

The PRESIDING OFFICER. The majority leader.

Mr. DASCHLE. This is a sad day for the Capitol Hill family. Four years ago today, two very good men—two members of our Capitol Hill family, Officer J.J. Chestnut and Detective John Gibson—were killed defending this Capitol Building.

As Senator LOTT has noted, a few moments ago we paused for a moment of silence to pay tribute to these fallen heroes for their selfless service and their enormous sacrifice.

Just before that moment of silence, there was a ceremony at the memorial door entrance to this building. Under the bronze plaque that bears the names and likenesses of Officer Chestnut and Detective Gibson, we laid roses in their honor.

Yesterday at that same spot someone left another tribute: a small basket of red, white, and blue flowers. Attached to the basket was a card. Inside the card was a handwritten note that read: We will never forget. You were my friends. God bless. It was signed by a member of the Capitol Police Force.

Also yesterday John Gibson's beloved Boston Red Sox trounced the Tampa Bay Devil Rays 22 to 4—in the first game of a double hitter, no less. So I know John Gibson is smiling up in heaven today.

And even though the gardening he loved is struggling in this heat and drought, I am sure J.J. Chestnut is right there with him—smiling, too.

For those of us down here who knew them, it is a little harder to smile today. The great poet Emily Dickinson wrote, after someone you loved dies, you feel "the presence of their absence everywhere."

The absence of J.J. Chestnut and John Gibson is felt today by many people, by their friends, their fellow officers, most of all by their families, their wives and children, and in Officer Chestnut's case, his grandchildren. The Gibson and Chestnut families have felt the presence of the absence of John and J.J. for three Thanksgivings and three Christmases, at too many birthday parties, weddings, and graduations.

Those of us who work in the Capitol want the Gibson and Chestnut families to know that in all those moments our hearts have been with them. We also want them to know that we, too, feel the presence of the absence of their loved ones. We feel it when we pass the memorial door entrance. We feel it when we see Capitol Police officers working double shifts to protect us. We felt it on September 11 when our Nation was attacked and on October 15 when the anthrax letter was opened.

During this past year, we have all been reminded with terrible certainty that there are people in the world who would like to destroy this building, the people's House, and the government and the ideals for which it stands. We also know with absolute certainty that as long as there are patriots such as John Gibson and J.J. Chestnut who are

willing to sacrifice their lives to defend our freedom and safety, this people's House and this great Nation will endure.

As the note on the basket said: We will never forget. They were our friends and our protectors. God bless them today and always.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

The Senator from West Virginia.

GREATER ACCESS TO AFFORDABLE PHARMACEUTICALS ACT OF 2001—Continued

Mr. ROCKEFELLER. Mr. President, understanding the gravity of the moment, I do not want to leave a very important piece of legislation. Before I say a word, I would like to add Senator ZELL MILLER as a cosponsor to the amendment and I ask unanimous consent.

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

Mr. ROCKEFELLER. Mr. President, as I look at the situation, we have a whole lot of meetings going on around this Capitol—conference committees on trade, conference committees on prescription drugs. We have a generic drug bill. That is the underlying bill here with a prescription drug amendment attached to it. We have a Federal matching Medicaid amendment which I am offering. There is so much going on on health but there is so little that is going on on health, and it perturbs me.

Senator DURBIN, when he was talking, pointed out the importance of Medicaid to hospitals, nursing homes, and others. It makes it extremely important for me to note that in the State I represent, 80 percent of our hospitals are losing money. They are mostly rural hospitals, and most of them depend upon Medicaid and Medicare in combination, usually at 85, 80, sometimes 75 percent of their total reimbursement of everything that they do. That is the nature of the State I represent. So many others are like that. It is the nature of part of the State that the Presiding Officer represents.

So the question of are we doing Medicaid and reimbursing States so they can keep their health facilities open and Medicaid available to their people is a profoundly important matter. But we treat it as if it were not.

We are trying our best to come to an agreement on prescription drugs. There is no particular compromise in sight at the moment. We had two votes yesterday. Both failed. The American people ask us: What are you doing about health care for our people? My people

ask, What are you doing about health care for our people? What am I to answer? What am I to tell them?

I can refer, if I want, to the catastrophic health bill experience of a number of us, where we had a terrific bill that the House turned down three times, the Senate refused to turn down three times. But the point was that we finally had to yield, and there was no catastrophic health care bill.

Then we had something called the Pepper Commission where we came up with a very good solution for both long term and acute care, and it went nowhere. It was declared dead on arrival, and those who so declared it were correct. Nothing happened.

Then we had the very large health care experience of the early 1990s when everything got very politicized. The result was twofold: One, that we passed nothing on that health care bill; and, two, everybody retreated inside their shells. Nobody seemed to want to take up health care, and health care became something that somehow, either politically or for whatever reason—because it was complex—people did not want to undertake.

Senator Jack Danforth and I, and now Senator FRIST and I, started something called the alliance for health reform. The whole idea was to get those who did not serve on the Finance Committee more acquainted with the intricacies and difficulties of what is a very difficult problem; that is, all the acronyms and complexities associated with health care. Now there are a lot more people who know a lot more about health care, and we are still not getting anything done.

Now we are talking about the Federal matching adjustment for Medicaid to our most vulnerable people, to people to whom, we go to our Jefferson and Jackson Day Dinners, when we appeal and bring out emotion and speak emotionally, and then when we come up here, we do nothing to help them.

I put this amendment on the floor with endless cosponsors. I am looking at SUSAN COLLINS, a good Republican from Maine, and there she stands, perhaps ready to speak, and she and seven other Republicans are cosponsors of this amendment. Senator ZELL MILLER just became a cosponsor. So we have, I don't know, 35, 40 sponsors.

I come to two conclusions. No 1, I think this amendment is going to pass and that there may be those who are not coming to this floor to speak against it because they do not want to because they know their Governors feel so passionately about it. Whether they be Republican, Democratic, or Independent, Governors are absolutely passionate about passing this amendment. But they cannot do it. We have to do it for them.

