

that she might not ordinarily take for the sake of the money," says Rebecca Dresser, professor of law and ethics in medicine at Washington University and a member of American Society of Reproductive Medicine. "The huge financial incentive increases the incentive to conceal health issues both to her own health and that of her offspring."

The business of matching egg donors and infertile couples is largely unregulated with well-established medical institutions—like Washington University—and independent brokers involved. Some solicit and match donors discreetly. Others aren't shy about touting their prices to donors and bragging to infertile couples that their donors are some of the best looking and most intelligent people around.

Attracted by the promise of big money, potential donors may be unaware of the demands of egg extraction.

RETRIEVING THE EGGS

For egg donor Smith, that meant injecting herself daily with ovarian stimulation shots, visiting the doctor's office a half dozen times and enduring an uncomfortable bloating of her abdomen that prevented her from wearing her regular clothing. At the end of the process, a doctor administered a mild anesthesia and poked Smith's ovaries with a long needle, extracting the eggs that had ripened inside of her.

Awaiting the final procedure, Smith read an article about infertility and began to cry. "I realized there is no amount of money that can compensate you for what you are doing," Smith said. "I sat there reading about these people who were so excited by the chance to actually have a child. Helping people is very important to me. I hope and pray that a pregnancy came out of it."

The egg retrieval took less than 45 minutes, and within an hour, Smith was awake and ready to go home. Like most women, Smith experienced mild abdominal discomfort and soreness for several days. Immediately following the retrieval, her eggs were fertilized with the recipient husband's sperm and implanted into the wife's womb.

"Egg donors needed. \$3,500. Must be 21–34."

Surrogate Parenting Center of Texas placed this simple, straightforward ad on the back page of a recent *Riverfront Times*. It is representative of many ads targeting readers in that age range. Many appear in college newspapers, including those at the University of Missouri at St. Louis, Washington University and St. Louis University.

"We had a lot of ads (requesting donors) run last year," says Nick Bowman, editor of the UMSL's newspaper, *The Current*. "But since my regime as editor this year, we haven't seen as many."

Many ads appeal to a donor's sense of compassion. Dr. Ronald Wilbois of the Infertility and IVF Center of St. Louis says, "There is no mention of monetary compensation in our ads, although some people in town have done that. I think you get into this big problem of clinics competing with each other if you do that. Plus, we don't want money to be the big draw. We have found that women who do it for the money are not real reliable as a group."

The IVF Center performs six to eight donor egg retrieval procedures a month, and unlike several clinics in the area, doesn't have a waiting list for eggs, according to Wilbois. But he admits that it can be difficult to find "good" donors.

Many women do not pass the stringent physical and medical screening required. Donors are required to submit complete medical and family histories, as well as pass various screens for infectious diseases and medical or genetic disorders. About 10 percent find that their eggs are not viable.

THE INTERNET CONNECTION

The Internet has become a resource for couples seeking egg donors. Web sites provide a quick database that has replaced time-consuming paper files. Some sites include photos of young women, as well as personal information such as IQ level, high school grade point average and physical measurements.

Dawn T. Hunt is an egg broker in California who helps to pair infertile couples with donors. Her company, Fertility Alternatives Inc., posts pictures of young women interested in donating, including some from St. Louis. The Web site, www.geocities.com/fertilityalternatives/oocyte.html, classifies some of the women as "exceptional donors," those with above-average intelligence, academic achievements or physical attractiveness.

One "exceptional" donor, a young woman referred to as Rachel M., is a graduate of Washington University residing in the St. Louis area. Rachel is 23 with short blonde hair and a doll-like round face who scored 1430 on her SAT and earned a 3.66 GPA in graduate school. Individuals wanting to make a baby with Rachel's eggs can expect to pay \$8,000, although that fee is negotiable. Hunt will get part of that money.

"I found a lot of my people wanted attractive donors with proven intelligence . . . so I gave it to them," Hunt said. "My clientele feels guilty about (placing so much importance on physical attractiveness) but if it were me, I would probably want an attractive donor."

