Today's announcement, with the public and private sector together, illustrated that.

Again, my congratulations to Dr. Venter for his leadership in the private sector.

Mr. REID. Will the Senator yield?

Mr. HARKIN. Yes, I am delighted to yield.

Mr. REID. Madam President, as this week progresses, we are going to be busier and busier and there will be less time to say what I want to say.

I said at our subcommittee hearing how much I admire and respect the work Senator HARKIN and Senator SPECTER do in the subcommittee. The audience there was very small. Hopefully, the audience here is bigger. I want everyone to understand what great work Senator HARKIN has done with Senator SPECTER on this subcommittee.

This year—and the President made an announcement today—we have a surplus of \$217 billion. We have not had that in recent years. This subcommittee, in spite of the fact it has been fighting for money, has done wonderful things dealing with the National Institutes of Health. They have been the leaders in stem cell research. They held hearings. That work being done on stem cell research, together with the work being done on the human genome, is the same as the work we did with computers and the Internet. What we did 10 years ago with the computer is nothing compared to what we can do now, and the same is going to be true when we understand the genomes each of us has, together with stem cell research and some of the other things being done as the result of the funding of this subcommittee.

When the history books are written, the work the two Senators have done in funding this very important research is going to be a big chapter. There is hope, as the Senator mentioned. The people who have multiple sclerosis, diabetes, Alzheimer's, and Parkinson's are going to benefit from the work done with the funding of this subcommittee.

I hope the Senator from Iowa knows how much he is appreciated. This is as important as anything we have ever done in this Congress. Half the people

in the rest homes in America today are there because of two things: Parkinson's and Alzheimer's. Think what it will mean for not only the people who are sick but their loved ones. Think how good it will be if we can do something to delay the onset of these two diseases or, when the miracle does come, we can cure them. Think how important it will be for them and their families. In addition to that, think how important it will be for the American taxpayers. Billions of dollars go into taking care of people who have these two diseases.

On behalf of the people of the State of Nevada, and I think I can speak for the people of this country, the Senator is appreciated. I hope he understands that. It is great work. We hear so much negative in the press about no one will cooperate with anything. What this subcommittee does is an example of what the rest of the Congress should do. The work of the Senator from Pennsylvania and the Senator from Iowa has been good. I want the Senator to know how much I appreciate what he has done.

Mr. HARKIN. Madam President, I thank the Senator for his kind words. I was thinking as he was talking on this specific project, the human genome project, it is true I happened to be chairman at that time and we started funding it because of what Dr. Watson was able to get across to us when he explained what this would mean down the road. I must say, when I turned over the gavel to Senator SPECTER in 1995, there was not even a bump in the road. We always worked together on this. When he took over as chairman, we continued our strong support for NIH and our strong support for the human genome project.

As the Senator from Nevada said, it has truly been good bipartisan teamwork. I do not mean to say only the two of us. The members of the committee have been very much involved in this through the years.

Looking back now and seeing what has happened gives me goose bumps because when we first started this I checked with some people to find out what it would mean to sequence the human genes. We knew we could map it, but to sequence the 3 billion base pairs of genes, of cold human genome, I asked them how long: Maybe 25 years; maybe we will get it done in 25 years, maybe longer.

Even then they did not know if they could really get them all sequenced. So I would talk with Dr. Watson about it, and he would say: No, it may take us that long, but we should start on it; we should not put it off any longer; we should start on it.

I thought when we first started this it was going to take literally 20 years, as an outside estimate. As I said in my remarks, there came a time when Dr. Watson and some of his team figured out a better way of sequencing these genes, and that collapsed the timeframe right there. It took money. The

whole effort in the human genome project has been people and money. If one has the people and the money, one can get it done. It took people to do it, but it took money to buy the big computers. The faster the computers got, the better it was. And along came Craig Venter with a different concept on how to do this, and that again collapsed the timeframe.

To think we started this project literally a decade ago, in 1990, and here we are 10 years later. Having the entire human genome sequenced is just mind boggling. It really is the Rosetta stone. Before that, they did not know how to read the Egyptian hieroglyphics. When they found the Rosetta stone, they could break the code.

That is what this is. It is going to provide the best tool researchers all over the world have ever had. The beauty of it is that any scientist anywhere in the world can go on the Internet right now and get all the information they need. Every sequence is now in the public domain. It is not being held privately. Any researcher can get access to it.

I say to my friend from Nevada, I cannot wait for the next 10 years to see what is going to happen. We are going to see an explosion of new findings researchers are going to come up with that are truly going to be mind boggling.