We are not doing universal health care. We haven't done anything on prescription drugs yet. We have not done a generic drug bill yet. We have not done anything about importation. We passed a bill—the White House said they do

not want to implement it—about bringing drugs in from Canada, produced here, at a lower cost.

So we are talking, debating, having compromises, having caucuses, and we are not accomplishing anything. Here is an amendment in which we can do something real for the people in our States who need it. They are not just children, but that is a very basic part of it. It is also reimbursement for hospital facilities. It is reimbursement for skilled nursing facilities, for nursing homes. And they need it more than ever because Medicaid is the one program in government, other than the Veterans Administration, which does have prescription drugs. It does have prescription drugs.

As the Presiding Officer has said so many times so eloquently as the leader of this fight, the cost of prescription drugs has been going up in a terrifying manner in these last several years. Who bears the brunt of that? Medicaid. Medicaid bears the brunt of it. And here we are trying to do something which the States cannot do for themselves, which we can do for them, which they are unanimously—Republicans, Democrats and Independent—on record unanimously wanting.

I stand here on the floor accompanied only by a distinguished Senator from Maine and the distinguished Presiding Officer. I find this perplexing and troubling. Are we risk averse? Have we become risk averse? That is a health care term. Maybe it ought to be a Senate term. Have we become afraid of doing things which require tough votes?

As the Senator from Illinois said, this is a very easy process. People put legislation forward, it goes through committees or doesn't go through committees, it comes to the floor, doesn't come to the floor, but if it comes to the floor, then you have a chance to vote on it. If people want to filibuster it, then you can file a cloture motion, you wait 2 days, and you get a vote on it. People have to eventually vote up or down, or else, as the Senator from Illinois said, they should not be in this profession.

I conclude with a sense of awe and tremendous anger. I would say to the Presiding Officer. I started out my career in public life—which I never intended to enter and which my parents were not fond of as a career. They were not pleased as I entered it as a career.

I went to a little coal mining community in the State of West Virginia which was nothing but people who had no health insurance, who wanted to work but had no job, who wanted to go to school but had no bus. They had one 1-room school through the sixth grade, 1 through 6, lined up row by row, just in a row.

They fed me; they took care of me; we worked together; we developed community programs. They had something called the dollar-an-hour program in West Virginia. You went out and you worked and you cleaned up the roads—men for the most part, at that point—

and you got \$1 an hour. Glory be, you got 8 hours a day. Any health insurance? Of course not. Nobody had health insurance. No one had health insurance.

That seared my soul then, and it sears me today, and it sears me as I talk now, as we sit here and avoid a chance to vote on something with which we can immediately help our States and our people. Are we only to legislate on Afghanistan or broad national concepts or are we here to help people? Is there something wrong, in fact, about actually doing something which would help people?

Some people say it would because it would cost money. Then why was it they put this in the emergency supplemental? They put the Medicaid match formula in the emergency supplemental because it was considered that important to the country. And now here we are, 9 months later, 10 months later—whatever it is—and we have done absolutely nothing. This Senator is tired of it. This Senator is very pleased to note that, with eight Republican cosponsors and a whole lot of people waiting to vote for this, there is a cloture motion being filled out, and we are going to vote on this, and we are going to show the people of our States that we care about our children and our families, our prescription drug programs, and that we are not risk averse. We are quite capable, yes, of helping people when it comes to health care. We have not shown that very much in recent years. We are going to show it this time.

I yield the floor.

The PRESIDING OFFICER (Ms. STABENOW). The Senator from Maine.

Ms. COLLINS. Madam President, I share the concern of the Senator from West Virginia that we should not delay action on this important matter.

Support for our proposal is growing with each hour. I am excited about that. This proposal offers real relief to our State governments that are struggling with budget shortfalls. But, most importantly, it offers the promise that low-income families who depend on Medicaid will not face a cutoff of some of their important benefits.

The Senator from West Virginia raises a very good point. There are health care providers in my State, as well as his, rural hospitals in particular, that are struggling to make ends meet. The threat of Medicaid cuts imposed by States trying to balance their budgets during this very difficult fiscal time poses a threat to their ability to continue to provide quality care.

That is why we have the support of so many health care provider groups.

I am going to read from some of letters that we have received that endorse our proposal. In some cases, the letters speak to earlier legislation that I introduced along with my friend and colleague, Senator BEN NELSON of Nebraska. But, as I said earlier, we have pooled our efforts because we want to get relief to the States as fast as possible.

Let me tell you what our visiting nurses say about the importance of providing this relief.

This is a letter that I will read from the Visiting Nurse Associations of America. It is signed by the president, Carolyn Markey.

She writes:

On behalf of the Visiting Nurse Associations of America (VNAA), I would like to express our strong support for you and Senator Ben Nelson's proposed legislation that would provide temporary fiscal relief to states for Medicaid-covered health care services. VNAA is the national membership association for non-profit, community-based Visiting Nurse Agencies (VNAs), which collectively care for approximately 50% of all Medicaid home health patients each year.

VNAA is concerned that approximately one-half of the states across the nation have had to cut their FY 2002 Medicaid budgets in order to avoid a budget crisis. We fear that the majority of states will implement additional cost-containment measures, including reducing benefits, increasing beneficiary cost-sharing and further reducing Medicaid reimbursement to health care providers.

On average, Medicaid already reimburses providers significantly less than the cost of care.

That is an important point. There are already reimbursement levels that aren't covering the cost of providing this essential care.

The letter goes on to say:

VNAA's 2001 data shows that, collectively, VNAs are incurring an average \$565 loss per Medicaid patient, with an annual loss of \$148,500. VNAs' mission is to provide care to all eligible persons regardless of their condition or ability to pay. Because of this mission, VNAs will attempt to continue to admit all eligible Medicaid beneficiaries, but subsidizing Medicaid will force VNAs to cut other social service programs that are funded through charity contributions, such as Meals on Wheels and preventive health clinics.

Your legislation is sorely needed at this time. It would help states maintain eligibility and program levels in order for low-income families, children, seniors and persons with disabilities to continue to receive the health care they need. It will also prevent the exodus of some providers from Medicaid participation, and prevent other providers from having to cut vital community-based social services.