The ethical debate over the sale of human eggs heightened after "Ron's Angels" appeared on the Internet in 1999. Ron Harris, a California fashion photographer, posted pictures of models on his site in an effort to create an auction for the eggs of beautiful women. Reportedly, bids for model's eggs soared as high as \$42,000.

Last year, members of the American Society for Reproductive Medicine suggested that compensation up to \$5,000 is appropriate for the donation of eggs but that anything above \$10,000 is inappropriate.

But those are merely guidelines. Currently, every state except Louisiana allows for the sale of human eggs. And no states have enacted legislation aimed at capping fees or regulating egg donation.

Educators worry that students may be ill-prepared to weigh the costs and benefits of selling their eggs.

"I think college students would be vulnerable to this kind of solicitation because of the extreme financial incentive," said Judith Gibbons, a professor of psychology at St. Louis University who specializes in issues of early adulthood. "When I ask college students about their major concerns, financial worries are always on top of the list. But I would never want to take their autonomy away from them because they are adults and can make their own decisions."

Dresser, the Washington University professor, fears that young people may regret their decisions later in life. "When they are that young they may not fully appreciate that there may be some risks to their future fertility," she said. "Of course, it is only speculation at this point because we don't know if there is a danger to future fertility. Egg donation has only been going on for a few years, so we haven't been able to follow these women over time."

Smith said that while trying to decide whether to become a donor, she wrestled with the idea of possibly having a child in the world and not knowing him or her. Although the thought bothered her, she decided to go ahead anyway.

Dr. Sherman Silber of the Infertility Center of St. Louis refuses to solicit donors with

ads. "I felt that was abusive to women. I don't like the idea of targeting a young 19- or 20-year-old girl who needs money."

But if all goes well, the process can be fulfilling for everyone involved.

Tonya Weisheyer, 23, of Winfield, has donated her eggs twice and is now acting as a surrogate mother. For her first donation, Weisheyer donated to a couple in Boston and flew there for her egg retrieval, although she did not meet the prospective parents. Two weeks after her donation, Weisheyer got a call from the couple's lawyer informing her that the wife was pregnant.

After the donation, the couple sent Weisheyer a large bouquet of flowers and gift certificates to Toys 'R' Us for Weisheyer's three children. "I was in tears," Weisheyer said. "Just hearing they were pregnant was enough for me. Just to know that I had helped them to accomplish their dream. I was on cloud nine all day."

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

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

Mr. FRIST. Mr. President, I ask unanimous consent that I be given 15 minutes in morning business.

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

BIOTERRORISM

Mr. FRIST. Mr. President, I rise to speak regarding a topic that has emerged dramatically over the past 7 weeks, a topic that everybody in the United States of America has thought about, a topic that many of us in the Senate have been thinking about over the last 3 years. That topic is the use of viruses, bacteria, and other germs as bioterrorist weapons.

Going back 3 years when the Senate Public Health Subcommittee began to look at the issue of bioterrorism, we had a series of hearings to study in depth the ability of our Nation's public health infrastructure. Those three words—"public health infrastructure"—are words about which we hear a lot. People ask me: What is the public health infrastructure? I will address that question in a few minutes.

The public health infrastructure is the basis of our preparedness and response to such bioterrorist attacks—who we call if something happens, what they do, who does the test, how they communicate with each other, and how quickly they respond. When we began addressing the issue of bioterrorism, we wanted to look at the local, State, and national level. We wanted to examine how those systems respond to public health threats.

We had a series of hearings beginning 3 years ago focused specifically on our preparedness to respond to a bioterrorist attack—the use of viruses, bacteria, and germs with the intent to create terror or to kill. The testimony of

the witnesses fascinated me because few people were talking about bioterrorism. Our intelligence community was looking at it internationally, but people on the street corners, on Main Street, or in town squares were not thinking about bioterrorism 3 years ago.

After listening to these witnesses, it was very clear that it was no longer a question of "if" there would be a bioterrorist attack, but "when, where, and how." When it did occur, we knew that a bioterrorist attack would not only occur on foreign soil but also on the soil of the United States.

