is to be without adequate foodstuffs. Can you imagine what it would be like in this current crisis if we were dependent on imported food for our own population's needs? How much more serious would the current crisis be if we did not have a strong agricultural base in America? How much more vulnerable would we be if every day's food supply or some substantial part of it had to be brought in from other countries?

This is serious business. This administration's endorsement of a radical and ruinous farm plan must be resisted, must be defeated. We must do better.

I hope very much that before this year is out, we will have passed a farm program that will make a difference in the lives of the tens of thousands of farm families who are the backbone of the strength of America. Those are the people who are the builders. Those are the people who are right at the heart of making this country strong and great.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Mr. President, before my colleague from North Dakota leaves the floor, there is something worth pointing out. I don't claim to have great knowledge about the farm bill. I am from a consuming State. We have our farmers in Connecticut, not to the extent they do in the Midwest—obviously the Farm Belt of the country—but they play a very important role. As consumers, of course, it is very much in our interest that we encourage domestic production of agricultural products.

Many of us were told the other day something that maybe I had known before, but in the context of September 11 and the events that occurred since then, it surprised me I hadn't thought about it. I must mention it here and ask my friend for a response.

I was stunned to learn, once again, that less than 1 percent of all the food that we import is inspected. Again, we were talking about all the other problems we face, but I was sort of taken aback by the fact that such a tiny percentage of the produce or products we as Americans consume that comes from offshore—and many do, particularly in cold-weather months, particularly we import an awful lot of food from overseas—we are not talking about stopping that, but it seems to me in the context of what the Senator is talking about, a farm bill, it is in all of our interests, whether you are from a farm State or not—putting that issue aside but with that issue in mind—we would not be doing everything we could to encourage domestic production of our food supplies.

I don't know if he had any comments he wanted to make in that regard. It struck me that this would be an important point to raise at this time.

Mr. CONRAD. I thank my colleague from Connecticut for raising the issue. We were in a briefing the other day. Representatives from the administration were alerting us to a vulnerability of this country. They were making the point the Senator has made, that we are only inspecting about 1 percent of the foodstuffs that come into this country. That represents a vulnerability for America.

I say to my colleagues, if this farm plan were to pass, the vulnerability of America would increase geometrically. This is the most radical farm plan ever endorsed by any administration in my memory. I am 53 years old. I have followed farm policy very closely all of my life, being from a farm State. It is breathtaking what this administration has said we should put in place.

It is absolutely the wrong plan at the wrong time, and we must reject it.

I thank my colleague very much for his input.

Mr. DODD. I thank my colleague. I have found in my years of service with the distinguished Senator from North Dakota, every time he proposes something in the area of agriculture, I follow. I have found myself to have a good record on farm policy because of his leadership. I thank him for his comments today. He not only speaks for his own State and region of the country; he speaks for all Americans who care about this most critical issue.

BEST PHARMACEUTICALS FOR CHILDREN ACT

Mr. DODD. Mr. President, earlier today this body passed, by unanimous vote, the Best Pharmaceuticals for Children Act. This is a bill I authored a number of years ago with my good friend from Ohio, Senator MIKE DEWINE. He is presently occupied at a Judiciary Committee hearing, and he will come to the floor and offer his own statement. I ask unanimous consent that whatever time he seeks, the Chair would provide him with an opportunity to be heard on this bill.

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

Mr. DODD. Mr. President, I thank my friend from Ohio. He has been a great partner in numerous efforts we have made together on behalf of children. S. 838 is something for which both of us are tremendously proud, the Best Pharmaceuticals for Children Act.

Let me briefly describe the bill, why it is a bit different than the bill we passed 3 years ago, and why it is important.

This bill would reauthorize the pediatric testing incentive legislation we passed in 1997 as part of the Food and Drug Administration Modernization Act. This important program has gone a long way toward ensuring that doctors and parents have the most up-to-date and critical information on medications for our children. It has been an important achievement.

According to the American Academy of Pediatrics, about 20 percent—I think a little less—of the drugs on the market have been tested and labeled specifically for their safety and effectiveness for children. Children are simply not smaller versions of adults, as I hope most people are aware.

The bodies of infants, toddlers, and adolescents are very different and react very differently to drugs than adults do. The absence of pediatric labeling poses some very significant risks for children. Without adequate information about how a drug works in children of different ages and sizes, they are more likely to be either underdosed or overdosed or to experience dangerous side effects.

