

nights. Kandahar, the spiritual seat of the Taliban, is said to be "half empty." Those who are left behind are the most vulnerable—the elderly, orphans, war widows, and the mentally and physically disabled.

Inside Afghanistan, the U.N.'s World Food Programme (UNWFP) aid—much of it U.S.-donated wheat—is the sole source of food for millions. After the attacks on September 11th, the UNWFP was forced to pull out. It left two weeks of food stocks to be administered by local U.N. staff, but Taliban officials last Monday broke into the U.N. compound and stole thousands of tons of grain. Under intense international pressure, the UNWFP has announced it will resume shipments of grain to Afghanistan. Yet how it will be distributed is uncertain, as the Taliban has severed contact between international aid groups and their Afghan staffs, and taken over many of their facilities. To get needed aid in, and slow the outflow of Afghan refugees driven by a lack of food at home, the Pakistani government should immediately relax its border restrictions enough to allow the flow of food and other humanitarian aid into Afghanistan, while maintaining border security.

There is no easy solution to this building crisis, and yet our government must aggressively seek solutions to the critical needs of Afghan civilians. As one of its most urgent tasks, the United States must do its part to shore up relief operations and help to again get aid flowing to refugees now. We also must prepare for an already critical situation to worsen as Afghanistan heads into its notoriously harsh winter. We must prepare now for huge numbers of refugees and humanitarian problems in the aftermath of military strikes, repositioning in the region the people and resources needed to deal with it.

The U.N. and several privately-funded aid groups are working frantically to set up new camps and bring in supplies and personnel to sites along the border. And yet, developing a stronger response to a massive outflow of Afghans into Pakistan is sure to put pressure on already over-burdened camps, and by extension Pakistani resources and patience. Pakistan is already host to over a million refugees from Afghanistan; 170,000 came as a result of recent drought in Afghanistan. Others fled earlier and have been in Pakistan for years.

The United States must do everything it can now to alleviate the suffering of ordinary Afghan civilians. We have agreed to participate in U.N. efforts to raise quickly almost \$600 million in aid funds, a number likely to grow. We should be leading that effort, including by contributing substantially. The U.S. and our allies cannot afford to be indifferent to this humanitarian crisis, especially as we seek to build a coalition of moderate Arab and non-Arab Muslims around the globe for our anti-terror efforts. If a humanitarian catastrophe in Afghanistan is attributed to our military operations, it will weaken international support for our fight against terrorism, and may even make the American people more vulnerable in the end.

MENTAL HEALTH RESPONSE

Mr. WELLSTONE. Mr. President, I rise in this Chamber to talk about the extraordinary mental health needs of the American people, and especially people of New Jersey, New York, Virginia, Washington, DC, and Pennsylvania in the aftermath of the September 11 attacks.

I thank Senator KENNEDY for holding an extraordinary HELP Committee—

HELP is Health, Education, Labor, and Pensions—hearing on this topic last week. I am grateful to Senator WARNER for his invitation at the hearing to have some suggestions about some mental health initiatives that could be part of this DOD authorization. Senator WARNER is to be commended for his recognition that there does need to be some legislation that responds to the short-term and long-term needs of people who have been affected by these tragic events.

Many Senators are working on this issue, and I am sure the Presiding Officer, the Senator from New Jersey, is one of them. I am pleased to also do this work.

I want to talk a little bit about some of the witnesses. Carolyn Pfeffer, who is a child psychiatrist at New York University, noted that in retrospect what should really have been in place was a plan and a program in every school for how to respond to the disaster, along with prompt and effective public education for parents to help them understand how to talk to their children—in other words, she was saying, right after September 11.

She said that what is needed now is "aggressive work to identify children who have suffered the most severe stress; training of mental health professionals in how to respond to the unique needs growing out of events of this kind; government funding and leadership to assure resources are available to these children who need help."

She said we must do all we can to prepare for the unprecedented strain on our mental health system and to assure that private insurers will encourage appropriate treatment rather than establishing artificial limits on what we can provide for people.

