immunosuppressive drugs. To receive an organ transplant, a person must be very ill and many are far too ill at the time of transplantation to be researching the complexities of Medicare coverage policy.

End Stage Renal Disease, ESRD, patients qualify for Medicare on the basis of needing dialysis. If End Stage Renal Disease patients receive a kidney transplant, they qualify for Medicare coverage for three years after the transplant. After the three years are up, they lose not only their general Medicare coverage, but also their coverage for immunosuppressive drugs.

The amendment that Senator Durbin and I are introducing today would remove the Medicare limitations and make clear that all Medicare beneficiaries including End Stage Renal Disease patients who have had a transplant and need immunosuppressive drugs to prevent rejection of their transplant, will be covered as long as such anti-rejection drugs are needed.

In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act, Congress eliminated the 36-month time limitation for transplant recipients who: 1. received a Medicare eligible transplant and 2. who are eligible for Medicare based on age or disability. Our amendment would provide the same indefinite coverage to kidney transplant recipients who are not Medicare aged or Medicare disabled.

I urge my colleagues to support this amendment and help those who receive Medicare-eligible transplants gain access to the immunosuppressive drugs they need to live healthy productive lives.

U.S. POLICY ON IRAQ

Mr. FEINGOLD. Madam President, I am pleased to cosponsor S.J. Res 41. As the resolution makes clear, the time is ripe for an open debate on our plans for Iraq.

Some are concerned that an open debate on our policy toward Iraq could expose sensitive intelligence information or that such a debate would tip our hand too much. Others fear that a meaningful debate could back the administration into a corner, and in so doing encourage the administration to adopt a tougher military response.

Ultimately, all of these arguments against an open and honest debate on Iraq could be made with respect to nearly any military decision, and if taken to their extreme, these arguments would challenge the balance of powers in the Constitution by excluding Congress from future war-making decisions. Moreover, to answer some of these concerns more directly, I would also note that the almost daily leaks from the administration on our Iraq policy have tipped our hand even more than responsible congressional hearings and debate would. It is hardly a secret that the United States is considering a range of policy options, including military operations, when it comes to Iraq. And the argument that an open discussion of military action could, in effect, become self-fulfilling is too circular to be credible.

I am concerned with the dangers posed by Saddam Hussein, as well as with the humanitarian situation in Iraq. But I am also very concerned about the constitutional issues at stake here. This may well be one of our last opportunities to preserve the constitutionally mandated role of Congress in making decisions about war and peace.

On April 17, 2002, I chaired a hearing before the Constitution Subcommittee on the application of the War Powers Resolution to our current antiterrorism operations. The focus of that hearing was to explore the limits of the use of force authorization that Congress passed in response to the attacks of September 11. At the hearing, leading constitutional scholars concluded that the use of force resolution for September 11 would not authorize a future military strike against Iraq, unless some additional evidence linking Saddam Hussein directly to the attacks of Sept. 11 came to light. Many of the experts also questioned the dubious assertion that congressional authorization from more than 10 years ago for Desert Storm could somehow lend ongoing authority for a new strike on Iraq.

On June 10, I delivered a speech on the floor of the Senate in which I outlined my findings from the April hearing. As I said then, I have concluded that the Constitution requires the President to seek additional authorization before he can embark on a major new military undertaking in Iraq. I am pleased that S.J. Resolution 41 makes that point in forceful legislative terms.

So this is indeed an appropriate time to consider our policy toward Iraq in more detail. I look forward to hearings that Senator BIDEN will chair before the Foreign Relations Committee. I also look forward to additional debate and discussion on the floor of the Senate, and, when appropriate, in secure settings, where the administration can make its case for a given policy response, and the Congress can ask questions, probe assumptions, and generally exercise the oversight that the American people expect of us.

Through these hearings and debates, it will be important to assess the level of the threat that exists, along with the relative dangers that would be posed by a massive assault on Iraq—dangers that include risks to American soldiers and to our relations with some of our strongest allies in our current anti-terror campaign. And it will be crucially important to think through the aftermath of any military strike.

We don't have to divulge secret information to begin to weigh the risks and opportunities that confront us. But the American people must understand the general nature of the threats, and they must ultimately support any risks that we decide to take to secure a more peaceful future. I don't think the American public has an adequate sense yet of the threats, dangers or options that exist in Iraq. I don't think Congress has an adequate grasp of the issues either. And that is why additional hearings and debates are so necessary.

Finally, I have always said that another military campaign against Iraq may eventually become unavoidable. As a result, I am pleased that S.J. Res 41 is neutral on the need for a military response, while recognizing the intrinsic value of open and honest debate. Following a vigorous debate, if we decide that America's interests require a direct military response to confront Iraqi aggression, such a response would be taken from a constitutionally unified, and inherently stronger, political position. We must also remember that constitutional unity on this question presents a stronger international image of the United States to our friends and foes, and, at the same time, a more comforting image of U.S. power to many of our close allies in the campaign against terrorism.