Mr. President, again, years ago—in fact, in fairly recent history—there were a lot of products out there for adults and children, but for many years there were just the basics, and parents, over the years, would take the old family aspirin and the children's dosage was to cut it into quarters or halves and take it. It was pretty safe. Nobody suffered terribly. Trying to calculate a child's dosage of traditional medicines in times past was not that difficult. There were some hazards. But we have seen a wonderful explosion of new products.

I note the Senator from New Jersey is presiding. Both in his State and mine, we have literally thousands of constituents who have dedicated their lives to the research and development of products to make us all healthier, live better lives, and live longer.

In the process, however, only about 20 percent, as I mentioned—a little less—have actually been tested and designed to serve children's needs. Despite the fact that children represent in excess of one-quarter of the population of this country—25 percent—only a tiny fraction of the products on the shelves to be prescribed by doctors are actually labeled and designed to meet their needs. It seems sort of staggering to me that we have waited so long to do this. We have labels on the food that children can eat. We now have labels on the music to which they listen. We have labels that will tell you what movies you ought not to let your child go to. But when it comes to pharmaceutical products, we have very little of that.

With that as a background, Senator DEWINE and I, in 1997, as part of the Food and Drug Administration modernization bill, crafted this legislation as a way to see if we could not induce —there was a debate on whether we should mandate it and say you have to do it whether you like it or not, which is one approach, or should we say we will give you a chance to prove to us you can do it by providing 6 months of exclusivity in the marketplace. There was a debate about that.

I had my own doubts about whether or not this was going to work very well. I must say the success of this legislation has been beyond anyone's wildest imagination. If I can, I will share some of the comments made about the success of the 1997 act, which would go out of existence, by the way.

Why did we need to pass this legislation, and why am I so appreciative of

the Members who helped make this happen? It didn't happen just with Senator DEWINE and I. A lot of people were involved, and I am grateful to them all.

The bill would have gone out of existence; it expires at the end of December. The period of exclusivity would be over and the question of whether or not we would be able to see the continued development of children's products in the area of pharmaceuticals would become less attractive.

Look at some of the comments. This is from the Food and Drug Administration status report to Congress in January of this year:

The pediatric exclusivity provision has done more to generate clinical studies and is more useful in prescribing information for the pediatric population than any other regulatory or legislative process to date.

That is a pretty remarkable statement. I am grateful for that. Further down here, this is from the National Association of Children's Hospitals:

This is a remarkable achievement for children's health. We know from talking with pediatric researchers at children's hospitals across the country that the effect of the pediatric exclusivity provision has been very positive for children and their families and their providers of care.

Further down is a letter from the American Academy of Pediatrics. These are the pediatricians across the country:

We cannot overstate how important this legislation has been in advancing children's therapeutics. It is allowing children to have the same kind of drug safety and efficacy information that was only available previously to adults.

There is also a letter from the Elizabeth Glaser Pediatric AIDS Foundation:

Regarding costs, the FDA estimates that consumer prices of drugs have increased by one-half of one percent annually as a result of the initiatives of pediatric testing. As individuals who have fought for decades for better health care for children, we firmly believe this is a legitimate price to pay to ensure our children's well-being.

I don't know of anybody who will argue with that when you consider the difference we can make in children's lives. If I can, let me share with my colleagues more specifically what has happened. In light of the extraordinary times we find ourselves in today, the national debate on how to prepare and protect all Americans from bioterrorism further highlights the importance of drug safety and the efficacy of information when it comes to treating children. Children are especially vulnerable to the release of chemical or biological toxins. As we identify antibiotics or vaccines to prevent or treat illnesses related to bioterrorism, we are going to need to know the proper dosing information, possible side effects or risks of this kind of medicine, and the effectiveness of the various agents children would be ingesting. Any antidotes used for children will be affecting them at critical periods of childhood growth and development. We need to have proper medications to prevent or reduce those risks.

This bill could help ensure that essential treatments for exposure to hazardous materials are studied. I will work with the FDA and my colleagues, Senators CLINTON of New York, KENNEDY, and FRIST. In fact, I thank Senator FRIST and Senator CLINTON for their contribution to this effort today. Our hope is that we will get it done in conference and strengthen some language to require that the industry start developing children's vaccines and antibiotics in the area of bioterrorism.

