

the law of the land. Doing so will give the oath of allegiance the same status enjoyed by other key symbols and statements of being American. The American Flag, the Pledge of Allegiance, the National Anthem, and our national motto—all these symbols and statements have been specifically approved by Congress and are now a matter of law.

The oath of allegiance, which is currently a matter of mere Federal regulation, ought to be treated with the same dignity. I do this today because it has come to my attention that the Bureau of Citizenship and Immigration Services, or BCIS, an agency of the Department of Homeland Security, may be planning to change the oath of allegiance that immigrants take to become citizens of this Nation.

According to National Review Online:

The Federal Government is about to change the Oath of Allegiance that immigrants take at citizenship ceremonies.

The article goes on to say BCIS intends to announce the change, perhaps make it effective immediately, perhaps on September 17, Citizenship Day, or next week, during Constitution Week, which is the anniversary of the signing of the Constitution. I do not know whether that will happen or whether it will not happen, but I have read the new oath that, according to National Review Online, BCIS intends to make public next week.

I prefer the oath we already have. The oath of allegiance is a fundamental statement on the commitment of becoming a U.S. citizen. It should not be altered by a Government agency, no matter how well intentioned. Any change should be subject to the approval of this body. It ought to be enshrined in law.

In the first 5 months of this fiscal year, nearly 170,000 new Americans took the oath of allegiance and were naturalized as citizens of this country. The oath assumed its present form in the 1950s and was first adopted in Federal regulation in 1929, but some of the language dates all the way back to 1790.

Let me describe how this oath is used in practice. Imagine that we are in a Federal courthouse, such as the one I was in in Nashville. It was October 2001. It was Naturalization Day. This happens at virtually every Federal courthouse virtually every month. The room is filled with anxious persons talking among themselves in halting English. They are obviously with their families and their closest friends. They are neatly dressed. Most faces are radiant.

That day there were 77 persons from 22 countries who had passed their exams, learned English, passed a test about American Government, survived a character investigation, paid their taxes, and waited in line for 5 years to be a citizen of the United States of America.

The bailiff shouts: "God save this honorable court." On that day, the

judge, her Honor Aleta Trauger, walked in. She asked each of the applicants to stand, to raise each one's right hand and repeat the following oath, which I am going to state. I hope those listening will listen carefully because this oath makes an impression:

I—
And then you state your name—
hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state or sovereignty, of whom or which I have heretofore been a subject or citizen; that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will bear arms on behalf of the United States, when required by law; that I will perform noncombatant service in the Armed Forces of the United States when required by law; that I will perform work of national importance under civilian direction when required by law; and that I take this obligation freely without any mental reservation or purpose of evasion, so help me God.

Now, that is quite an oath. It has strength. It has clarity. It sounds as if it might have been written by a couple of rowdy patriots in Philadelphia or Williamsburg. Yet, surprisingly, Congress has never voted on the content of this oath of allegiance. We have left it to regulators.

That is not how we treat other symbols of our Nation or other statements on what it means to be an American. For example, the American flag with its 50 stars—one for each State, 13 stripes for the original colonies—cannot be altered by Federal regulation. The only way a star gets added is when Congress acts to admit a new State, and we have never changed the 13 stripes since the flag was first adopted in 1777.

The Pledge of Allegiance, which we repeat each morning in the Senate, cannot be altered by Federal regulation. The pledge is a statement of some of the values of the American creed: "One nation under God, indivisible, with liberty and justice for all."

What if a Federal agency decided we should take out the word "justice," and just say "with liberty for all"? It cannot happen because the pledge can only be altered by an act of Congress, as it was in 1954 when the phrase "under God" was added.

The national motto, "In God We Trust," which appears on all of our coins and dollar bills, cannot be altered by Federal regulation. It is a fundamental statement of the religious character of the American people, even though we do not permit and do not want the establishment of a state religion.

The Treasury Department cannot decide to leave "In God We Trust" off the next dollar bill it prints because the motto was adopted by Congress, at first in 1864 to be printed on the 2-cent piece, and later as the official national motto in 1956.

The national anthem, "The Star-Spangled Banner," cannot be changed

by Federal regulation. It, too, is a statement of our values, declaring our country to be "the land of the free and the home of the brave."