I am pleased to cosponsor S.J. Res. 41, and I look forward to a vigorous debate on this issue.

PATIENT SAFETY AND QUALITY IMPROVEMENT ACT

Mr. FRIST. Madam President, I rise today to discuss a very critical bill—S. 2590, the ''Patient Safety and Quality Improvement Act.'' This bill, which Senators JEFFORDS, BREAUX, GREGG, and I introduced in May, represents our next step in reducing the number of patients harmed each year by medical errors. Although a variety of patient safety initiatives are underway in the private sector as well as within the Department of Health and Human Services, Congress has an important role to play in reinforcing and assisting these efforts.

Today, the House Ways and Means Committee is expected to report a bipartisan bill—a bill that is almost identical to its Senate counterpart—that will help improve the safety of our health care system. Additionally, President Bush has highlighted the importance of this issue by formally supporting this crucial legislation. Moreover, this bill is supported by over thirty different health care organizations. Mr. President, I will ask that a list of those supporting organizations be included in the RECORD.

As a physician and a scientist, I know the enormous complexities of medicine today and the intricate system in which providers deliver care. I also recognize the need to examine medical errors closely in order to determine where the system has filed the patient. One method used in hospitals is the Mortality and Morbidity Conferences, in which individuals can

openly discuss patients' cases and examine problems in detail. Unfortunately, because those conferences represent a single, internal hospital event, we cannot obtain valuable, systematic information about problems or information that could be shared to allow providers to learn from each other's mishaps. Therefore, there is a need to create a broader, more inclusive learning system that encompasses all components of the health care system.

One impediment to that learning system is an inability to more closely examine patient safety events without the threat of increased litigation. The Institute of Medicine's report, To Err is Human, as well as experts who testified for the past few years in a series of Senate and House hearings, strongly recommended that Congress provide legal protections for information gathered to improve health care quality and increase patient safety. Without these protections, patient safety improvements will continue to be hampered by fears of retribution and recrimination. If we are to change the health care culture from ''name, shame, and blame'' to a culture of safety and continuous quality improvement, we must provide these basic protections.

However, we must be careful not to provide legal immunity for information that would normally be available for litigation, such as medical records. Rather, we should protect information that would be gleaned from providers' investigations of patient safety events. This information is not currently being reported in a way that would allow us to learn from our errors and improve the safety and quality of care for our patients.

Additionally, we must ensure that, in extreme circumstances, such as a criminal or disciplinary proceeding, the patient safety data is not used as a shield. In those circumstances, it is imperative that the information be shared, as disclosing that information is material to the proceeding, within the public interest, and not available for any other source. In this manner, we provide a balancing test—weighing the public good in sharing the information and providing the appropriate legal protections so that the system can be improved with the people good in weeding out the ''bad apples.''

In crafting this legislation with Senators JEFFORDS, BREAUX, and GREGG, we were careful to concentrate on the learning system and provide appropriate legal protections for that system. We view this as an essential first step in the ongoing, dynamic process of improving patient safety.

I also want to reassure my colleagues that this approach to improving medical care—providing limited confidentiality protections to ensure that we learn from the system—is not new to health care. Currently, there are at least five health care examples which use Federal confidentiality and peer review protections—the Centers for Disease Control and Prevention's National Nosocomial Infections Surveillance System, NNIS, the Food and Drug Administration's MedWatch, Veterans Health Administration, VHA, and the Centers for Medicare & Medicaid Services Quality Improvement Organizations, QIOs. Each of these confidentiality and peer review protections have improved the delivery of health care.

NNIS is a voluntary, hospital-based reporting system established to monitor hospital-acquired infections and guide the prevention efforts through description of the epidemiology of nosocomial infections, antimicrobial resistance trends, and nosocomial infection rates to use for comparison purposes. Since its inception in 1970, there has been a 34 percent reduction in the number of nosocomial infections. This dramatic decrease can be attributed, in part, to the availability of data for analysis and identification of system errors that were contributing to high rates. By law, CDC assures participating hospitals that any information that would permit identification of any individual or institution will be held in strict confidence. This allows hospitals to report accurately without fear of negative repercussions.

MedWatch is a voluntary Medical Products Reporting Program for quickly identifying unsafe medical products on the market. Through MedWatch, the Food and Drug Administration officials work to improve the safety of drugs, biologics, medical devices, dietary supplements, medical foods, infant formulas, and other regulated products by encouraging health professionals to report serious adverse events and product defects. Once an adverse event or product problem is identified, FDA can take any of the following actions: labeling changes, boxed warnings, product recalls and withdrawals, and medical and safety alerts. The aggregation of information through MedWatch has lead to drug recalls, such as Felbatol and Omniflox, and to label changes on approximately 30 percent of the New Molecular Entities each year.