Those are the stakes. The stakes are high.

I ask unanimous consent to have the full text of the letter from Carolyn Markey, the president of the Visiting Nurse Associations of America, printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

VISITING NURSE ASSOCIATIONS
OF AMERICA,
Washington, DC, May 29, 2002.

Hon. SUSAN M. COLLINS,
Russell Senate Office Building,
Washington, DC.

DEAR SENATOR COLLINS: On behalf of the Visiting Nurse Associations of America (VNAA), I would like to express our strong support for you and Senator BEN NELSON's proposed legislation that would provide temporary fiscal relief to states for Medicaid-covered health care services. VNAA is the national membership association for non-profit, community-based Visiting Nurse

Agencies (VNAs), which collectively care for approximately 50% of all Medicaid home health patients each year.

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On average, Medicaid already reimburses providers significantly less than the cost of care. VNAA's 2001 data shows that, collectively, VNAs are incurring an average \$565 loss per Medicaid patient, with an annual loss of \$148,500. VNAs' mission is to provide care to all eligible persons regardless of their condition or ability to pay. Because of this mission, VNAs will attempt to continue to admit all eligible Medicaid beneficiaries, but subsidizing Medicaid will force VNAs to cut other social service programs that are funded through charity contributions, such as Meals on Wheels and preventive health clinics.

Your legislation is sorely needed at this time. It would help states maintain eligibility and program levels in order for low-income families, children, seniors and persons with disabilities to continue to receive the health care they need. It will also prevent the exodus of some providers from Medicaid participation, and prevent other providers from having to cut vital community-based social services.

Thank you for all you do for the nation's most vulnerable populations.

Sincerely,

CAROLYN MARKEY,
President and CEO.

Ms. COLLINS. Madam President, I see the Senator from New York is in the Chamber. If he would like to speak on this issue at this point, I would be happy to yield.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Madam President, I thank my colleague from Maine, and I thank her for her leadership on this bill.

I thank the Senator from West Virginia for his sponsorship of this important legislation. He has done a great job on every aspect of this proposal. I want to once again clarify for the record the help he has been not only on this issue, not only on adding prescription drugs to Medicare, but on generic drugs as well. We all owe the Senator from West Virginia a debt of gratitude for the great work he has done on the generic drug issue.

This is an extremely important amendment that I am proud to support. My State, as so many of the States, is in fiscal trouble. We have found great difficulty in doing what we have to do. Our State tends to be a generous State in terms of health care benefits. Programs enacted throughout the years make our Medicaid benefit generous. We have gone beyond Medicaid. We tried to help a little bit on prescription drugs with the Epic Program, as I know 17 other States have done a little bit here and there. We tried to help in a whole variety of ways.

During times of prosperity, we do quite well. But, obviously, the attacks

of September 11, which cost us dearly in terms of life, and then secondarily in terms of dollars, as well as the downturn in the financial markets, which probably hit our State harder than any other, have caused real problems. If there was ever a time that this amendment was appropriate for New York, it is now.

I think the amendment is appropriate to all of our States. Not only are they all under fiscal strains—my State may be under greater strain than others—but we all know that Medicaid spending is probably the fastest growing part of most State budgets. It is certainly mine.

I would add one other point about New York. Our localities will get help, if this aid passes, because we are one of the few States where we ask the localities to pay half of the non-Federal share of Medicaid. In other words, we are 50-25-25. A city such as New York that is straining—our budget deficit is about \$4 billion in the next fiscal year, it is estimated, and some estimates go as high as \$5 billion—would also get a real shot in the arm. Our communities upstate are hurting because of the poor economy—Buffalo, Albany, Rochester, Binghamton, and Utica are all hurting and need the help as well.

Certainly, the amendment is needed from a fiscal point of view. Certainly, it helps the Medicaid Program meet the promise that was made early on in terms of its help. It is appropriate that it be added to this bill.

If you ask the States the No. 1 cause of their fiscal problems, most of them would say it is Medicaid. Then, if you ask the head of Medicaid in each State what the No. 1 reason is for costs going up, that person would say prescription drugs. In fact, Medicaid drug costs nationally have increased 18 percent every year for the past 3 years. That is something that cannot keep going on.

Our States are now faced with terrible choices—either go more deeply into debt or cut benefits to the most vulnerable. That is something we really do not want to do.

I support the amendment. It would be a tremendous shot in the arm for New York. It would be a tremendous shot in the arm to all State governments. And it is the right thing to do.

The cost is large. I believe it is something like \$8 billion. But the benefits are larger still.

Every time any part of America has a child who doesn't get the appropriate coverage, it sets him back or her back—it sometimes sets the family back in ways from which they never recover. The fact that our country has decided to say health care for everyone is important—and not say because you have no money you should get no health care—is one aspect that makes us a great country. The fact that today we are saying that during this time of crisis, the Federal Government will step up to the plate and fulfill its role is really important.

Let me go over the numbers for New York.

In fiscal year 2002, if the Rockefeller-Collins-Nelson amendment were adopted, we would receive, in terms of our Medicaid help, \$244 million. This is the temporary FMAP increase. In 2003, we would receive \$553.8 million. That means, for the total of the 18 months—the second half of 2002 and all of 2003—it would be \$797.8 million.

In terms of temporary grants, we would get an additional—these are available through 2004—an additional \$461 million.

That is \$1.2 billion. That is real help. That is not just a nice little bauble around the edges. And it could not come at a more appropriate, needed time in my State.

So I say to my colleagues, you all have your problems in your States. We have our problems in New York. Let's unite. This amendment is a bipartisan amendment. Let's unite and adopt it.

Let's make sure that our poor people get the medical help they need. And let us say to the States that during these extremely difficult times—as I say, made doubly difficult in New York because we were the epicenter of the 9/11 attacks—we are not going to punish you because of your generosity in helping the poor attain some modicum of health care.

So I am proud to support the amendment. Again, I compliment my colleague from West Virginia, who has been such a leader on this issue, as on so many others. I thank my colleague from Maine as well.

