

Frankly, our constitutional Framers set up a system of government in which there are two Houses of Congress: the Senate and the House of Representatives. I don't think it is realistic for the Senate to simply say to the House you have to take our bill, and not only do you have to take our bill, but we are not going to conference with you if you won't take our bill as is.

I understand the desire by those who negotiated with us to reach the compromise, to build a bipartisan solution, to try to keep the bill we negotiated here intact to the maximum extent possible. In fact, in our negotiations, I committed to them that is what my objective would be if I am able to be on the conference committee. I believe each one of our Senate conferees will fight to the best of their ability to make sure we keep intact the Senate version of this bill. It was a good bill. It had a strong vote. But we must recognize the reality that in order to achieve legislation in this country, both Houses of Congress are entitled to work on the final product.

The refusal to go into conference until there is an agreement in advance that the House will take the Senate bill is a position which could be taken on every bill. If you think about it, every piece of legislation that goes through the Senate, one would think the Senators would prefer over the House. People in the Senate could simply take the position we will not go into conference with the House unless they will take our version of the bill.

If you think about it a little further, it becomes immediately apparent the House could do the same thing. The House could say to the Senate: We are not going to go into conference with you unless you take our bill.

The reality of the way our constitutional system operates is, we have a conference committee between the House and Senate. We work out our differences. We try to come forward with a bill that brings forward the maximum strengths of both systems. Then we come back to both bodies. The Senators in the Senate, the Congressmen in the House, will each then have another chance to register their opinion. If they believe they didn't get a sufficient amount of what they were hoping to see in the legislation, they, again, in the Senate, have the opportunity for a filibuster or to simply vote no on the legislation if they don't want to support it. But to stop us from even being able to take the next procedural step to go to the House and go into conference and try to see what kind of legislation we can come up with to address these critical issues is, in my opinion, inappropriate.

Again, I call on all my colleagues to step forward and allow us to move to the next procedural step to go into conference with the House and work on this critical legislation.

What does it do? This legislation reflects a comprehensive effort to focus

on forest health. As I indicated, we have over 100 million acres in America today that are at an unnaturally high level of risk for fire or insect infestation.

The average loss of acres to fires alone is 5.4 million acres per year. In this bill, we put together a comprehensive effort to improve the health of our forests in terms of both the risk of fire and insect infestation. We will lower the number of catastrophic fires. We will establish new conservation programs to improve water quality and regenerate declining forest ecosystems. We will protect the health of the forests by establishing an accelerated plan to promote information on forest-damaging insects and related diseases. Endangered species, community and homes of Americans will be safeguarded through the stewardship of these forest lands.

We are going to establish a new predecisional administrative review process and allow for additional analysis under NEPA. We are going to improve the management tools available to our forest managers so they can get scientifically supported management practices implemented on our forest lands.

We will direct the Secretary of Agriculture to give priority to communities and watersheds in hazardous fuel reduction projects. We are going to have language in there for the first time ever in this country that specifically protects old-growth forests. We have language to expedite the judicial review process so that we end the litigation paralysis that is probably the most significant thing that is stopping us from effective forest management implementation.

Finally, we are going to significantly increase the resources we are putting into healthy forest management. I just told the number of dollars we are spending on fighting fires—on the fires in California. That was approximately \$66 million. We are going to put in \$760 million annually to help us manage our forests nationwide and preserve these incredible environmental gems for our future while maintaining our ability to have the kind of natural-resource-based economies that grow up around our forests.

Madam President, this is a critical issue; it is critical whether one is concerned about environmental aspects, health and safety aspects, loss of life, loss of property, or simply the loss of our incredibly wonderful Federal forests.

Again, I call on my colleagues to stop the procedural maneuvers that are prohibiting us from proceeding to a conference with the House. At this point, I will conclude my remarks and yield the remainder of my time to the Senator from Missouri.

The PRESIDING OFFICER. The Senator from Missouri is recognized.

Mr. BOND. Madam President, how much time remains?

The PRESIDING OFFICER. There are 13 minutes remaining.