To address the need for a non-punitive confidential reporting system, the VHA developed and continues to implement an innovative systems approach to prevent harm to patients within Veterans Administration's 163 medical centers. VHA has already implemented nationwide internal and external reporting systems that supplement the current accountability systems. Thus far, efforts have led to the implementation of physician ordering systems and safety bulletins, such as the proper handling of MRI equipment.

QIOs monitor and improve the quality of care delivered to Medicare beneficiaries. All information collected by QIOs for quality improvement work is non-discoverable. QIOs work directly and cooperatively with hospitals and medical professionals across the country to implement quality improvement projects that address the root causes of medical errors. QIOs use data to track progress towards eliminating errors and improving treatment processes. For example, the latest available national data, 1996–1998, show QIO projects resulted in 34 percent more patients getting medications to prevent a second heart attack; 23 percent more stroke patients receiving drugs that prevent subsequent strokes; 12 percent more heart failure patients getting treatment needed to extend their active lives; and 20 percent more patients hospitalized with pneumonia receiving rapid antibiotic therapy.

I appreciate the efforts made by Senators JEFFORDS, BREAUX, and GREGG thus far and look forward to working with them and others to pass this bipartisan legislation. I also value the leadership of the Bush Administration and my House colleagues on this critical issue. I hope that the Senate can also consider this important issue and come to a resolution in the near future.

I ask unanimous consent that the list of supporting organizations be printed in the RECORD.

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

ORGANIZATIONS SUPPORTING THE ''PATIENT SAFETY AND QUALITY IMPROVEMENT ACT'' JUNE 6, 2002

Alliance of Community Health Plans, Alliance of Medical Societies, American Academy of Dermatology Association, American Academy of Family Physicians, American Academy of Neurology, American Academy of Pediatrics, American Association of Health Plans, Association of American Medical Colleges, American Association of Neurological Surgeons, American Association of Orthopaedic Surgeons, American Association of Thoracic Surgery, American College of Cardiology, American College of Emergency Physicians, American College of Osteopathic Family Physicians, American College of Osteopathic Surgeons, American College of Physicians-American Society of Internal Medicine.

American College of Radiology, American Gastroenterological Association, American Geriatrics Society, American Hospital Association, American Medical Association, American Medical Group Association, American Osteopathic Association, American Pharmaceutical Association, American Psychiatric Association, American Society for Clinical Pathology, American Society for Quality, American Society of Anesthesiologists, American Society of Cataract and Refractive Surgery, Congress of Neurological Surgeons, eHealth Initiative, Federation of American Hospitals.

General Motors, Healthcare Leadership Council, Institute for Safe Medication Practices, Joint Commission on the Accreditation of Healthcare Organizations, Joseph H. Kanter Family Foundation, Marshfield Clinic, Medical Group Management Association, National Association of Manufacturers, Premier, Society of Critical Care Medicine, Society of Thoracic Surgeons, Tennessee Hospital Association, U.S. Chamber of Commerce, U.S. Pharmacopeia, Vanderbilt University Medical Center, VHA Inc.

WE SHALL NOT FORGET: KOREA 1950–1953

Mr. ROCKEFELLER. Madam President, I rise on this day to commemorate the end of the Korean War, an often overlooked, yet very important event in history. ''Forgotten'' is a term used too often about the Korean War; for veterans and their families, the war is very real, and something they can never forget.

Officially, the war was the first military effort of the United Nations, but American involvement was dominant throughout the conflict. Thousands of Americans were shipped off to that distant land, joining with other soldiers from other allied nations, to help defend the rights of strangers against a hostile and merciless invasion. Unfortunately, many who fought bravely to aid the Koreans lost their lives while waging the war.

Today, I want to pay homage to all who served in this war. The troops from the United States and the 20 other United Nations countries who provided aid to the South Koreans deserve our great acclaim every day, but even more so on this special anniversary. These great countries united to preserve the rights of South Korea, a small democracy threatened by the overwhelming power of the Communist government. South Korea did not have sufficient military resources to protect its interests. Fortunately, the United Nations member countries were unwilling to sit back and watch North Korea, with the aid of China and the Soviet Union, drive democracy from the continent of Asia.

On June 25, 1950, troops from Communist-ruled North Korea invaded South Korea, meeting little resistance to their attack. A few days later, on the morning of July 5th—still Independence Day in the United States, Private Kenny Shadrick of Skin Fork, WV, became the war's first American casualty. Kenny was the first, but many more West Virginians were destined to die in the conflict , in fact, more West Virginians were killed in combat during the three years of the Korean War than during the 10 years that we fought in Vietnam.