These hearings also made equally clear to those of us on the subcommittee that the threat, the risk, was increasing and that our Nation was not fully prepared to meet the potential risk that could present.

As legislators do, we listened intently. We talked to the American people. We collected more information, and then we wrote a bill called the Public Health Threats and Emergencies Act. That bill had as its main goal two things—coordination of response and improvement of public health infrastructure. The coordination was two-fold horizontal, or coordination of all the different local organizations, entities, agencies at the point of the attack; and vertical, or coordination of the Federal, State, and local agencies that would all have a responsibility to respond.

The second goal of this crucial legislation was to improve the resources to support the public health infrastructure, principally at the State and local level. I encourage my colleagues to consider what they would do if there was a bioterrorist attack at their home or at their work. Given what occurred in the Hart Building just last month, that consideration should not be too difficult.

We passed that bill, and that bill was actually signed into law about a year ago, long before September 11. It was referred to the floor by the Health, Education, Labor, and Pensions Committee through the Subcommittee on Public Health. At the time, I chaired that subcommittee, and Senator KENNEDY was the ranking member. Both Senator KENNEDY and I have continued our interest in this topic over the last 3 years.

In terms of bioterrorism, what did September 11 and the ensuing events around the country do? It took what we thought was low risk and high vulnerability to a bioterrorist attack and made us realize that there was high risk and high vulnerability. As things appeared in the news and we learned about new inhalation anthrax cases, we realized our risks had increased markedly after September 11, and that our vulnerabilities, which we knew were high, were more clearly defined.

We know where the gaps are today because we have learned from the events of the past 3 months. We knew that some gaps existed, but the public

health infrastructure is so large that it was difficult to determine exactly where those gaps were without having a specific challenge to the system. I mention that because now is the time to act. We did not have all of the information when we passed the Public Health Threats and Emergencies Act, but we had the foundation a framework that focused on prevention, preparedness, and consequence management. That same framework is still valid, and we now know where those defined gaps in the public health infrastructure are.

We are now aware of our increased risks and defined vulnerabilities or gaps in the system. Now is the time to address those gaps before we have another challenge to our system. We have a responsibility to the American people, to the people on Main Street, to the people in Alamo, TN—people who might not be thinking about what our government should be doing. It is our responsibility as government officials in the Federal, State, and local level to fill those gaps.

Eighteen people have already been infected with anthrax. Another five or so suspicious cases are currently being examined. Five have already died. I have had the opportunity to see firsthand how these few cases have stretched our public health infrastructure, have stressed the people who respond—the medical and laboratory personnel. The number of anthrax diagnostic tests have overwhelmed the system for these 18 cases.

It could have been worse. If the same amount of anthrax had been delivered by aerosolization, it would affected not 10, 15, 20, 30 people but clearly hundreds, indeed, thousands of people.

We have to act. We have 2 or 3 weeks before we leave. If we do not act, if we do not pass comprehensive legislation that looks at preparedness, prevention, and consequence management as well as filling the newly identified gaps, we have not fulfilled our responsibility to the American people.

We are learning more about anthrax and bioterrorism every day, and we need to continue to learn from these recent events. We do not know when and if there will be any future biological attacks, but we are on an alert now.

We know terrorists are around the world. We know what terrorists have said—Osama bin Laden has said that it is his religious duty to obtain biological weapons of mass destruction. We know that the same motivation that sent those airplanes into the World Trade Center and 2 miles from the Capitol at the Pentagon still exists. When that motivation for mass destruction is coupled with the hard evidence that Osama bin Laden and other terrorists intend to gain access to bacteria, to viruses, to germs, then we must conclude that the risk for bioterrorist attacks, whatever it was on September 9 or 10, is larger now and growing.

Again, we need to respond. We have already identified some vulnerabilities. Now is the time to respond. Because

the risk is increasing, we must have a real response.