CARE AND TREATMENT OF RETURNING GUARD AND RESERVE FORCES

Mr. BOND. Madam President, a couple of weeks ago we received reports from inquiring UPI reporter Mark Benjamin and a very active veterans advocate Steve Robinson, director of the National Gulf War Resource Center, that there was a significant problem with the care and treatment of returning guardsmen and reserves coming back from Iraq and Afghanistan to Fort Stewart, GA. There were, at the time, indications that some of the Guard and Reserve perceived they were not getting the same priority of care, treatment, and housing as was received by those who had been on active duty before they were sent to the combat theater.

So working with my colleague, Senator LEAHY, with whom I cochair the National Guard caucus, we sent our military LAS to visit Fort Stewart, GA, and on to Fort Knox and Fort Campbell, KY. We wanted to visit other sites and will continue to visit other sites to see if the problems at Fort Stewart were isolated or were they present at other Army mobilization and demobilization sites.

What Senator LEAHY and I found is detailed in the report. 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. BOND. Madam President, I don't have time to go over the entire report, but I think many colleagues will find it of interest to know what we experienced.

First, let me say that the Army was very open and responsive to our staff when they came to review the situation. They were most anxious to have us get a complete look at the situation and to offer to help in any way they could. So they recognized there was a problem.

Basically, there are not enough medical personnel—doctors, clinicians, support staff, specialists—available during "peak" mobilization and demobilization phases at a number of mobilization sites. Consequently, injured and ill soldiers have a difficult time scheduling appointments with medical care providers and seeing the specialists required to get the best possible care. Some of them had been waiting literally months to get the kind of care they deserve.

Compounding the problem, large numbers of soldiers either mobilizing or demobilizing created shortages of available housing at mobilization sites, which resulted in some of the returning guards and reservists being placed in housing totally inadequate for their medical condition. Some of these Guard and Reserve members who had been activated and were coming back were put in temporary barracks, with outside latrines, where they normally would house Guard or Reserve members called up for summer maneuvers.

We could neither confirm nor deny that there was any difference in medical treatment between the returning formerly Active and Guard and Reserve soldiers coming back, but one of the things that was different when the Active came back to the bases from which they had been mobilized was that they already had their housing, so they could go back to the housing from which they started. The Guard and Reserve coming back from service had to be put in some form of temporary housing, which, in some instances, was clearly inadequate for people with injuries or illnesses.

So what is being done? Senator LEAHY and I issued the report to highlight the problems to senior leaders at the Army, National Guard, and the Army Reserve. I was very encouraged by the response the military gave us. The Acting Secretary of the Army, Les Brownlee, visited Fort Stewart on Saturday, the weekend after we sent our teams there. He met with me last week to lay out his plans for dealing with the situation. He recounted what he discovered at Fort Stewart and promised swift support and changes, where necessary.

Specific issues addressed by Secretary Brownlee included the adequacy of facilities and where they would get treatment. He said, if appropriate, soldiers will be moved to facilities where they can provide more timely care. We suggested that if they don't have the medical personnel available there, why not send them someplace else. He said he would encourage the commands to contract out for special services, such as MRIs, for example. If they don't have the equipment, they can contract out.

I also asked the Secretary to allow soldiers in a medical hold status to be moved to facilities closer to their home, using military, veterans health administration, or civilian providers, as necessary. Secretary Brownlee told me some of the soldiers at Fort Stewart had already been moved to nearby Fort Gordon, where the medical staff was not so badly overworked. Also, at his direction, the Army Medical Command is transferring medical care clinicians to mobilization sites that need them.

The Secretary has also established minimum standards for housing in medical hold status. He said, No. 1, facilities will be climate controlled, meaning air-conditioned and heated. Some of the facilities didn't have that. Second, facilities must have showers and restrooms indoors, and not a path in the back, and facilities must be clean and in good repair. The Secretary also indicated he is considering erecting prefab facilities to alleviate the housing shortages during mobilization and demobilization surges that could be used to house medical hold soldiers.