I look forward to quickly adopting this amendment as part of our base bill which, as you know, I am proud is the bill that Senator MCCAIN and I introduced in terms of generic drugs.

Madam President, 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.

Ms. COLLINS. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

Ms. COLLINS. Madam President, the National Partnership for Women and Families has issued a statement today endorsing the amendment I have offered with Senators Rockefeller, Ben Nelson, and Gordon Smith. It includes some very important information that helps us better understand why this debate is so important.

The National Partnership cites the National Governors Association's May report that over 40 States are facing budget shortfalls totaling \$40 to \$50 billion overall.

Since Medicaid makes up, on average, 20 percent of State spending, it is often the first place that States look to make cuts. So our amendment would provide \$9 billion in total fiscal relief that would help sustain critical State Medicaid Programs and bolster the States' ability to keep providing vital social services to those most in need.

Let's look at whom this benefits.

Medicaid provides health insurance to approximately 40 million low-income Americans, including 21 million children and young adults, 11 million elderly and disabled individuals, and 8.6 million adults in families, most of whom are single mothers. That is the population that is hurt when Medicaid budgets are slashed. That is the most vulnerable of populations. They need our help.

The States need our help in order to maintain vital health care services for those 40 million low-income Americans. Without this critical safety net, millions of women and their families would be left with no health insurance at all.

So that is why we must act. And we must act before more time elapses and more States are forced to cut their Medicaid budgets. Time is of the essence.

I urge my colleagues to join with us in supporting this absolutely critical bipartisan proposal.

Madam President, 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. NELSON of Nebraska. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. NELSON of Nebraska. Madam President, the proposal that is before the body today, to enhance the partnership between the Federal Government and the States with regard to Medicaid and with regard to welfare reform and social services that are so critical to the most vulnerable in our society, is a very important piece of legislation.

It merits our total support, not because it is just about money but because it is about doing the right thing to continue the gains and not see a spiral downwards back to welfare for those who have been able to make it to the workforce. It is for those who are teetering on the brink who would, if their eligibility for Medicaid were taken away, be unable to support themselves and/or their families. It is for the seniors who need, so much today, the kind of support the Medicaid Program provides when they are in nursing homes.

So it is about people. That is what it is truly about. It is about doing the right thing. It is continuing the relationship and the partnership that has been developed between our Governors, our State legislatures, and our Federal Government. It is an important partnership that must be maintained.

It is also important that we recognize it is a temporary fix. It is not a permanent solution. No one is expecting that kind of a permanent solution today, given the temporary, and hopefully only temporary, nature of the downturn in the economy. But it is es-

sential we do something soon because of the plight of the States and the experience they have in terms of not being able to meet all of their obligations as they move forward on these programs.

The truth of the matter is, we can work together with the States as we have in the past. Many of our colleagues here, as you know, are former Governors. You may be able to take us out of the Governor's office, but you cannot take the experiences we have gained in that position away from us simply because we have changed our titles or we have new responsibilities.

It is important, also, that we recognize that the States, in making these tough decisions, will have to make them on the basis of how they balance their budgets because all but a handful have to balance their budgets and can't have deficit spending. So they either balance their budgets with major cuts or with tax hikes or with a combination.

In any event, most of the States have made the cuts they believe they can make, up until this point, without affecting Medicaid. But as their budgets continue to flow with red ink, now they are looking at these social programs for the necessary cuts. They have cut education. They have cut many of the other essential programs. Now they are faced with cutting this program.

So if we wait until they have made the cuts, there will be the casualties of those who are not able to have the benefits—the elderly, the young people, those who in our society today are reliant on the availability of these programs.

We have asked people to work their way out of welfare, to join the workforce. We have created at the State level, with welfare reform at the Federal level, the opportunity for people to transition out of the levels of poverty and welfare, with the opportunity to join the workforce. We have done it with transitional benefits that are comprised of child care, some Medicaid continuing coverage, so these individuals and their families have the capacity to leave the welfare rolls to join the workforce.

If we pull back on these and other programs like it, they will teeter, and it is very likely that they will fall back into the welfare situation. While already experiencing higher unemployment levels than we have experienced over the last 10 years, we see that the growing population of Medicaid is putting more pressure on Medicaid expenditures at the State level.

I remember looking at the growth of Medicaid and the opportunities that were there to try to reform it and to make it so it worked not to create incentives for unemployment but opportunities for employment and incentives for joining the workforce. But when you see it today and you see the growth in this program, you recognize that something must be done in order to stem that growing tide.

The truth is, we can and we should do this. There will be some who will say we don't have an obligation, a further obligation to the States. But it is not about just from one government to another; it is about to the people of the United States who have the need for these very important benefits. Those are the people we need to be supporting. In supporting them, we work through the States in our partnership.

That is the opportunity we have. I hope if there are some who have a different, opposing point of view, they will come down to the floor and explain why they don't think we ought to support this Federal Medicaid assistance program on a temporary basis to permit the States to continue to support the kinds of programs that are important to the most vulnerable of our population. I hope they will come to the Chamber so we have the opportunity for a full debate and so, if there are opposing views, we will be able to respond to them rather than speak to an empty Chamber. That is not what this should be about. If there is to be spirited debate, I hope we will have that begin in the near future.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Madam President, I would like to direct a question through the Chair to my friend from West Virginia, the author of the amendment. I was here about an hour and a half ago. I ask the Senator from West Virginia if anyone has spoken against the merits of his amendment.

Mr. ROCKEFELLER. I say to the Senator from Nevada, I am not sure, but I believe Senators have been here discussing it favorably for 2 to 2½ hours. Not a single Senator has come to the floor opposing this amendment.

Mr. REID. I say to my friends, whoever opposes this amendment, I don't know where they are. We were told by one of the sponsors of the amendment, the distinguished Senator from Oregon, Mr. SMITH, that he didn't oppose it, but he, on information and belief, understood that the senior Senator from Texas opposed the amendment. I would hope that my friend from Texas, if that, in fact, is the case, would come here and defend his position. I will say that if that isn't the case, that I will ask for the yeas and nays and move forward on the amendment. It is just simply not fair.