Dr. Spencer Eth, the vice-chairman of the department of psychiatry at St. Vincent's hospital in New York, also spoke at the hearing. St. Vincent's was the hospital where the largest number of victims of the attack are being treated. Dr. Eth is also a nationally recognized authority on the psychological effects of traumatic event. He gave moving testimony about his experiences with providing treatment for emergency workers, and he said, "Never before have the gaps in the mental health system been more apparent." He urged the committee to recognize that "the magnitude of the public's need for traditional therapies, outreach to schools, businesses, and communities . . . is unprecedented. . . . He stated, "We must obtain the funding required to reach everyone at high risk and everyone who is already suffering, regardless of health coverage, language barriers, and physical disabilities."

Dr. Kerry Kelly gave what was probably the most searing testimony about her own experiences with her onsite work as chief medical officer of the New York Fire Department, minutes after the attacks. She testified that,

"the selflessness of these men and women [of the New York Fire Department] is what made them heroes, but it's also what brings me to these hearings today to urge your approval of funds to provide for the psychological and counseling need of our members and their families. As we get further away from the events of that day, the officers, firefighters, fire marshalls, emergency medical technicians and paramedics, will have to cope with delayed reactions to the trauma they experienced. And from day one, the men and women of the New York Fire Department and the families of those who were lost have had to endure a tremendous sense of grief." She said, "The emotional well-being of our department requires intervention to provide stress debriefing, bereavement counseling, and continued psychological support of our members, our families, and the children affected by this event."

Dr. Carol North pointed out that 2 years after the Oklahoma City bombing 16 percent of children 100 miles away still reported significant posttraumatic stress memories related to it.

We know one thing for sure: It is a mistake to believe that such events, of September 11 and after, cannot have a lasting impact on the mental health of those men, women, and children who have experienced them. We should not repeat the mistakes that were made in the aftermath of the Vietnam war when the trauma experienced by veterans was ignored and trivialized until well after the optimal time for treatment was passed.

We have learned from the outstanding research which has been funded by the VA and the NIMH of the severity of the disorder and the effective ways it can be treated.

Let me summarize the case for this amendment of which Senator WARNER and others have been so supportive. Let us give respect for what people have experienced and help them deal with this now in a manner which is appropriate to their individual needs. Let us help those families who have survived the loss of a loved one and may also now be dealing with preparations for a funeral or memorial without ever receiving any remains of their loved one.

Let us recognize that traumatic grief is real and has unique features that go beyond our usual understanding of death and loss. Let us help the emergency workers who stretched their bodies and minds to deal with this horror and lost so many of their friends and colleagues as well.

Let us help those who escaped with their lives but now suffer from serious injuries and many other losses of their own. Let us help those who made it out safely but who feared for their lives and witnessed such horror and are now dealing with the multiple losses of friends, families, colleagues, and their jobs. And let us help the children who must now try to understand what they

saw, what they have lost, what their parents and teachers are going through, and what the world means, while we all struggle to do the same and try to regain our sense of safety.

I am not saying that mental illness is widespread or an inevitable consequence of the event. But after hearing from the experts at this hearing, we should not underestimate the severe impact of September 11 on people's sense of identity and safety and how the multiple losses and horrific experiences they went through have the potential to affect them for a long while.

Let me talk a minute about posttraumatic stress syndrome which can have such lasting effects on the minds and hearts of those who suffer from it. Here I draw from some experience because a lot of my work, especially back in Minnesota, is with Vietnam vets who are struggling with PTSD. We know from research that the brain chemistry can be altered by such experiences, and we know that the day-to-day struggle to deal with the frightening flashbacks, intrusive thoughts, loss of sleep and many other symptoms can lead to severe problems and an inability to function if left untreated.

I will never forget a letter from a 10-year-old girl in Pope County, MN, who told me that her daddy was a Vietnam vet. He went into the shower in the morning. He had been doing fine. This was many years later, about 4 years ago. She said: My dad came out of the shower and he couldn't talk to anybody. Please help my dad. That was PTSD from the Vietnam war.

Treatment can help people with PTSD, depression, anxiety, and a lot of other illnesses. What we want to do with this amendment is provide States \$175 million in flexible ways to deal with the needs of the citizens. We want to have training programs for licensed mental health professionals. We want to have expedited and increased research funding right away so we know what to do. The Secretary of the Department of Health and Human Services is authorized to set up a disaster research clearinghouse so that information can quickly be made available to schools and public health agencies during times of crisis.