Secretary Brownlee has issued policy guidance that allows the Army to deactivate Guard and Reserve personnel who do not meet the physical require-

ments for deployment due to a pre-existing condition. One of the problems at Fort Stewart was the fact that some 10 percent of the Guard and Reserve called up had not had adequate pre-callup medical care, a situation we are addressing with the TRICARE measures, and they could not be deployed. They were then the responsibility of the Army at Fort Stewart, and at the time we were there, a third of the 650 soldiers on medical hold had never even been deployed because they did not meet the standards for deployment. Those people will be sent home rather than kept on medical hold.

Also, after meeting with Secretary Brownlee, I followed up with LTG Steven Blum, Chief of the National Guard Bureau and LTG James Helmly, Chief of the Army Reserve, asking them to work with the Army in resolving these issues. Specifically, we asked their cooperation:

No. 1, by doing a better job medically prescreening Guard and Reserve soldiers so they do not activate soldiers who cannot serve.

No. 2, to coordinate the callup and retention of medical personnel—clinicians, support staff, specialists—to ensure the Army mobilization sites have sufficient medical personnel onsite.

I saw in the news today where the Department of Defense is looking to call up certain support personnel from other Reserve units, other than the Army, to provide perhaps naval medical personnel to assist with caring for the sick and injured soldiers.

No. 3, we asked them to check on Guard and Reserve soldiers who are on medical hold, making sure somebody was looking after them, to let them know they have not been forgotten, or to find out if they have other needs.

Further, Senator LEAHY and I have asked the GAO to conduct a survey into the Army's medical hold process to ascertain the breadth of the problems that we saw at Fort Stewart and Fort Knox, and to determine if there is any disparity in medical treatment of returning guardsmen and reservists who come back in demobilization and have health care problems.

It is our understanding that the Senate Armed Services Committee, as well as its House counterpart, is going to conduct hearings into the conditions uncovered by Mark Benjamin and confirmed by Senator LEAHY's and my investigation, but I regret very much, as all of us do, that this situation has occurred. It is unacceptable to all of us to think that injured, ill soldiers returning from the theater of battle would not get the medical care they need, would not be placed in appropriate housing.

Once it came to our attention and we brought it to the Army's attention, we are very encouraged by the way everybody is handling this, from the garrison commanders and medical directors to mobilization staff to the Acting Secretary of the Army. This is a matter of taking care of our soldiers regardless of

whether they are traditional active-duty soldiers or National Guard and Army Reserve soldiers.

Senator LEAHY and I are going to continue to monitor the progress of the Army in addressing these issues. We plan on sending staff to additional mobilization sites in the next few weeks and months to make sure there are no problems. We know that in the next few months the National Guard and Reserve will be mobilizing thousands of additional troops. We want to make sure the Army gets it right and keeps it right. The next mobilization schedule is to begin in the January-April timeframe, which means when they go, we want to make sure soldiers get timely care and housing, suitable to getting well, no exceptions.

We know the Army knows of the problems and is aggressively tackling them. We expect garrison commanders at mobilization sites to continue to do their best, and we will continue to support them, as well as every soldier in the war on terrorism. We owe a great debt of gratitude to our fighting men and women. They have and deserve our highest regard and respect. We will do all we can to ensure they get the kind of care we would expect for them.

I thank the Chair, and I yield the floor.

EXHIBIT 1

U.S. SENATE NATIONAL GUARD CAUCUS REPORT

Senators Kit Bond and Patrick Leahy, co-chairs of the U.S. Senate National Guard Caucus, dispatched their aides to Ft. Stewart to investigate reports that activated Guard and Reserve members were being poorly housed, with inadequate medical attention, while on "medical hold."

SUMMARY

Approximately 650 members of the National Guard and the Army Reserve who have answered the call-to-duty and in many cases were wounded, injured or became ill while serving in Iraq, are currently on medical hold at Ft. Stewart, GA. Army base. As a result of an investigation by a reporter and expeditious follow-up by a veteran service organization representative it has come to our attention that these National Guard and Army Reserve soldiers have been receiving inadequate medical attention and counsel while being housed in living accommodations totally inappropriate to their condition. Of the roughly 650 injured soldiers currently awaiting medical care and follow-up evaluations, approximately one-third of these soldiers were found not physically qualified for deployment and therefore never deployed overseas. The remaining two-thirds deployed overseas and were returned to Ft. Stewart as a result of wounds or injuries sustained while serving or as the result of illness encountered either before or after deployment. Regardless of the nature of the medical malady, these soldiers have been enduring unacceptable conditions for as many as 10 months.