At the end of the Korean War, a U.S. casualty report confirmed 36,940 battle deaths. An additional 103,284 servicemembers were wounded in battle. More than 8,000 Americans are still missing in action and unaccounted. How can we possibly call one of the bloodiest wars in history a ''forgotten war?'' Are those who served in Korea ''forgotten soldiers?''

Make no mistake, those who fought in Korea will never be forgotten. They serve as examples of true Americans, and the debt we owe to our Korean War veterans, like the veterans of all other wars, is immeasurable. Unfortunately, these soldiers, like the Vietnam veterans who followed, received no parade when they returned home. They quietly went back to the lives they left and blended into their communities, unsung heroes of a faraway war.

Six years ago, we dedicated the Korean War Memorial. This stirring tribute to the veterans of this war poignantly bears out the hardships of the conflict.

The Memorial depicts, with stainless steel statues, a squad of 19 soldiers on patrol. The ground on which they advance is reminiscent of the rugged Korean terrain that they encountered, and their wind-blown ponchos depict the treacherous weather that ensued throughout the war. Our soldiers landed in South Korea poorly equipped to face the icy temperatures of 30 degrees below zero, their weaponry outdated and inadequate. As a result of the extreme cold, many veterans still suffer today from cold-related injuries, including frostbite, cold sensitization, numbness, tingling and burning, circulatory problems, skin cancer, fungal infections, and arthritis. Furthermore, the psychological tolls of war have caused great hardship for many veterans.

As a background to the soldiers' statues at the Memorial, the images of 2,400 unnamed men and women stand etched into a granite wall, symbolizing the determination of the United States workforce and the millions of family members and friends who supported the efforts of those at war. Looking at the steadfast, resolute faces of these individuals invokes in the viewer a deep admiration and appreciation for their importance to the war effort.

Author James Brady, a veteran of the Korean War, spoke for all those who served in the war when he wrote, ''We were all proudly putting our lives on the line for our country. But I would later come to realize that the Korean War was like the middle child in a family, falling between World War II and Vietnam. It became an overlooked war.'' Mr. BRADY conveys the sentiments of many of the veterans who served in this war and underscores our need to give these veterans the recognition they are long overdue.

Today, I salute the courage of those who answered the call to defend a country they never knew and a people they never met. Through their selfless determination and valor in the battle, these men and women sent an important message to future generations. I thank our Korean War veterans; their bravery reminds us of the value we put on freedom, while their sacrifices remind us that, as it says at the Korean War Memorial, ''Freedom is not free.'' We shall never forget.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Madam President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of last year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred on October 14, 2000 in Billings, MT. Chris Lehman, 23, shot Roderick Pierson, 44, with a BB gun. Mr. Lehman later admitted to shooting Pierson because he was black. Mr. Pierson was shot while walking with his 6 year-old daughter.

I believe that government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

BURMESE MILITARY RAPES

Mr. MCCONNELL. Madam President, the military junta in Burma must be judged not by what it says, but rather by what it does.

The recent editorial in the Washington Post on the rape of ethnic minority women and girls by Burmese military officials is heartbreaking and horrific. It is by no means a stretch to characterize the junta's mismanagement and oppression of the people of Burma as a ''reign of terror.''

I join my colleagues in both the Senate and House who have called for justice for these heinous crimes, and for continued pressure on the illegitimate regime in Burma to relinquish power to the sole legitimate representative of the people of Burma, the National League for Democracy. As the editorial rightly states ''Burma's leaders cannot bring the criminals to justice because they are the criminals.''

I ask unanimous consent that a copy of the editorial ''The Rape of Burma'' be printed in the RECORD following my remarks.

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

[From the Washington Post, July 23, 2002]

THE RAPE OF BURMA

RECENT EVENTS have led some people to predict that one of the world's most repressive regimes may be growing a bit less so. The generals who rule, or misrule, the Southeast Asian nation of Burma, which they call Myanmar, released from house arrest the woman who should in fact be the nation's prime minister, Aung San Suu Kyi. They have allowed her to travel a bit, and they have released from unspeakable prisons a few of her supporters. Grounds for hope, you might think.

Then came release of a report, documented in horrifying detail, of how Burma's army uses rape as a weapon of war. The rapes take place as part of the junta's perpetual—and, outside Burma, little-noticed—war against ethnic nationalities, in this case in Shan state. The Shan Human Rights Foundation and Shan Women's Action Network documented 173 incidents involving 625 girls and women, some as young as five years old, taking place mostly between 1996 and 2001. Most of the rapes were perpetrated by officers, in front of their men, and with utmost brutality; one-quarter of the victims died.

What is telling is the response of the regime to the report. Rather than seeking to