So this bill is a timely piece of legislation. I am confident the House will act. I urge them to do so quickly, to incorporate some of the changes that we think can make a difference in terms of children's health.

I will say what was going on before we passed this bill. In the 3 years, 36 months, since we passed this legislation—prior to the passage of this bill, there had been a total in the previous 7 years of 11 clinical trials for products designed for children. I think there may have been 2 or 3 products that had come on the market designed specifically for children in 6 or 7 years. In the 36 months, since the bill that Senator DEWINE and I wrote, there have been 400 clinical trials. In 36 months, there have been 400 clinical trials as opposed to 11 in the previous 7 years in children's pharmaceutical products. Today, there are 40 new products in 36 months being prescribed for children. They did not exist 36 months ago.

It occurs specifically because of the legislation we adopted—this body and the other body—in 1997. That bill was about to go out of existence. The bill we passed today—and every Member ought to take pride in it because every Member allowed this bill to go forward. Many, such as my friend from North Dakota, Senator CONRAD, are cosponsors. I will leave the record open for others who would like to be associated with it.

In the midst of all of these terrible events going on—this body is working today, by the way, and we did excellent work today, this body passed a bill that will make a difference in people's lives. So we are not just meeting for the sake of meeting to have a good show, but actually we adopted this legislation by unanimous consent. It would not have occurred without the cooperation of Democrats and Republicans—the 100 Members in this body who allowed this legislation to go forward.

In 36 months, there have been 400 clinical trials and almost 40 new products on the shelves. That is the record of this little bill attached to the FDA Modernization Act.

Let me talk about one product and make this case more clearly. I am talking about a product that, as a result of pediatric studies, would make any parent's heart skip a beat; it is called Versed. Versed is one of the most commonly used sedatives for children undergoing surgery or other hospital procedures.

As a result of these pediatric studies, the label has been changed to indicate a higher risk of serious life-threatening situations in children with congenital heart disease and pulmonary hypertension who need lower doses than predicted to prevent respiratory compromise.

Can you imagine doctors using Versed without knowing that information? Until we got these studies underway, it was unknown. But as a result of 36 months of effort, this product today is being used in a way that is saving lives and making a difference. Maybe it does not get banner headlines and it will not lead the news tonight, but it is something that will make a difference in the lives of children and their parents who care about their health.

I heard from a doctor from Children's Mercy Hospital about a 6-year-old boy, Darryl, who required metal pins to be inserted in his leg after his femur was broken in a bicycling accident. Darryl was prescribed Versed to relieve his anxiety and discomfort when the doctors and nurses each day cleaned the wounds resulting from his injury. This new information on Versed allowed health care providers to treat this young man safely and effectively with this drug.

The second chart is before and after effects of our legislation. It is in small print. I will try to describe it.

We get the products, indications, what labeling was prior to the adoption of this bill 36 months ago, and what has occurred afterwards. I will run down from everything dealing with diabetes, hepatitis, hypertension, juvenile arthritis, seizures, and the like. This is just a partial list to give my colleagues some idea of the drugs to treat hepatitis B, hypertension, diabetes, juvenile rheumatoid arthritis, and epilepsy, just to name a few. They previously had labels that simply read:

Safety and effectiveness in children not established.

That was the guideline a doctor or parent had in these areas.

Now we have dosing information, safety information, and the information on adverse side effects. In fact, in one drug study for epilepsy, Neurontin was found to be most effective in higher doses for children under 5 years of age. I heard from Dr. Philip Walson at Children's Hospital Medical Center in Ohio who told me:

Some children with previously uncontrolled seizures now are controlled with higher doses of this drug than [what] would have been used [prior to pediatric testing] if adult doses were just ''scaled down.''

In this case, instead of breaking off the aspirin and getting a smaller dose, as a result of the studies, we learned Neurontin, which is a seizure controlling medication—people who have had strokes know about Neurontin—for children makes a difference. Increasing the dosage actually made a difference.

Far more significant than the number of studies and drugs tested are the stories of kids who can be helped by

this increased information. This past June I met with a group of five young children from my State of Connecticut; they were suffering from juvenile diabetes. In fact, almost every office had a visit from kids from their State suffering with juvenile diabetes.