We have an order in effect that as soon as this amendment is completed, we would move to something that Senator GREGG or someone he designates would offer. And then following that we have a Democratic amendment in order. We should move through those. I hope that if there are people other than the distinguished Senator from Texas who oppose this amendment or the Senator from Texas, that they would come to the floor and explain themselves.

I will say that I am getting the feeling that this is one of those kinds of

stealth oppositions we get around here a lot of times. People know this is a good amendment, supported by the Governors of the States, supported by people in the States who are desperate for dollars. States are suffering. I think there are people who would like to come and oppose this, but they really don't quite know why. So they just stay away hoping it will go away.

It is not going to go away. If I come back here again and there is no one within a reasonable period of time who has voiced any opposition to the amendment or there is no one on the floor speaking against it, I will ask for the yeas and nays and move on to something else.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. NELSON of Nebraska. Madam President, the National Governors Association has written a letter, dated July 24—very current—to the minority and majority leaders of the Senate strongly urging support for the Rockefeller-Collins-Nelson-Smith compromise.

I ask unanimous consent to print it in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

NATIONAL GOVERNORS
ASSOCIATION,
Washington, DC, July 24, 2002.

Hon. THOMAS A. DASCHLE,
Majority Leader, U.S. Senate, The Capitol,
Washington, DC.

Hon. TRENT LOTT,
Minority Leader, U.S. Senate, The Capitol,
Washington, DC.

DEAR SENATOR DASCHLE AND SENATOR LOTT: The nation's Governors strongly support the Rockefeller-Collins-Nelson-Smith compromise state fiscal relief legislation. We urge its consideration as an amendment to S. 812 on the Senate floor and its swift passage into law.

The legislation to temporarily increase the federal share of the Medicaid program as well as provide a temporary block grant to states will assist during the current fiscal crisis so that states will not be forced to make deep cuts in health, social services, and even education programs. It will thus ensure that low-income vulnerable families are protected from drastic cuts in these key programs.

One of the major contributors to the rising state Medicaid costs is prescription drug expenses. Immediate Federal assistance with these costs would provide real fiscal relief to the states. We urge timely Senate action on the Rockefeller-Collins-Nelson-Smith amendment.

We would very much appreciate your support and we look forward to working with you to ensure that meaningful state fiscal relief legislation is enacted.

Sincerely,

PAUL E. PATTON,
Governor.
DIRK KEMPTHORNE,
Governor.

Mr. NELSON of Nebraska. 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. WYDEN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. WYDEN. Madam President, the Senator from West Virginia, in my view, has outlined a very important position with respect to a critical health issue for the States. I commend him for his outstanding work. It is going to make a difference in Oregon and across the country.

I ask unanimous consent to speak for up to 10 minutes as in morning business.

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

(The remarks of Mr. WYDEN are printed in today's RECORD under "Morning Business.")

Mr. WYDEN. Madam President, I am a strong supporter of the Rockefeller amendment which will make a huge difference for our States at a time when the situation is truly dire with respect to health care. So I thank my colleague. When we get to a vote on the Rockefeller amendment—I know Senator NELSON of Nebraska has done excellent work on this as well—I hope the amendment will pass with a resounding majority.

I yield the floor.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. GREGG. Madam President, I wanted to speak on a couple of issues. First is the underlying effort here to pass major legislation in the area of assisting senior citizens, specifically, with the cost of their prescription drugs.

I think we all understand very well that there has been a fundamental shift in the way medicine is practiced in our country, and it has been a positive shift. That shift is that we have gone from a society which had basically as its first line of defense for significant health concerns an invasive medical procedure using a scalpel, to a society which has as its first line of defense for major medical concerns the use of pharmaceuticals. This has been a revolution, a biotech revolution.

As a result, it is not so much that pharmaceuticals have become more expensive—but not outrageously so, with respect to inflation and other costs—but they have become so much more aggressively utilized. As a result, senior citizens and all citizenry that have medical concerns are finding that they are more often than not going down to the pharmacy and purchasing a pill in order to address a physical ailment versus going into the hospital and re-

ceiving some sort of remedial medical care that might involve an operation or some sort of therapy within the physical confines of a hospital. So utilization has gone up dramatically in the area of pharmaceuticals. This is a change in the way we practice medicine as a country.

The practical effect of that is that all Americans, but seniors especially because as a practical fact, as people begin to get older, they have more health needs in most instances.

Seniors are finding themselves more and more put into the situation of having to purchase pharmaceutical goods, which are adding up, and because there is more significant utilization, they are expensive and sometimes unaffordable, especially to low- and middle-income seniors. So we as a Congress and the President are attempting to address this through passing some sort of a package that will give senior citizens the opportunity to take some of the pressure off of the cost of this new need to use prescription drugs.

The goal, in my opinion, should be basically twofold: One, to assure that low- and moderate-income seniors—especially low-income seniors—who find it virtually impossible to fit into their budgets, which are usually very constricted, the cost of pharmaceuticals, to allow those individuals to receive assistance as they have to purchase these medications; second, to address the situation where a senior who has reasonable income and reasonable wealth confronts a catastrophic situation where simply the cost of medication exceeds even their capacity to pay for it. Those should be our two primary goals as we put together this package of relief for senior citizens, in my opinion.

Also, there are a lot of secondary goals. Secondary goals should be—and it is fairly significant—that we do not undermine the ability of our society to bring new drugs to the market.

As a society, we have basically become the creators of most of the major new pharmaceuticals that are created in this world, and that is because we have a vibrant research capability going on in this country and a vibrant commercialization of goods and products which are created within that research market. It is important that we not kill the goose that is laying the lifesaving drug, as I said earlier, and that we allow the entrepreneurs in our society, who are research scientists for the most part, to evolve a capability of continuing to bring to market drugs which save people's lives and benefit people and make their lives better, and that we not in the process of developing a package of drug benefits end up creating an atmosphere which works against the bringing to market of new pharmaceutical drugs. That should be a subsidiary effort as we move forward to address the question of a drug benefit for senior citizens.