What is our next step? I mentioned that the Public Health Threats and Emergencies Act of 2000 passed a year ago. It has the basic framework of prevention, preparedness, and consequence management. Now is the time to build on that framework. Now is the time to appropriate the funds for that act. We have not yet put significant money into supporting that public health infrastructure, that crucial link in protecting us from and responding to any future biological attacks. The Public Health Threats and Emergencies Act was never fully funded. I am not pointing the finger at anybody, but now is the time to fund those issues.

More resources for that infrastructure are needed. I would ask that you call your local public health official and ask that person: How stretched are you? How prepared are you if there is an outbreak of Salmonella, botulinum toxin, tularemia, smallpox, or anthrax in your community? Call them on the phone and see what they say. I know what they will say because I have talked to many of them lately. They will tell you that they have a few people working to address the issue, but they do not have the ability to communication with local hospitals, clinics, or other health care delivery systems. Your local public health official will tell you that they cannot rapidly identify those germs.

If one thinks of things such as smallpox—and this is not to be alarmist because I think the risk of smallpox is tiny—we need people to diagnosis it quickly, communicate rapidly, and make sure the vaccines get there on time. If the system operates properly, then we would be okay.

I mention all this because a week ago Thursday, I, along with Senator KENNEDY and 40 of our colleagues, introduced a bill called the Bioterrorism Preparedness Act of 2001. We entered statements into the RECORD but did not have time to actually speak on the particular bill. I encourage my colleagues to read the bill and its summary. You can find two summaries—a one-page summary and a six-page summary—120-page bill on my website.

The Bioterrorism Preparedness Act of 2001 incorporates the recommendations by President Bush to improve the national pharmaceutical stockpile. It includes authorized funding for the development of additional doses of the smallpox vaccine. It includes the funding to help encourage the development of additional vaccines and other bioterrorism countermeasures.

Given the whole host of germs available for use—tularemia, anthrax, smallpox, botulinum toxins—we cannot concentrate on one virus or bacteria or other germ because the terrorists, if they want to, will simply move to another germ once we have developed an appropriate response. Therefore, a vaccine, although an important part of the

comprehensive policy, is not the complete answer to the risk of germ biowarfare.

In our bill, we also provide substantial additional funds, over \$1 billion to the States and local communities, to improve the public health infrastructure. If something happens to someone's daughter and/or son and they suspect bioterrorism, we call on the public health infrastructure. What we need to do is have them prepared to receive that phone call and to respond in an effective way, and we provide the funds to make sure they are prepared to receive that phone call.

In our bill, we look at revitalizing the Centers for Disease Control and Prevention's training initiatives. We look at response capabilities. We look at epidemiologic capacity.

We do not disturb the Federal funding established under the Public Health Threats and Emergencies Act that goes into the core facility laboratories, the public health capacities. In fact, we broaden the funding streams and increase the authorization for these capacity-building activities.

Not only will these additional funds assist us in the event of another biological attack, but the strengthening of the public health infrastructure means that we will also be able to respond to other infectious diseases as well. No matter what infectious disease it is, whether it is a result of a terrorist attack or a natural-occurring disease, we need the same response—quick diagnosis, high surveillance, good communication, and quick treatment.

In our bill, there is also a section on food safety protections, which I hope my colleagues will examine. My number one priority is to ensure that we address all of the issues laid out in the bill because the bill focuses on the entire system required to respond to any future bioterrorist attack—a system dependent upon the public health infrastructure.

I close simply by saying we have made tremendous progress. Our colleagues have spent a lot of time looking at the issues in putting together this bill. I encourage them, once again, to look at what is in this bill and understand the comprehensive framework of prevention, preparedness, and consequence management as we move forward. The gaps have been defined in the public health infrastructure. Now is the time to respond. The Bioterrorism Preparedness Act gives that framework. I encourage my colleagues to support it when it comes to the floor.

I yield the floor and 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. DASCHLE. I ask unanimous consent that the order for the quorum call be rescinded.