One young man who came to my office was from Bethel, CT, 12-year-old Jason Baron. I put his picture up. I am giving him TV time. He was so eloquent and remarkable. He could run for the Senate. He is a wonderful, eloquent person with juvenile diabetes. He just blew me away. We got to talking. He aspires—and I see my friend from Tennessee, and he will appreciate this—as he told me, without missing a syllable—and I may—that he intends to be a pediatric endocrinologist at 12 years of age. That is his life goal as a young man with juvenile diabetes.

I was amazed and impressed at the maturity and sense of responsibility of this young man who is managing his disease and educating others, as he was doing on Capitol Hill and as he does at school. Part of his civic activity is to teach about juvenile diabetes.

One of the drugs studied and labeled as a result of the bill we passed 3 years ago is Lantus. It is a new and recombinant form of insulin for type I diabetes which requires only once-a-day administration and results in less allergic reactions. This drug, and others similar to it, could help children such as Jason improve the quality of their lives by introducing more flexibility into their treatment regimes.

While tremendous progress has been made, still more needs to be done, obviously, to make sure children are not an afterthought when it comes to pharmaceutical research. Hundreds of drugs are on the market today that are used in children but still have not been tested for pediatric needs.

We reauthorized earlier this morning the pediatric testing incentive, and the explosion of research it has promised, which was set to expire on January 1, 2002. I am very grateful to my colleagues for the bipartisan support we received.

I mentioned the presence of Senator FRIST. I mentioned his name once before, and I will mention it again. He was tremendously helpful 3 years ago when we originally wrote the bill and then when we watched the success of this legislation, which I already described. We inserted some language to encourage the industry to develop the vaccines and antibodies in the bioterrorism field. Senator FRIST is working with the administration and others of us to develop more comprehensive legislation dealing with bioterrorism. We thought this bill was an attractive vehicle to put on something dealing with this issue.

I thank Senator KENNEDY, the chairman of the committee, for his terrific work, Senator FRIST who I mentioned already, Senator WELLSTONE of Minnesota, Senator HATCH who has been tremendously helpful, Senator CLINTON, Senator REID, Senator JEFFORDS, Senator BOND was involved; Senator CORZINE, the Presiding Officer, I know cares about this as well, and Senator BINGAMAN for their important contributions. I thank Senator CONRAD and Senator DOMENICI who were helpful today in moving this bill along. I thank Senator DURBIN who offered some good suggestions on the legislation as well, and I thank him for those thoughts.

If I am leaving someone out, I apologize. I will add the names accordingly at the appropriate time. I also thank Deborah Barrett of my office, who has been a tireless staff person working with the staff of MIKE DEWINE, with Senator CLINTON, Senator FRIST, and so many others, to iron out some of the disagreements we were wrestling with on this legislation.

Lastly, let me tell you some of the improvements we made in the bill.

We ensure that the new safety information for pediatric studies is promptly added to drug labels.

We require that the Food and Drug Administration quickly disseminate information gathered from pediatric studies to pediatricians and parents.

We authorize Federal dollars to study older off-patent drugs which are not eligible for the existing pediatric testing incentive through a new off-patent fund and creating a mechanism for private contributions from manufacturers to support the study of off-patent drugs through an existing NIH foundation.

We request frequent and thorough evaluations of the program so we can monitor our effectiveness in getting the needed drugs studied and, importantly, to have a sense of which needed drugs are not being studied despite FDA requests.

In fact, to ensure that vital drugs are not being left unstudied, the bill includes a mechanism to ensure that if a company declines to study an on-patent drug that is a continuing benefit to children, the Secretary will make public the names of those must-study drugs that have not been picked up and refer them to the NIH foundation for funding. As a backstop, these drugs can also be referred to the off-patent fund.

The bill creates a new Office of Pediatric Therapeutics at the Food and Drug Administration to coordinate activities related to children. It authorizes the existing Pediatric Oncology Subcommittee to provide recommendations and guidance so children with cancer can have timely access to promising new therapies.

Finally, because the bill will lead to increased participation of children in clinical trials—I mentioned 400 already in the last 36 months—we have requested a study of the appropriateness and adequacy of current Federal research protections for children in clinical trials. I will continue to work with Senator DEWINE and my colleagues to ensure the strongest protections are in place for this vulnerable part of our population.