In that context, we are now working aggressively to try to pull together a

package. We have had three major votes on different drug packages. We had the Democratic proposal which, regrettably, was, in my opinion, fundamentally flawed because it did not meet the conditions I have laid out.

First, it was extraordinarily expensive, and I should have mentioned that as a fourth line of consideration, which is that as we put this benefit package in place for seniors, we should not have it created in such a way that it transfers a huge new cost on to working Americans, especially young Americans with young families, who are trying to make ends meet, who have other issues, such as education, housing, the day-to-day costs of raising a family.

We should not make the cost of this major new drug benefit so high that the tax burden to pay for it—which will fall on working Americans for the most part will significantly disadvantage working Americans in their ability to live a good life.

This new drug benefit is not like the Medicare proposals under which we presently work. There is no premium in most instances. Some have premiums, most do not. There is also no earned benefit—in other words, over the years people paying into the Part A insurance fund and building up a fund. In this instance, seniors are going to simply receive this benefit without it having been paid for through building it up over the years, paying through Part A. It is essentially going to be a tax. To pay for this drug benefit, there is going to be a tax levied on working Americans, especially young Americans, to assist senior citizens with the issue of how they pay for drugs.

We have to be very careful in putting this package together that we do not end up putting such a huge burden on young working Americans that it makes it very difficult for them to raise their families.

As I mentioned, there have been three votes on this issue in the Senate in the last few days. The first was on the Democratic plan. The Democratic plan failed in a number of areas.

One, it was extraordinarily expensive. It would have passed \$600 billion—and that was the estimate. We all know estimates end up being low. For example, when Medicare was originally passed in the 1960s, it was estimated in 1990 to cost \$9 billion. Medicare in 1990 cost about \$70 billion. It was off by almost 1,000 percent. We know the \$600 billion pricetag attached to the Democratic package is a pricetag which is probably low. Even if it were accurate, it is a huge pricetag to pass on to working Americans, younger Americans, and far more than we should put on the backs of the working American who is trying to raise that young family. It is far too high a burden on those individuals.

It is disproportionate in the way it deals with the intergenerational issues in benefiting dramatically, in terms of dollars spent, senior citizens at the expense of young Americans who are try-

ing to raise a family. It exceeded the budget allocation by \$300 billion, by 100 percent. There was \$300 billion budgeted. This was a \$600 billion package, which is far too expensive.

Also, it undermined the marketplace. It was a public program, which in and of itself is an undermining of the marketplace, but it was a public program which had an incredibly regressive element to it. It essentially said that you could only, for a certain ailment—let's take arthritis—purchase one type of drug for that ailment, one. There are probably 20 different drugs on the market to address arthritis. Why would you limit the ability of a senior to only purchase one and have it covered by insurance? It is a foolish idea from the standpoint that doctors may not want to prescribe that one drug, and it may not be medically a good idea, plus it is just not conducive to creating a marketplace which is going to bring more pharmaceuticals on to the market so seniors have more choices and that we drive down the prices of pharmaceuticals generally because we have competition.

It is truly a regressive idea from the standpoint of health care and from the standpoint of how you develop a strong and vibrant market for producing pharmaceuticals. That bill, in my opinion, was fundamentally flawed. Plus, of course, it had the little gimmick in it—rather large actually—that it was not a permanent benefit. It lapsed after 5 years. It would not exist anymore. I do not know what was going to happen then. It would be gone and who knew what was going to happen.

It was a black hole or a cliff proposal where everybody gets a benefit for 5 years and suddenly they look down and there is no more benefit and they have to step off the cliff into the abyss, not knowing what is going to happen. It was a poorly constructed idea and it failed because it did not get 60 votes.

The second idea that came through was the tripartisan proposal. Again, it is a fairly expensive proposal, \$370 billion, but significantly less than the Democratic proposal, but much more reasonable in the way it approached the issue. It opened the marketplace. It gave seniors options as to what pharmaceuticals they could use.

Senator SNOWE was talking about how many more pharmaceuticals it covered than the Democratic proposal, dramatically more. I am not sure of the numbers. In any event, the specific numbers were that it covered far more specific pharmaceutical products, and made those available to seniors, than the Democratic plan—dramatically more.

In addition, it had language which significantly protected the low-income senior. It gave them basically a 90-percent subsidy and had positive catastrophic language.

That also failed to get 60 votes.

The third vote we had was on the Hagel-Ensign proposal, which is an idea I am attracted to, although I also

voted for the tripartisan plan. It says what I have been saying. You take low-income seniors and protect them. You give them the ability to buy the pharmaceutical, you give them support to do that and it does not wipe out their income. The plan was very progressive in this way.

You say to seniors, who are in the general population, who are not low-income seniors: If you have a serious illness which throws you into a high-cost pharmaceutical situation, and you are spending a dramatic amount of your basic wealth, your income, your assets on pharmaceuticals, the Government will come in and pick it up. There was a catastrophic cap which the Government picked up.

Again, this was built in, as I understood it, in a progressive way so higher income people had to spend more than middle- and moderate-income people had to spend. It was very progressive in a thoughtful way. This idea made a lot of sense and got a very good vote. In fact, it got as high a vote as any other proposal that came to the floor. I hope from this idea we can evolve a package that can work effectively.

That is basically where we stand today. We have now had three major packages. None have passed because the sequence of events that are set up is that the Democratic leadership refused to take these bills through committee and created a situation where we could not pass them on the floor because they all required 60 votes.

Had Hagel-Ensign, for example, come out to the floor after having gone through the committee, with the vote it got on this floor it would have passed the Senate, and we would now have in place a drug benefit. It would not have been subject to a budget point of order because it was under \$300 billion—just barely, \$294 billion. That was not allowed to happen because of the way this whole exercise was set up, which is unfortunate.

Where do we go from here? It is my hope we will reach some sort of consensus on a catastrophic package, a package that takes care of low-income seniors and makes sure they have adequate coverage, that takes care of people who have a huge impact on their assets through a catastrophic event, and allows seniors who have moderate income, if they wish, to purchase the insurance if they want to cover the difference through some sort of Medigap insurance. This, to me, is a logical way of resolving this issue.

