

In a real sense, we are analogous to, say, 1946. America had just beaten the Germans and the Japanese. The average American said let's forget about the world and put our feet up on the coffee table and enjoy our fruits of our labor here at home. All of a sudden, there was a large Communist monolith looking over our shoulder. Initially, we didn't know how to react, and we made mistakes along the way—McCarthyism and Vietnam—but eventually we triumphed over communism. I am not sure the war on terrorism will take us that long to triumph. It may be 20, 30 or 15 years, but it will not take 2 or 3 years.

We are going to have to be vigilant to the memory of those who were lost, to those who suffered. To rise to the greatness of this Nation, we are going to have to be vigilant and remember that no one has all the answers and we will make mistakes, but we will prevail provided we keep our resolve, which I believe we will. Yes, it has changed us. But Ernest Hemmingway once wrote that the world breaks us in certain places and we grow back stronger over the breaks. Hopefully, that will happen here. I believe it is happening here. We are learning, we are adapting, and we will triumph.

So we say to those evil people halfway around the world, who did what they did on that day 2 years minus 1 day ago, you messed with the wrong city, you messed with the wrong country, and you will pay a price. We will not let you and your evil message prevail.

So it is 2 years now. In some ways, it seems like yesterday. In some ways, it seems like a lifetime. We will remember those who were lost. Our city will maintain and even achieve greater greatness, and our country will prevail over terrorism. God bless those families who still suffer. God bless our city and State, and God bless America.

I yield the floor.

GENERAL RAY DAVIS

Mr. CHAMBLISS. Madam President, I rise to pay tribute to the life of a great American hero and great Georgian. GEN Ray Davis passed away last week at the age of 88. Many will remember General Davis for his legacy of service, honor, and heroism. Most will remember General Davis as one of the most decorated marines in our Nation's history. I will remember him as a man of deep conviction who had a genuine concern for his family, community, and country, but mostly, I will remember him as my friend.

President Truman awarded General Davis the Medal of Honor, the highest honor a soldier can receive, after the Korean War for his extraordinary heroism during the 1st Marine Division's historic battle of the Chosin Reservoir in North Korea. His leadership there secured a mountain pass, enabling the escape of two marine regiments that had been trapped for 5 days. To reach

the regiments, then Lieutenant Colonel Davis led his men through the mountains in subzero temperatures through the night, battling vastly superior numbers, to eventually defeat the Chinese the next morning. The remaining epic 14-mile fighting march lasted 3 days.

I ask unanimous consent to print in the RECORD the full text of General Davis's Medal of Honor citation.

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

KOREAN WAR MEDAL OF HONOR RECIPIENT RAYMOND G. DAVIS

Rank and organization: Lieutenant Colonel, U.S. Marine Corps commanding officer, 1st Battalion, 7th Marines, 1st Marine Division (Rein.). Place and date: Vicinity Hagaru-ri, Korea, 1 through 4 December 1950. Entered service at: Atlanta, Ga. Born: 13 January 1915, Fitzgerald, Ga. Citation: For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty as commanding officer of the 1st Battalion, in action against enemy aggressor forces. Although keenly aware that the operation involved breaking through a surrounding enemy and advancing 8 miles along primitive icy trails in the bitter cold with every passage disputed by a savage and determined foe, Lt. Col. Davis boldly led his battalion into the attack in a daring attempt to relieve a beleaguered rifle company and to seize, hold, and defend a vital mountain pass controlling the only route available for 2 marine regiments in danger of being cut off by numerically superior hostile forces during their re-deployment to the port of Hungnam. When the battalion immediately encountered strong opposition from entrenched enemy forces commanding high ground in the path of the advance, he promptly spearheaded his unit in a fierce attack up the steep, ice-covered slopes in the face of withering fire and, personally leading the assault groups in a hand-to-hand encounter, drove the hostile troops from their positions, rested his men, and reconnoitered the area under enemy fire to determine the best route for continuing the mission. Always in the thick of the fighting Lt. Col. Davis led his battalion over 3 successive ridges in the deep snow in continuous attacks against the enemy and, constantly inspiring and encouraging his men throughout the night, brought his unit to a point within 1,500 yards of the surrounded rifle company by daybreak. Although knocked to the ground when a shell fragment struck his helmet and 2 bullets pierced his clothing, he arose and fought his way forward at the head of his men until he reached the isolated marines. On the following morning, he bravely led his battalion in securing the vital mountain pass from a strongly entrenched and numerically superior hostile force, carrying all his wounded with him, including 22 litter cases and numerous ambulatory patients. Despite repeated savage and heavy assaults by the enemy, he stubbornly held the vital terrain until the 2 regiments of the division had deployed through the pass and, on the morning of 4 December, led his battalion into Hagaru-ri intact. By his superb leadership, outstanding courage, and brilliant tactical ability, Lt. Col. Davis was directly instrumental in saving the beleaguered rifle company from complete annihilation and enabled the 2 marine regiments to escape possible destruction. His valiant devotion to duty and unyielding fighting spirit in the face of almost insurmountable odds enhance and sustain the highest traditions of the U.S. Naval Service.