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

UNANIMOUS CONSENT REQUEST— H.R. 1140

Mr. DASCHLE. Mr. President, I announced this morning we would attempt to move to proceed to the railroad retirement bill. In consultation with our Republican colleagues, I am prepared to do that at this time.

I ask unanimous consent that the Finance Committee be discharged from further consideration of H.R. 1140, the Railroad Retirement Act, and the Senate proceed to its immediate consideration under the following limitation: that the only amendment in order be a substitute amendment offered by the chairman of the Finance Committee; and following the disposition of the amendment, the bill be read the third time, and the Senate vote on passage, with no intervening action or debate.

Mr. GRAMM. I object.

The PRESIDING OFFICER. The objection is heard.

Mr. DASCHLE. In light of this objection, I ask unanimous consent that the Finance Committee be discharged from further consideration of H.R. 1140, and that the Senate proceed to its immediate consideration.

Mr. GRAMM. I object.

The PRESIDING OFFICER. The objection is heard.

COMPREHENSIVE RETIREMENT SECURITY AND PENSION REFORM ACT OF 2001—MOTION TO PROCEED

Mr. DASCHLE. In light of this objection, I then ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 69, H.R. 10.

Mr. GRAMM. I object.

The PRESIDING OFFICER. The objection is heard.

CLOTURE MOTION

Mr. DASCHLE. In light of the objection, I move to proceed to Calendar No. 69, H.R. 10, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close the debate on the motion to proceed to Calendar No. 69, H.R. 10, an act to provide for pension reform and for other purposes:

Paul Wellstone, Richard Durbin, Byron Dorgan, Harry Reid, Jon Corzine, Hillary Clinton, Blanche Lincoln, Thomas Carper, Patrick Leahy, Tom Harkin, Benjamin Nelson, Mary Landrieu, Bill Nelson, Ron Wyden, Charles Schumer, Bob Graham, Barbara Mikulski.

Mr. DASCHLE. I ask unanimous consent the motion be considered as read.

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

Mr. DASCHLE. I will be brief I know my colleagues may wish to speak on this issue. This bill passed with an overwhelming 384 votes in the House. There is very, very strong bipartisan support in the Senate; 74 of our colleagues have cosponsored the bill, including a majority in both the Democratic and Republican caucuses. All the rail unions are united behind this bill, and it is supported by the entire railroad industry. It represents the first time in 25 years that labor, management and retirees have agreed on a set of changes to the system.

The reason is pretty simple. Most Members recognize we want to give railroad retirees the same opportunity as other retirees in the private sector, the opportunity to maximize their investment opportunities for retirement purposes. This bill would simply give them as many different options as we already provide to others in the private sector.

As a result of increased returns from these investments, it would provide enhanced benefits for railroad retirees and reduce retirement taxes for railroad companies. Among other things, it would expand benefits for surviving spouses, provide a retiree health insurance plan and reduce the vesting requirement to five years. These are important changes that should be made.

Enactment of this bill is long overdue. It is a good bill. It deserves our support. I am disappointed we are not able to move to it this afternoon. I will schedule a cloture vote on Thursday. We will do all we can to ensure that the legislation is considered and passed. It deserves our support, as it was given support in the House. We will do all we can to see that happens.

I yield the floor.

The PRESIDING OFFICER (Mr. CARPER). The Senator from Texas.

Mr. GRAMM. Mr. President, in the 24 years I have served in Congress, I have seen many ideas debated; some of them good, some of them bad. I guess we are all prone, on the spur of the moment, to overstate things, but I think I can say without any fear of contradiction that of all the bills I have ever seen on which cloture has been filed, this comes closest to simply being an overt effort by two established and powerful special interests to literally pilfer the retirement fund that is available for railroad retirees, and the backing for that retirement fund.

Part of our problem in debating a bill such as this is that there is a natural tendency in a partisan body when, in this case railroads and railroad unions get together, everybody sees this as an opportunity to jump on the bandwagon. I don't know that I would state it as any first law of political behavior, but normally when business and labor get together on something, it is generally an effort to reach deeply into the pockets of the American taxpayer. That is what the provision before us is, in reality.