Independent of all that, however, we have had other amendments dealing with this bill. One of them is the amendment which we presently have before us which is a \$9 billion bailout for the States—some States, not all States. States such as mine, which do not happen to meet the formula because we have been very frugal in the way we have managed our Medicaid accounts and, as a result, have kept our reimbursement at 50 percent, do not benefit a whole lot from this proposal.

For States which have been less effective in their ability to deal with Medicaid, this bill basically is a \$9 billion bailout. Is the \$9 billion offset? No, it will simply be a vote by the Senate which says we are going to spend another \$9 billion on Medicaid to assist the States.

First off, this is the wrong place to bring forth this amendment. This bill started out as a generic drug bill. It has moved on to an all-inclusive drug bill debate, but it has always been a bill that has been debated in the context of Medicare and drug initiatives, and this is a Medicaid bailout, which is totally separate from the underlying issue of what we discussed in these other bills. This amendment should have gone through committee and should have been brought out here as a committee bill versus being brought out here separately.

Secondly, it sets a very dangerous precedent in that it waters down the FMAP formula even on a temporary basis. The purpose and fairness of the formula will be eroded over time. Around here, temporary changes rarely turn out to be temporary, although they claim it is temporary.

This amendment sets a precedent, and if it is passed, any State that ever faces an FMAP decrease in the future will lobby Congress to override the formula. Instead of an automatic process based on a fair formula, future FMAP rates will become a political fight in Congress, which is exactly what this exercise is.

It is basically an attempt to use the fact that a number of States believe they need more money and to pull enough people together from those States so there are enough to vote for this \$9 billion bailout. It is called logroll. It is working very effectively on this amendment, I am afraid, which is too bad.

This is totally fiscally irresponsible. Such a process as this disrupts the whole process and will not likely produce a program that benefits those who need it most but, rather, States that have been most ineffective in managing their Medicaid accounts.

FMAP rates are not designed to change according to short-term economic developments. Although FMAPs are based on State per capita income levels and other economic indicators, they have not typically risen at all and with short-term economic trends. If State logic suggests raising FMAP now, then it would also apply to lowering them in times of economic boom.

If we had followed such a course after 9 years of economic recovery, current FMAP rates would be much lower than they are today. Such cyclical movements are contrary to the intent of Medicaid statutes and in the long term would serve the interests neither of the States nor the Federal Government to pursue this action.

States have other options to making Medicaid benefits more secure. States can take steps to make their benefits

more efficient, enabling more persons to be covered with the same or lower costs using the health insurance flexibility and accountability initiatives unveiled in August 2001. The HIFAI demonstration is designed to help States reduce the number of uninsured through innovative and cost-effective approaches using Medicaid and CHIP funds. The initiative emphasizes private insurance options rather than public program expansions. To date, HHS has approved HIFAI demonstrations in Arizona and California, and it could approve more if more States are willing to be aggressive.

The simple fact is what we have is an effort by a large number of States that have had problems with their Medicaid accounts for a variety of reasons to basically raid the Federal Treasury to the tune of \$9 billion. I guess they are probably going to have enough votes to do that because they have structured this formula so that enough States are going to pick up money from it that is significant. But I have to ask the question, Why are we not offsetting this \$9 billion? Why are we just coming out and saying let's take another \$9 billion hit on the Federal Treasury, in which we do not happen to have any money right now, and add that to the deficit? It makes very little sense from the standpoint of fiscal policy.

Fifty States have the power to energize this type of support for \$9 billion. I would think they would have the power to go find money to offset it somewhere, but unfortunately they are not doing that in this amendment. It is an unfortunate, in my opinion, effort to raid the Treasury, as a result of which we will not only get bad policy but we will get a significant increase in Federal debt.

I yield the floor and make a point of order that a quorum is not present.

The PRESIDING OFFICER (Mr. MILLER). The Senator from West Virginia.

Mr. ROCKEFELLER. Am I correct in understanding that the distinguished Senator raised a point of order?

Mr. GREGG. No, I have not raised a point of order.

The PRESIDING OFFICER. He did not.

The Senator from Nebraska.

Mr. NELSON of Nebraska. Mr. President, the distinguished Senator from New Hampshire raised a number of very important questions regarding this FMAP proposal to expand the support that the Federal Government is providing to the States as part of the partnership that has existed for many years.

I think it would be very difficult to go back and tell our partners that we are unable to or we should not increase the amount of the Federal match because we did not follow the procedures that some people in the Senate believed we ought to follow. Inside baseball is not going to make those friends who are on the outside experiencing some major financial challenges very happy. They may not be very happy at all with that kind of an explanation.

I think it is important to remember how the Medicaid Program developed, as well as some of the social benefits programs that are also included as part of this bill. If the Chair remembers—and I know he does as a former Governor from Georgia—this was a big part of his budget. He probably was surprised, as I was, on the day we took office and put our budgets together to find out what a big piece of the pie this Medicaid Program amounted to as part of the budget. If the Chair remembers what happened, as I am sure he does, as do all former Governors, and I believe all of our colleagues do, this came about because of a Federal mandate. The Federal Government said we are going to have a Federal Medicaid Program and the States are going to be parties to it and the Federal Government is going to decide how much the Federal Government contributes to it, and the Federal Government is always going to be able to raise or lower the amount of the Federal match on the basis of a formula that has been established. The States, as the junior partners, have to go along with whatever the Federal Government proposes.

It was a mandate—not an unfunded mandate but an underfunded Federal mandate.

The States generally made innovative challenges, but I know the distinguished former Governor of Georgia will recall when States came to the Federal Government and said, we would like to make some changes to the program, you had to get a waiver and come back to Washington and ask, will you please allow us to make these innovative changes that our distinguished colleague from the Northeast was talking about that have been made in some areas. Many proposed innovative changes were denied.