In the next 10 years, mark my words—I probably will not be here; maybe the Senator from Nevada will be here—by gosh, we are going to look back and say the first decade of the 21st century was the decade when we truly understood disease and illness, the things the Senator from Nevada talked about—Alzheimer's, multiple sclerosis, Parkinson's disease. Not only will we understand it, we will know how to go right in there and fix it 10 years from now. Mark my words.

Mr. REID. Madam President, I say to my friend from Iowa—I did not do a very good job of describing it—had someone told Senator HARKIN and I 10 years ago what is now possible with the Internet through computers, we would not have believed it. We simply would not have believed it. I know I would not have.

Mr. HARKIN. I did not have the capacity to understand it.

Mr. REID. But now the progress that has been made is unbelievable. What I tried to say—and the Senator from Iowa described it better than I—the same is going to apply to medicine. Ten years from now, people will think this conversation of ours was so amateurish.

Mr. HARKIN. Archaic.

Mr. REID. I thank the Senator.

Mr. HARKIN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SPECTER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BURNS). Without objection, it is so ordered.

Mr. SPECTER. Mr. President, I ask unanimous consent that the pending Cochran amendment regarding antimicrobial resistance monitoring agents be laid aside to recur as the pending business at 9:40 a.m. and there be 5 minutes for closing remarks tomorrow morning with a vote to occur on the amendment at 9:45 a.m. with no second-degree amendments in order.

I further ask unanimous consent that following that vote, the Senate resume consideration of the McCain amendment regarding the Internet.

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

Mr. JOHNSON. Mr. President, I supported the amendment to create a Medicare prescription drug benefit under the Medicare program offered by my colleague, Senator ROBB from Virginia, to the Labor, Health and Human Resources and Education Appropriations bill.

Despite the Senate defeating this amendment largely along a party line vote of 44 to 53, I vow to continue the fight with my colleagues to push the Senate for further debate on prescription drug proposals and pass a meaningful prescription drug bill this year. The millions of needy seniors and those with disabilities receiving Medicare deserve nothing less.

Some of my colleagues have argued that this was not the time, nor the proper legislative process by which we should pass a Medicare prescription drug proposal. Mr. response to that accusation, is when is the proper time then? When are we in Congress going to listen to the constituents like those that I have spoken to from Wessington Springs and Custer, South Dakota? This is not, nor should be a partisan issue. This is not, nor should be an issue that gives greater deliberation to the pleas of party politics than pleas of needy seniors.

Constituents in my home state of South Dakota, have been telling me for years that they are struggling to make ends meet and need help affording their prescription drugs. I introduced my first bill on this issue well over a year ago in the Senate, and since then debate surrounding how to provide Medicare beneficiaries with access to affordable prescription drugs has produced several proposals from both Democrats and Republicans.

Yet, this is the first time that the Senate has taken the time during the 106th Congress to have a floor vote on this issue. I am cautiously optimistic that we will continue to see debate on this critically important matter, and may indeed find compromise between the two parties to help our senior citizens better afford their expensive prescription drug medications.

I am in constant contact with South Dakotans who have expressed their difficulty in choosing between paying for medication, or buying food and paying

utilities. I want to assure them that the Senate will not wait any longer and will pass legislation this session to provide immediate relief to the thousands of senior citizens in South Dakota and across the nation who are having difficulty affording life-saving medication.

Even if we can't reach an agreement on a Medicare prescription drug plan this year, there are several steps we can take now that would provide some relief to seniors who face rising prescription drug costs. All three of the bills that I have sponsored, including the Prescription Drug Fairness For Seniors Act, the International Prescription Drug Parity Act, and the Generic Pharmaceutical Access and Choice For Consumers Act, if enacted this year, would provide immediate relief to millions of Americans across the country. Equally so, these bills would require no additional taxpayer dollars nor new government program."

While they may not be the magic bullet that meets all of the long term needs of providing Medicare prescription drug coverage, they would provide a mechanism for immediate relief from rising drug costs. Working together, reaching across the aisle, we can use this time of unparalleled prosperity to do the right thing by our seniors. We should do it this year for their sake, and for the sake of the future of Medicare.

MORNING BUSINESS

Mr. SPECTER. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

ADDITIONAL STATEMENTS

RECOGNITION OF THE FEDERAL CREDIT UNION ACT ANNIVERSARY

• Mr. GRAMS. Mr. President, I rise today, on the 66th anniversary of the National Credit Union Act being signed into law by President Franklin D. Roosevelt, to salute the Nation's credit unions and acknowledge their important contributions.

Prior to 1934, collective pools of employees gathered their assets to assist them in acquiring credit and improving their financial futures. The first credit union in the United States was established in 1909, as the only financial institution available to low-income workers who wanted to save their wages and receive short-term consumer loans.