What if a Government agency decided it preferred "America the Beautiful" or "The Battle Hymn of the Republic" or the song we sang on the steps of the Capitol this morning, "God Bless America," all of which are great songs? It cannot be done. The agency would have to ask Congress to act. Why? Because "The Star-Spangled Banner" was named our national anthem by law in 1931.

Likewise, the oath of allegiance should not be altered lightly by a Government agency without public comment and without approval from Congress.

Of the five symbols and statements I have described, the flag, the anthem, the pledge, the motto, and the oath of allegiance, only the oath of allegiance is legally binding on those who take it. New citizens must take it and they must sign it.

Just to be clear, I have no objection to others proposing modifications to the oath of allegiance that we use today. I happen to like the present oath. It has strength. It has clarity. I have seen in the eyes of new Americans how much it means to them. Perhaps ways can be found to make it even stronger. Still, let us make sure any changes have the support of a people as represented by Congress.

The oath of allegiance is a statement of the commitments required of new citizens. Current citizens, through their elected representatives, ought to have a say in what those commitments are. That is a lesson in democracy. A legally binding statement on an American citizen ought to reflect American values, including democracy.

So as we remember the sobering events of September 11, we are also reminded of how our country came together as one nation in response to those events. Today, more than at any time in a generation, we understand and value what it means to be an American. We ought to protect in law the great statements of our citizenship, such as the oath of allegiance. If it should ever be revised, it should be done in an open and democratic manner. The people should have a chance to make their views known. Congress should vote. That is the American way.

RYAN WHITE CARE ACT

Mr. FRIST. Mr. President, I would like to make some comments regarding the Ryan White CARE Act and the Labor-HHS appropriations bill that we passed yesterday.

Twenty two years ago, the Centers for Disease Control published a case study that involved five patients infected with a mysterious virus. At the time, I was a third-year surgical resident at the Massachusetts General Hospital in Boston. I remember, vaguely, those first cases and the worrying

questions. What was it? How was it transmitted? Could it travel by air? Should we be afraid?

As reports of the illness grew, so did the public anxiety. Never before had we seen a virus with such power to destroy—to destroy cells, cellular function, to destroy lives, families, and entire communities.

During my surgical residency, we began to treat blood in the operation room as potentially toxic, potentially deadly. We began wearing double gloves, masks in the operating room. And we took these precautions to protect ourselves, not our patients. The emergence of HIV/AIDS changed the practice of medicine, public health, and it changed the public consciousness.

Fast forward to 2003. The Centers for Disease Control and Prevention estimate that between 850,000 and 950,000 Americans are infected with HIV/AIDS. One quarter of them do not know they have it and for the first time in many years we are seeing an increase in rate of HIV infection.

CDC experts estimate that, since the virus was first identified, 500,000 Americans have died from AIDS-related illnesses.

The number of new infections among adolescents is rising, and rising disproportionately among minorities. AIDS is the leading cause of death among African Americans 25-44 years of age. It is the second leading cause of death among Latinos of the same age group. In Shelby County in my home State, African Americans comprise 45 percent of the population, but make up 75 to 85 percent of county residents infected with the virus.

Over the course of more than 20 years of treating patients, I have seen first hand the deadly results of HIV infection. I have also seen the devastation it wreaks across entire communities: mothers who unknowingly transmit the virus to their newborns; children who suffer the double curse of being HIV positive and orphaned by parents taken by the disease.

Fortunately, since those early days, researchers have discovered methods to double the life expectancy of people with HIV/AIDS. They have developed new and powerful drugs for the treatment of HIV infection, and researchers continue making advances in the treatment and prevention of AIDS-related opportunistic infections. We may not yet have a cure, but we are working around the clock to find one.

Key to this effort has been the Ryan White CARE Act first passed in 1990. The Ryan White CARE Act forms a unique partnership between Federal, local and State governments; nonprofit community organizations, health care and supportive service providers. For the last decade, this legislation has successfully provided crucial support services for low-income, uninsured and underinsured people with HIV/AIDS.

In particular, through the AIDS Drug Assistance Program, the CARE Act has helped patients gain access to life saving drugs.