It has been essentially a Federal program where the States have been the junior partner. In this situation, all we are saying is, instead of reducing the amount of the Federal match over the next 19 months, as it has been scheduled to be reduced in various States, we are going to hold that constant. In addition, we are going to add 1 percent to the State in the Federal match, so for 18 months we will help the States so they do not have to take away benefits from the most needy and most vulnerable in our society today.

It is recognizing we have a partnership. This was part of the stimulus package worked on this last year. It just did not survive into the ultimate stimulus package that was passed earlier this year. Last year and this year, when the stimulus package was being discussed, there was little talk about offsets. Now, when it is convenient to talk of offsets, in getting in a direction the way this is heading, we talk of assets. There is not anyone in this body not in favor of offsets, unless the whole discussion of offsets is designed to set this off the tracks so we can get it passed.

It seems to me what we have to do is recognize how the program began, how

it works, and what assistance this plan we are proposing today—how it will help the States and why it is necessary to help the States deal with our citizens, citizens of the United States of America who happen to reside in the various States.

It seems to me we do have a responsibility, that we can meet that responsibility, and, yes, I would love to have offsets, but I want to make sure the search for offsets is not what gets this off the track.

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. WELLSTONE. 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. WELLSTONE. Mr. President, I ask unanimous consent I be allowed to speak for 10 minutes as in morning business.

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

(The remarks of Mr. WELLSTONE are printed in today's RECORD under "Morning Business.")

Mr. WELLSTONE. 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. REID. 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. REID. Mr. President, what is the matter before the Senate?

The PRESIDING OFFICER. The pending question is the Rockefeller second-degree amendment.

CLOTURE MOTION

Mr. REID. Mr. President, 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, do hereby move to bring to a close the debate on the Rockefeller and others amendment No. 4316.

John D. Rockefeller IV, E. Benjamin Nelson of Nebraska, John Edwards, Paul Wellstone, Harry Reid, John F. Kerry, Blanche L. Lincoln, Richard J. Durbin, Jack Reed, Edward M. Kennedy, Susan Collins, Daniel K. Inouye, Patrick Leahy, Tom Daschle, Debbie Stabenow, Charles Schumer, Ron Wyden.

Mr. REID. Mr. President, I have been advised that Senators GRASSLEY and GRAMM wish to come to the floor and speak on the Rockefeller amendment. I am also advised that one of the Senators is going to raise a point of order, which we will attempt to waive. But we need them here to do that. I am sure they will be here soon.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER (Ms. CANTWELL). Without objection, it is so ordered.

Mr. REID. Madam President, it is my understanding we now are on the Rockefeller amendment. Is that right?

The PRESIDING OFFICER. The Senator is correct.

The Senator from Texas.

Mr. GRAMM. Under section 205 of H. Con. Res. 290, I raise a point of order against the emergency designation of section (c) of the pending amendment, No. 4316.

Mr. REID. Madam President, I move to waive section 205 of the Budget Act. I ask for the yeas and nays.

The PRESIDING OFFICER. The motion is pending.

Is there a sufficient second? There is a sufficient second.

The yeas and nays were ordered.

Mr. REID. Madam President, I have spoken to Senator GRAMM. He and others wish to speak. This is a debatable motion. We will set some time. Senator GRAMM has graciously acknowledged he doesn't want to speak too long since we already have a cloture motion filed. But we will shortly determine how much time will be needed and will debate this in the morning and vote sometime in the morning.

Hopefully, while we are waiting on the unanimous consent agreement to get the legislative branch appropriations bill, which also kicks in the fact that prior to next Wednesday—or on next Wednesday I should say, we will start debating the DOD appropriations bill.

So we have a lot to do in the next few days. This will move us down the road.

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. WARNER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Ms. CANTWELL). Without objection, it is so ordered.

VIOLENCE IN THE MIDDLE EAST

Mr. WARNER. Madam President, I and other Members of the Senate from time to time have taken the floor to address the tragedies which daily, weekly, monthly, and yearly come forth in the Middle East. Today, we were greeted by a headline in the Washington Post: U.S. Decries Israeli Missile Strike, Ponders The Effect On The Peace Bid.

I ask unanimous consent that it be printed in the RECORD following my remarks.

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

(See Exhibit 1.)

Mr. WARNER. Madam President, again, I have taken the floor several times to give just one Senator's viewpoint. I am almost at a loss for words to describe the tragic situation that has unfolded in the past 24 hours, or 36 hours—whatever the case may be—where a plane that was manufactured here in the United States delivered a missile into a residential area controlled by the Palestinians and brought about the deaths of many innocent people.

It is characterized and described at length in the article which appeared in this paper and the papers across the world today.

The raid, as told by the reports, took the life of an individual who has brought about great harm to the people of Israel over a long period, but along with that life went the lives of many children and innocent people.

Preceding this use of force—again, use of force which is perceived by the Israeli leadership as necessary to protect the integrity of their sovereign nation and the safety of the people, and I will not debate that at this point in time—preceding this event were the tragic bombings by humans going into the Israeli areas with the bombs strapped to them giving up their lives and taking the lives of innocent people on the streets. And on and on it goes.

What do we do about it?

I reiterate that I have spoken about this on this floor several times, and I intend to this time formalize it in a letter which I will be sending perhaps tonight or early tomorrow morning to the President of the United States. The thoughts in that letter are basically the same thoughts that I have said on this floor two or three times, and also at the time that the NATO Ambassadors came to visit the Congress of the United States. We had an informal meeting hosted by several of our colleagues. I was invited to speak. The very thoughts that I am referring to tonight I shared in that meeting some 2 weeks ago.

Our Nation recently celebrated our traditional Fourth of July holiday. It is normally a time of joyful reflection of our history, of patriotism, and just plain, old-fashioned summer fun. Thankfully, it was a peaceful day for America. But when we entered that holiday period, I remember so well that we were confronted with yet another warning by responsible individuals in our Government of a possible terrorist attack. In varying degrees in varying places here in our great United States, it had a dampening effect. I remember that so well.

A number of constituents—who I am proud to represent in Virginia, which adjoins the Nation's Capital—called to inquire whether it was safe to go down and watch the fireworks on The Mall. We gave them encouragement, in our opinion, to do so.