We have relied generously on the expertise and counsel of Elaine Holland Vining of the American Academy of Pediatrics; Mike Isaac and Natasha Bilimoria of the Elizabeth Glaser Pediatric AIDS Foundation, who worked tirelessly on behalf of children; Helen Rhee with Senator FRIST; David Dorsey, David Nexon, and Paul Kim with Senator KENNEDY deserve tremendous thanks for their work in negotiating and working out the fine details of this bill.

I again thank our colleagues for their contribution today. I see the distinguished majority whip in the Chamber. I know the media may report nothing much happened today. Well, maybe it did not get a lot of debate, but we passed this children's bill. And I see my friend from Maine, Senator COLLINS, and I want to thank her as well for her help on this bill.

The distinguished majority leader has arrived. I say to the majority leader, this bill did not generate huge debate. We did it unanimously. This bill has already made a huge difference in the lives of millions of children: 400 clinical trials in 36 months as opposed to 11 in the previous 7 years.

So we think we have done something worthwhile today, in the midst of other news, which will not likely generate a headline. The Senate put it on the agenda and did a good job.

Mr. REID. Will the Senator yield?

Mr. DODD. I will be happy to yield.

Mr. REID. This is another notch in the long line of things the Senator from Connecticut has done for children. Whether it was child care, dealing with the emotional health of children, it is one of many things the Senator from Connecticut has done. I guess this is kind of a celebration of his being a new father. So we congratulate him.

Mr. DODD. I will show pictures, if you like.

The PRESIDING OFFICER. The majority leader.

Mr. DASCHLE. Mr. President, I join with my colleague from Nevada in expressing my heartfelt congratulations to the Senator from Connecticut and to others on the committee for their swift action on this bill. This is one of the highlights of the week. I do not know that there could be anything more important than providing good quality health care in all of its iterations to children. That is what this legislation does, and only because of the leadership of Senator DODD. I commend him. There may be a connection between fatherhood and legislative production on children, but whatever the motivation, as the Senator from Nevada has said, no one has put more time and effort and leadership into the issues affecting children than has Senator DODD. So it is a good way to end the week. It is another reason that staying in today was important, and we are grateful to him, grateful to the Members of the committee, Republican and Democrat, for the work done. I thank him.

Mr. DODD. I thank the majority leader.

The PRESIDING OFFICER. The majority leader.

UPDATE ON EVENTS IN THE CAPITOL COMPLEX

Mr. DASCHLE. Mr. President, I noted yesterday I would be coming to this Chamber. I will take a moment, if I may, to provide our colleagues with a short update on the circumstances involving the Senate today.

This has been a trying time for all of us, in particular for my office and staff. I am thankful for the outpouring of concern and support we have received, especially from the family of Senators. I am very grateful for their friendship, for their words of encouragement, for the strength they have given me and my staff over these very difficult days. It has meant a lot.

I wish to thank as well the many experts who have come to investigate and to help. I wish to recognize Secretary Thompson; Dr. Ken Moritsugu, deputy surgeon general; all of the Health and Human Services staff; Dr. John Eisold, our attending physician of the U.S. Capitol, and all the physicians who are working in his office; MG John Parker of the U.S. Army; Dr. Greg Martin, who has been unbelievable, an incredible help to my staff, to me, and to the entire Senate during this time.

There are a number of professionals who work with Dr. Martin at Bethesda Naval Hospital whom I want to recognize as well. Were it not for their effort, we would not be in the position we are today. They have been working around the clock analyzing the thousands of tests that were taken. Though they are not in the Capitol compound, they have had every bit as much to do with our success in dealing with these circumstances as anyone else. So we are extremely grateful to them for their work.

I want to thank as well the Centers for Disease Control, including Rima Khabbaz and Ali Khan; the District of Columbia Department of Public Health. Finally, I thank the members of the Senate family who have been working around the clock to address this situation, to coordinate our response, and see to it that the Senate was able to continue its important work.

Maybe first, among all of those, I thank our Secretary of the Senate and our Sergeant at Arms for their outstanding work. There were several nights where they literally did not go to bed. They stayed up the entire night working to be able to address the many challenges we were facing as we looked at the logistical and health concerns people had.

I also wish to thank Dr. BILL FRIST. He was in this Chamber earlier. He has been an amazing resource. While he is not present now, I know I speak for all of our colleagues in thanking him. He again spoke for all of us in a news conference wherein he was able to answer in very understandable ways many of these complicated questions. So I personally thank him, and I know I speak for everybody in thanking him as well.