In 2000, more than 125,000 people living with HIV and AIDS received drug therapy because of this provision. Without the CARE Act, none of these individuals would have had the necessary resources to get the drugs they need which can total a whopping \$12,000 per year.

And when we say the CARE Act, we must pay proper tribute to the American taxpayer who is making this compassionate intervention possible.

Paradoxically, because of our success in decreasing AIDS mortality, however, the total number of individuals living with HIV disease continues to climb; and more individuals are becoming dependent on these programs. But success should not breed failure.

Congress has demonstrated its commitment to ensuring the availability of funds to meet this need by increasing funding for Ryan White programs from \$656 million when I entered the Senate in 1995 to more than \$1.9 billion last year. The bill passed yesterday provides more than \$2 billion for these programs, an increase of almost \$24 million.

I know many are concerned that, because of State funding shortfalls, some States have begun to restrict their AIDS drug assistance programs. This year, Congress has provided more than \$20 billion in fiscal relief to the states. It is my hope that some of those funds will be used to improve and maintain access for HIV patients.

I thank the chairman for the hard work he has put into crafting the Labor-HHS bill that is currently before us. In 1996, I had the pleasure of working with Senator Kassebaum to reauthorize the Ryan White CARE Act and put in place a number of essential improvements. Again in 2000, when the law was up for reauthorization, I worked with Senator KENNEDY and Senator JEFFORDS, among others, to put in place another round of critical improvements.

I know that Chairman SPECTER faces many challenges in developing this important legislation every year, and I commend him for his leadership.

He did an excellent job in securing Senate passage of this bill under certain constraints. It is my hope that we will be able to address this issue further in conference, in next year's budget cycle, and through the upcoming reauthorization of these vital programs.

I close with a report from my home State of Tennessee. This morning a gentleman named Albert Jones came to visit my office. Mr. Jones is the executive director of New Directions, Incorporated, an organization based in Memphis which serves people infected with HIV/AIDS.

He and representatives from the National Minority AIDS Council came to describe what they encounter down in Shelby County and what they think we need to do to fight the epidemic.

What Mr. Jones hears most from HIV/AIDS patients is that they need better access to health care services.

Getting to and from treatment is often the biggest obstacle. He also urges us to support early treatment for HIV/AIDS, so that HIV becomes a chronic rather than fatal disease.

Mr. Jones had a colleague who recently died of AIDS. He tells me that his colleague was so engrossed in his work, so dedicated to the cause, that he worked right up until the day he went to the hospital the very last time.

By passing the Ryan White CARE Act yesterday, may we honor this man's strength and commitment by continuing the fight against HIV/AIDS here and around the world.

CONGRATULATING MARY THOMPSON

Mr. DASCHLE. Mr. President, today I offer my best regards and sincere congratulations to Mary Thompson as she is being honored as the First Lady of Aberdeen, SD. As you know, Aberdeen is my hometown. Since 1948, we've had the tradition of naming a First Lady of the town. The First Ladies of Aberdeen, sponsored by Beta Sigma Phi, are selected for their outstanding service to the community in many areas including culture, religion, education, arts and politics. Mary has been very active in each and every one of these areas.

Mary has served the Plymouth Congregational Church as secretary-treasurer, as leader of Puritan Circle, and she has held various officer posts with Women's Fellowship and numerous other committees. As a proud born Norwegian, Mary has actively participated in Sons of Norway for many years. She and her husband, Robert, have opened their home and welcomed visitors from across the country and the world. Mary is also an Avera St. Luke's Hospital Auxiliary member; for several years, she has worked in the gift shop and on special projects. Now retired, Mary records movies and television specials and takes them to the sick, lonely and shut-ins.

I have had the pleasure of knowing Mary since I was a small child, and I consider her a dear friend and gracious lady. Mary and my mother, Betty, have been friends for many years, and both love playing bridge. For nearly 50 years, Mary has played bridge with the Northern State University Faculty Bridge Club. She attended college at NSU, earning an elementary education degree. There, she met and married the love of her life, Robert Thompson. They celebrated their 60th wedding anniversary May 29, 2003.

On May 3, 2003, Mary was named Aberdeen's 55th First Lady. This Sunday, September 14, she will be celebrated at a special reception at the Plymouth Congregational Church in Aberdeen. I know of no one more deserving of this very special honor.