The return of the 3rd Infantry Division from the Middle East (18,000-strong which is permanently stationed at the base), has forced commanders to lease barracks from the Georgia National Guard that were designed as temporary quarters for National Guard soldiers undergoing annual training. They are not designed to accommodate wounded, injured or ill soldiers awaiting

medical care and evaluation. The Army has designed a Disability Evaluation System that is purposely slow to ensure that National Guard and Army Reserve citizen-soldiers who are found not physically qualified for duty receive a fair and impartial review when undergoing a medical evaluation board. The process, similar in many respects to the workmen's compensation process, requires that these soldiers be given every opportunity to recover. If full recovery is not possible, the system works to establish a baseline condition before the soldier is evaluated by a medical evaluation board.

The situation at Ft. Stewart unfortunately was, and remains, hampered by an insufficient number of medical clinicians and specialists, which has caused excessive delays in the delivery of care. Exacerbating the situation, was the Army's placement of wounded and injured soldiers in housing totally unsuitable for their medical condition. Additionally, these soldiers were placed under the leadership of soldiers who were also injured, resulting in a situation where the sick and injured were leading the sick and injured. Furthermore, the perception among these soldiers is that the traditional active duty soldier is receiving better care, compounding an already deteriorating situation that had a devastating and negative impact on morale. Most of the soldiers in the medical hold battalion, which was established administratively to provide a military structure for the soldiers, have families living within hundreds of miles; yet they have been unable to join their families while awaiting the final deliberation of their cases.

In the short term, we must alleviate the unacceptable conditions at Ft. Stewart and determine if the problem is isolated to Ft. Stewart alone or part of a larger system wide problem.

Alleviating the problem at Ft. Stewart will require the immediate assignment of additional medical clinicians, specialists and medical support personnel and/or the transfer, where appropriate, of our National Guard and Army Reserve soldiers to facilities close to their families so they can continue to receive quality care and await further medical reviews if necessary in an environment conducive to healing. We must also ensure that the conditions at Ft. Stewart are not replicated elsewhere, while ensuring the fixes we install at Ft. Stewart are applied throughout the Army if necessary. In the long term, the Congress must address the physical readiness of the National Guard and the Reserve by passage of a pending bill, TRICARE for Guard and Reservists, to ensure that every member of the Guard and Reserves has adequate health insurance coverage and is medically ready to deploy.

FUNDAMENTAL PROBLEM

More than 650 members of the National Guard and Army Reserve, who have been activated and put on active duty (some of whom have already served in Iraq or Afghanistan) are currently on medical hold at Ft. Stewart, GA. These numbers change almost daily as some soldiers are returned to duty, others receive medical evaluations for medical conditions that prohibit their continued service on active duty, while more soldiers are brought into the system (the result of sustaining injuries, wounds or falling ill overseas; or failing to qualify for deployment after being mobilized because of injuries or preexisting conditions.)

About one-third of the citizen-soldiers currently in the disability evaluation system at Ft. Stewart could not originally deploy with their units because they were not medically fit, while approximately two-thirds were injured, wounded or fell ill while on deployment overseas and were returned stateside to

receive special medical attention. When the 3rd Infantry Division, which is based at Ft. Stewart, returned from its deployment in Iraq, available housing was in short supply which resulted in those on medical hold being moved from one barracks to another in a form of musical housing. The U.S. Army resorted to leasing open-bay barracks with detached restroom facilities and no air-conditioning in most cases, which are normally used to house Georgia National Guard troops during their two weeks of annual training.

These National Guard and Army Reserve soldiers have been kept in place at Ft. Stewart according to standard Army policy while they await medical care and work-ups, which senior officials say is designed to protect their careers and ensure they receive the best medical care. The goal is to put these medically held Reserve soldiers in a holding pattern until they are healthy enough to return to duty and go back to their units or to prevent soldiers from being permanently discharged from service until the nature of their conditions have been fully assessed and optimal treatment regime prescribed. When soldiers cannot return to duty, a final determination about their status is made by a Medical Evaluation Board (MEB). The MEB process can take anywhere from an average of 42 days to 76 days after the soldier's treatment has been "optimized." That is when a sufficient diagnosis and treatment regime has been put in place to establish enough confidence to make a decision. Some troops have been on medical hold for more than 10 months.