Mr. CHAMBLISS. After the Korean War, General Davis went on to command the 3rd Marine Division in Vietnam. In 1972 he retired as a four-star general, having served his country for 33 years. During his service, General Davis earned a Purple Heart, a Bronze Star, two Legions of Merit, two Silver Stars, two Distinguished Service Medals, the Navy Cross for his service in the Palua Islands operation, as well as the Medal of Honor.

As an anecdote, our current chairman of the Senate Armed Services Committee, Senator John Warner, told me the other day that when he was Secretary of the Navy, he was responsible for seeing to the promotion of General Davis to full general.

After his retirement he refused to fade from the scene and his tireless efforts on behalf of veterans nationwide led to the construction of the Korean War Memorial here in Washington, DC. General Davis made it a practice of keeping in touch with me with respect to issues regarding the Active Force as well as veterans on a regular basis.

I noticed in my faxes I received last week that on the day before he died, he sent me a letter with an op ed he had written regarding a particular issue our Senate Armed Services Committee is dealing with on this very day.

General Davis has been a constant source of encouragement and support to me over the years. I will miss him dearly. He is survived by his wife of 61 years, Willa Knox Davis, three children, seven grandchildren, and two great-grandchildren.

We who knew him have been blessed by his wisdom, humility, and, above all, his honor. Our thoughts and prayers will remain with his family as they remember and celebrate the extraordinary life of GEN Ray Davis.

MEDICARE

Mr. NELSON of Florida. Mr. President, I wish to talk about cancer as well as finalize details of this appropriations bill which includes more than \$5 billion for the Cancer Institute. I am reminded of a related issue that threatens cancer care in this country. I am extremely concerned with several provisions in the Medicare prescription drug coverage bill already passed by the Senate and the House.

As we know, when the Medicare Program was first enacted, much of the care provided to patients was delivered in the hospital inpatient setting. That was 1965 when Medicare was enacted.

Over the course of the next 37 years, as science and medicine has progressed, patient care has shifted dramatically to the physician's office. Perhaps nowhere has this shift been more prevalent than in cancer care. Today, over 80 percent of all care is delivered in physicians' offices, and that is cancer care. This is due in large part to the introduction of the new outpatient drugs which have significantly reduced the need for inpatient hospital care for cancer patients.

If Congress was designing the Medicare Program today, in 2003, instead of in 1965, there is little doubt that outpatient prescription drug coverage would be a central part of that program. That is a lot of the argument we made when we passed the prescription drug benefit, a bill that passed earlier in the summer.

The current Medicare system, however, only provides limited coverage for outpatient drugs. Clearly, that needs to change, especially for cancer care.

Medicare does provide coverage for many cancer drugs, such as chemotherapeutic agents and supportive drugs. In addition, Medicare provides reimbursement to physician practices for professional services associated with the administration of those covered drugs under Medicare. As has been noted by the General Accounting Office and the HHS inspector general, the current system for reimbursement of cancer care is seriously flawed.

Medicare payments for cancer drugs frequently exceed the cost to the providers, and at the same time, however, Medicare reimbursement for drug administration covers only a small fraction of the actual cost of providing quality cancer care.

It is estimated that the current Medicare reimbursement only covers about 20 percent of the actual practice expenses.

I have heard from many of Florida's 775 oncologists, and they have told me that the overpayment for covered drugs has helped make up for the significant underpayment in practice expenses incurred by physicians' offices. This includes expenses for oncology nurses, pharmacists, case managers, medical equipment, and other services and supplies involved in providing cancer patients with the highest quality of care.

The goal for reform ought to be simple. Medicare should neither overpay nor underpay for drugs and related expenses. Unfortunately, the legislation passed by both Houses does not achieve the balanced reform that I think all of us agree is needed.

Instead, the legislation passed by the Senate on prescription drugs calls for a cut of \$16 billion over the next 10 years. The House-passed bill is no better, and it includes a cut of over \$13 billion from the current Medicare reimbursement levels.