Funding is authorized for \$50 million for trauma treatment centers for adults and children to provide services for people who are exposed to such traumas.

All of this will make a huge difference. This came up last week. I thank Senator KENNEDY for his leadership. There are a lot of us who are involved in this effort. Senator WARNER is one. I cannot emphasize enough to other Senators how important it is that we try to pass this package.

Today, we were scheduled to bring up the Mental Health Equitable Treatment Act. This is legislation on which I have been working with Senator DOMENICI. More important than that, there are 63 or 64 Senators who support it.

One or two Senators objected. I am disappointed to say the least. We could have had this legislation on the floor. We could have had debate and some amendments, and it would have passed.

The legislation did two things: It ended all discrimination in coverage. It is civil rights legislation. It just says no longer can any health care plan treat someone who is struggling with this kind of mental illness differently than someone who is struggling with any other kind of illness.

My God, this is 2001. It is long overdue.

The second thing I want to say—I will not try to put one agenda on top of another, but I want colleagues to know that the second thing that happens from this legislation—which is why it is so important—is that the treatment follows the money. When plans now provide coverage, you then see an infrastructure in our country which doesn't exist now as it should to provide the care for people. Kay Jamison, who has done brilliant work and writing in this area, said, "The gap between what we know and what we do is lethal."

There is September 11, and there are all kinds of people trying to deal with this trauma. There are all kinds of other men, women, and children who don't get the care they need. This is a piece of legislation that has some urgency. There is no reason to delay any longer. One or two Senators objected.

I hope this will be on the floor soon, and I hope we can pass it. I think the President will sign it. I think it is a bipartisan effort and it is a good thing to do and it is the right thing to do.

I yield the floor.

BENEFITS FOR DISLOCATED AIRLINE WORKERS

Mrs. LINCOLN. Mr. President, I commend my friend and colleague, Senator CARNAHAN, for her efforts on behalf of dislocated workers in the airline industry. I am proud to be a cosponsor of this legislation which will benefit thousands of workers who have or will lose their job because of the tragic events on September 11.

I want to say a special word of thanks to Senator CARNAHAN and her staff for working with me to clarify that employees of maintenance suppliers to commercial air carriers are covered under the language in the bill. This was an important point for me because of the impact the September 11 attacks has already had on aviation maintenance businesses in my State.

Reebaire Aircraft, Inc. located in Mena, AR, is just one example of why the dislocated worker assistance provided for in this bill is so important. Prior to September 11, Reebaire Aircraft had a thriving business with 101 workers and was in the process of expanding its workforce. Today, Reebaire employs only 15 workers and the owner has informed me that Reebaire may have to cease operations by the end of

October. Reebaire's fate is directly related to the terrorist attacks because eighty percent of its business was based on maintenance contracts with commercial air carriers who have cancelled future work orders with Reebaire indefinitely.

Again, I commend my colleague for her efforts on behalf of our Nation's working families.

Mrs. CARNAHAN. I appreciate the support of my friend from Arkansas and I am honored to add her name as a cosponsor of my legislation. As I explained to the Senator earlier, it is certainly my intent to cover dislocated employees of companies that contract directly with commercial air carriers for maintenance and related services if the employees lose their job because of the September 11 terrorist attacks.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is now closed.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2002

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of S. 1438, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 1438) to authorize appropriations for fiscal year 2002 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

AMENDMENT NO. 1750

Mr. DODD. Mr. President, I call up my amendment No. 1750.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Connecticut [Mr. DODD] proposes an amendment numbered 1750.

Mr. DODD. I ask unanimous consent further reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To extend assistance for firefighters)

At the end of subtitle E of title X, add the following:

SEC. 1066. ASSISTANCE FOR FIREFIGHTERS.

Section 33(e) of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2229(e)) is amended by striking paragraph (2) and inserting the following new paragraphs:

"(2) \$600,000,000 for fiscal year 2002.

"(3) \$800,000,000 for fiscal year 2003.

"(4) \$1,000,000,000 for fiscal year 2004."

Mr. DODD. Mr. President, very briefly, this amendment deals with the FIRE Act, a bill which we adopted in a previous Congress, providing assistance to departments—paid departments, volunteer departments, and combination