In the spring of 1925, the Minneapolis postal employees collectively began Minnesota's first credit union with 15 workers attending the initial meeting. Started with a total of \$146.25 in assets, the Minneapolis Postal Employees Credit Union, now called the US Fed-

eral Credit Union, has survived through times of economic hardship such as the Depression of the 1930s and World War II.

Today, the Federal Credit Union System has well over \$300 billion in assets, and some 67 million Americans enjoy membership in credit unions nationwide. Credit unions bring together people with common employers, ethnic backgrounds, or geographic areas. They have positively impacted economic growth in the United States by increasing Americans' access to credit through a system of cooperative organizations which have helped stabilize America's credit structure.

The credit union philosophy of "people helping people" continues to provide many rural and economically depressed areas with the financial tools and confidence necessary for success. In my state of Minnesota, more than 195 credit unions not only provide mortgages, loans, and financial savings opportunities, but also bring their communities together to raise money for programs such as "Credit Unions for Kids." This effort is a collaboration of credit unions and business partners benefitting 170 Children's Miracle Network-affiliated hospitals serving 14 million kids nationwide.

Minnesota credit unions also provide funds for the Minnesota Credit Union Foundation, a non-profit corporation organized to serve charitable, scientific and educational purposes with special emphasis on credit union-related activities. Funds are used to provide disaster relief efforts for credit union members, develop credit unions in emerging nations, and supply scholarships to educational training programs.

Mr. President, as a member of a credit union myself, I would like to thank America's credit unions on this anniversary for their constant and continuous efforts to assist the men and women of their communities overcome life's financial obstacles and build a more secure future for themselves and their families.●

IN HONOR OF PAUL McLAUGHLIN

• Mr. KERRY. Mr. President, I rise today to join the City of Boston, the residents of Massachusetts, and members of the law enforcement community across the country in recognizing the loss of Paul McLaughlin. Paul was a committed prosecutor who lived his life for others, and on September 25, 1995, he was shot while getting into his car after work. This weekend Boston memorializes its loss with the dedication of the Paul McLaughlin Boys and Girls Club in Dorchester's Savin Hill neighborhood and I join the city in this important day of recognition.

Paul came from a long, distinguished line of Bostonians. His grandfather, Edward Sr., was the Boston Fire Commissioner as well as a member of the State Legislature in the 1920's, and his father, Edward Jr., was President of the Boston City Council, an Assistant U.S.

Attorney, and Lt. Governor under Governor Volpe. A graduate of Boston Latin School, Dartmouth College and Suffolk Law School, Paul was admitted to the bar in 1981 and his early work included time at the Cambridge District Court and the Public Protection Bureau. Paul was the consummate professional, and his reputation soon led to serving on the Attorney General's staff in 1991, where he was assigned to drug and gang cases in Suffolk Superior Court. During one five year stretch he compiled an impressive 73 percent conviction rate, winning 98 of 134 Superior Court cases.

In a fitting tribute to Paul's commitment to working for a better community for all of us, especially our children, the site for the McLaughlin Boys and Girls Club is one of Boston's Ten Most Wanted drug houses. On Saturday, June 24th, the McLaughlin Family joined with Mayor Thomas M. Menino and members of the Colonel Daniel Marr Boys & Girls Club in honoring Paul's life by opening a remarkable new facility in his name in Dorchester's Savin Hill neighborhood. The Paul R. McLaughlin Youth Center will perpetuate Paul's legacy of selfless service to his community by serving 2,600 children in one of the state's most successful youth programs. The structure that used to be the source of drugs and despair will now be a beacon of hope for the whole city.

Mr. President, I join the people of Dorchester, West Roxbury and Jamaica Plain in mourning the loss of their neighbor and friend. My thoughts go out to Paul's colleagues, friends and family. Together, we realize how fortunate we are to have worked with and known an individual of his caliber. Today the City of Boston memorializes this loss, and I join everyone in honoring his life by opening the Paul R. McLaughlin Youth Center.●

TRIBUTE TO THOMAS BURACK

• Mr. SMITH of New Hampshire. Mr. President, I rise today to pay tribute to Thomas Burack of Dunbarton, New Hampshire, for receiving the "Cotton Cleveland Leadership Award" for 2000.

A renowned and engaging speaker, he is often found addressing business groups and honoring professionals who have made outstanding accomplishments. It seems only fitting, then, that he should be honored with this award which celebrates the accomplishments of an outstanding individual who has demonstrated involvement and commitment to community service as well as the ability to encourage and develop leadership in others.

A graduate of the 1997 Leadership New Hampshire class, he practices law at the firm of Sheehan, Phinney, Bass, and Green, P.A. Over the past ten years, he has donated both time and experience to the Dartmouth Environmental Network, the New Hampshire Land and Community Heritage Commission, the Audubon Society of New