The consequences from cuts of this magnitude are going to be dramatic, including the closure of satellite clinics in rural areas, forcing cancer patients to drive hundreds of miles for treatments. Oncology nurses, pharmacists, social workers, and the like will lose their jobs. Clinical research in community-based clinics, where approximately 60 percent of all cancer clinical trials are conducted today, are going to be brought to a halt. Many doctors will be forced to significantly reduce the number of Medicare cancer patients they treat, while others will

stop accepting new cancer patients altogether.

Patients are going to be forced to seek treatment elsewhere, but hospitals have indicated they have neither the physical capacity nor the nursing staff to treat a large volume of new cancer patients. In fact, a recent survey conducted by the American Society of Clinical Oncology found that if the proposed cuts in Medicare reimbursement are enacted into law, 73 percent of physicians surveyed would send chemotherapy patients to a hospital instead of treating them in the office. Fifty-three percent would limit the number of Medicare patients they treat, and nearly one in five indicated they would stop treating Medicare patients entirely.

If that happens, it is exactly the opposite of what we ought to be doing, because a person can keep their costs a lot lower if they are doing this treatment in a doctor's office instead of doing it in the hospital.

I am sure all of us unanimously would agree that we cannot let this happen, especially at a time when such tremendous progress is being made in cancer research and treatment. Yet it is happening under our eyes. It happened in this bill that we passed.

According to the statistics from the American Cancer Society, approximately 1.3 million new cancer cases will be diagnosed this year, and 60 percent of those cases will be among Medicare beneficiaries.

In my home State, more than a million people will be told over the next decade that they have been diagnosed with cancer. If the \$16 billion of cuts in cancer care that have been proposed are enacted into law, this would mean a \$1.6 billion reduction in Medicare cancer care reimbursement in my State of Florida alone. This cut is second only to the cut in California, which would be hit with a \$1.7 billion cut.

Let's face it, cuts of this magnitude are not sustainable. This is just Medicare reimbursement that we are talking about because private payers frequently follow the Medicare payment formulas. In the private sector, those cuts will be even more dramatic. The cumulative effect of all of these proposed Medicare cuts, combined with the private payer cuts that will undoubtedly follow, will have a very serious impact on the ability of cancer patients to receive the care they need in order to survive.

I remind everybody that there is not one among us who has not been touched by cancer in some way, if not among ourselves, among our loved ones and our friends. We have the greatest system of cancer care in the world. Patients are living longer. They are living productive lives thanks to the scientific advances and the dedicated men and women who provide the high-quality care in convenient and cost-effective community clinics throughout this country. People from around the world travel to America for cancer care.

My colleagues ought to see the Latin American market, how it comes to Florida for that care, because they know we have the latest technologies, the best doctors, the most compassionate nurses, and the best trained medical workforce in the world. That is why people come to the United States for their health care, especially cancer care.

Advances in cancer research have led to the development of new therapies that are more targeted, and those therapies are less toxic. As a result, cancer mortality rates in the U.S. have been declining. We are winning this war on cancer. Now is not the time to call for a retreat, a surrender, by slashing Medicare payments.

The conference committee on the Medicare prescription drug bill is meeting right now, and all across this land people who care about what I am trying to articulate ought to be sending their ideas, their requests, and their pleas, along with their prayers, to that conference committee and let them know what they think. We have a saying in the South: Let them have an earful.

While many issues still have to be ironed out in that conference committee, it is putting the Congress one step closer to enacting the most sweeping reform of the Medicare Program since its inception.

In closing, I urge my colleagues to continue the discussions with the cancer care community to develop a proposal that will preserve patient access to community-based cancer care. Cancer patients and their families are counting on Congress to preserve high-quality community-based cancer care. This is one of the most serious issues we are facing, and when we make tradeoffs because of budgetary limitations, as we did on the floor of this Senate in the consideration of the Medicare prescription drug benefit, where we traded cuts in cancer care for increases in rural health care, that is a tradeoff that we should not have to make. We ought to be able to do both. The consequences, if we allow it to stand, are going to be extremely great.

I yield the floor.

CANCER

Mr. STEVENS. Mr. President, increasing scientific evidence indicates that what a person includes in his or her diet may be as important as what a person excludes. Scientists estimate that at least 30 to 40 percent of all cancers are linked to diet and related lifestyle factors.

Some foods contain substances known to increase the risk of cancer, including saturated fat, cholesterol, and oxidants.

Avoiding these foods may reduce the risk of many of the most common forms of cancer, including prostate cancer, breast cancer, and colon cancer. I happen to have an extreme interest in that because I am a prostate cancer survivor. I am now told other foods