The challenge facing all of these people, and all of us, is unprecedented. To a person, every official I have mentioned has responded in the most admirable way. Their poise, their professionalism, their compassion have been a comfort to all of us, especially to my staff and me.

I want to provide an update on where we stand based on Dr. Moritsugu's briefing a few moments ago. It is now 72 hours after this incident occurred, and we now can say we are confident about the health of the public. Beyond the 31 positive nasal swabs I reported yesterday, the results on nasal swabs analyzed to date have all—and let me emphasize all—come back negative. The CDC has determined no further nasal swabs are needed. Tests on all of the nasal swabs collected on Monday will be completed by the end of today, although we may not be in session, so I chose this moment to come and give at least this partial report.

A total of 278 swabs were taken Monday. At this time, there are no further positive results. So the number of positive results to date remains at 31. Everyone who has tested positive has been notified by medical authorities.

Let me put some rumor to rest because it has been circulating all afternoon that some member of the leadership has been provided with a positive test result. The unequivocal clarification in that regard is, that story is not true. There is no positive result among any members of Senate leadership.

Testing also continues on approximately 1,400 swabs collected Tuesday. Of those, preliminary results on approximately 600 have produced no new positives. To this point, the CDC investigation has established the exposure area as the fifth and sixth floors in the southeast wing of the Hart Building. Based on this determination, the CDC has said no further nasal swabs are needed there.

People who were on the fifth and sixth floors in the southeast wing of the Hart Building on Monday are being reminded to complete their full 60-day course of antibiotics, regardless of the results of their nasal swabs. Anyone who entered that area but has not received antibiotics should report to the treatment center at the Architect of the Capitol facility on the southeast corner of 6th and East Capitol Streets.

A thorough environmental sweep of the Capitol complex began last night. It went on throughout the night and continues today. Those sweeps were conducted by the EPA and the National Institute for Occupational Safety and Health. Areas were swept in the Capitol, the Dirksen Senate Office Building, the Ford House Office Building, the Capitol Police offsite delivery center where all Capitol mail and deliveries go through security screening, and at this time there are no additional results to report.

The sweeps will continue, as we reported yesterday, over the next several days of the other areas of the Capitol complex. The entire Capitol complex will be swept, and so there will not be any area left unattended or unchecked before we are cleared.

Numerous additional samples have been taken of the ventilation systems, and these samples are under evaluation. I think it is important to emphasize, too, at this time there is no evidence of contamination in the ventilation system.

Because of the extensive work being done, it is not clear when the Hart Building will reopen, but it will reopen as soon as we are absolutely confident it is completely safe.

I want to make one final point. The people who work in these buildings, regardless of their political affiliation, have come to the city and to the Congress because they believe in what this Nation represents to its citizens and to the world. Many have made sacrifices to do so. Some are accepting lower pay than they would receive elsewhere. Many are far from their families. All believe that by being here we can improve the lives of Americans and, in the process, make America stronger.

That letter may have been addressed to me, but these attacks didn't strike just my office. They struck at the heart of that belief. In the past couple of days, members of my staff, who have every right to be afraid, who have every right to take some time and be with their loved ones, have come to talk to me. More than one has told me they were more proud than ever to show up for work. This attack was meant to undercut that spirit. What I have seen in the past 3 days is all I need to know that the attack has missed its mark.

I yield the floor.

The PRESIDING OFFICER (Mr. JOHNSON). The Senator from Nevada.

Mr. REID. Everyone knows the close personal relationship I have with the majority leader. This statement I am making could come from any of the 99 Senators. It doesn't have to come from me.

The leader has gone out of his way to congratulate his staff, to compliment his staff, to talk about the great work the Sergeant at Arms and the Secretary of the Senate have done. They deserve every bit of credit that the leader has given them. Senator FRIST deserves the credit he has been given by the majority leader. But speaking for the whole Senate, there is no one who deserves more credit during this time of strife and trouble and turmoil caused by evil people trying to do bad things than our majority leader. He has stood very tall.

I am speaking for the entire Senate, the people of the State of Nevada, the people of New Jersey, the people of Minnesota, the people of Maine: Everybody in this country is so proud of the