The primary task of the Army Medical Department is to return these soldiers to duty. While undergoing medical care and reviews they can be assigned light duty around the post. Adequate convalescence requires a great deal of rest in most cases and cannot be properly pursued if there are unnecessary life stressors, such as placement in housing that is designed to house "healthy" National Guard forces on annual training—not injured, wounded or ill soldiers.

The barracks for these medically held National Guard and Army Reservists are totally inappropriate for soldiers injured, wounded or ill who are in need of quality care and are garrisoned in a stateside Army installation. The worst accommodations to which these medically challenged soldiers were subjected are 1950s-style, concrete-foundation barracks with no air-conditioning or insulation and detached toilets and shower facilities, though they do have heat. On a relatively cooler day in the area (October 22nd), the temperature in one of these huts was noticeably warm if not stifling. Bunks sit in open bays, no more three feet apart. In some cases, there are no footlockers for the troops to store their gear. In a few of the better barracks, for soldiers with more severe medical conditions, there is air conditioning, indoor-plumbing, and storage space.

The fundamental problem, as summarized colorfully by one of the base commanders, is that soldiers are going through a "go slow medical review system while living in 'get them the hell out of here barracks.'" Many of the medically held reservists—mostly from Southern states like Georgia, Alabama, and Florida—expressed frustration and anger over the duration of their medical hold and the quality of their housing while in this seemingly interminable holding pattern.

COMPLICATING FACTORS

Feeding these justifiable frustrations are several real and perceived considerations regarding their medical care and treatment on the base.

There has been a shortage of clinicians and specialists to see the medically held Reservists and to accelerate the review and treat-

ment process. At various points over the past several months there may have been only a handful of doctors to care for these hundreds of troops, as well as to assist with regular forces and their families. Most reserve doctors called to active duty were deployed forward, and those remaining in the states can stay on duty for only 90 days before returning to their civilian practices. One soldier on medical hold said it took him almost three weeks to get a follow-on appointment necessary to optimize his care.

Further feeding the anger and frustration is inadequate leadership. Typically, a soldier will receive advice, counsel, and assistance in accessing the military's health system from the soldiers' unit or from upper echelon chain-of-command. The units of the medically held reservists, however, have deployed abroad in most cases, and their commanders are focused on their operational mission overseas. The Reservists at Ft. Stewart have been grouped together in a "medical hold" battalion for administrative purposes but the effectiveness of the unit chain of command is suspect.

Additionally, many of the battalion leaders—at the officer and NCO level—are sick themselves, raising the question of whether these leaders are capable to care for themselves, let alone hundreds of their comrades. Without a familiar advisor and leader, deployed away from home and their parent National Guard or Army Reserve commands, and lacking experience dealing with a huge bureaucracy like the Army, these Reservists were left without the leadership to which they were accustomed.

Moreover, many of the medically held Reservists perceive bias against them on the post. Whenever they go the hospital, PX, or dining hall, they are asked whether they are a Reservist or a traditional active duty service member. This question is made for accounting purposes, but it makes the Reservists—many of whom are likely disappointed about being on sick call in the first place—feel like they are being singled out. Similarly, many of the medically held Reservists, lacking sufficient knowledge of the military's medical bureaucracy, chalk up delays in treatment to preferential treatment for active forces.

AN AVOIDABLE SITUATION

This situation could have been avoided. In early June, medical and garrison staff realized that there would be a surge in housing needs when the 3rd Infantry Division returned from Iraq. The division was manned at over 115 percent authorized strength, which would force commanders to use triple bunks to accommodate 6500 troops in their barracks that usually hold about 4300. These commanders recognized then that these permanently assigned troops would have to take priority over the troops temporarily at the post on medical hold. Six weeks ago, medical staff submitted a request up the chain-of-command for 18 additional care providers who could help manage and accelerate the reviews of the medical holds. No action was taken on the request.

At about the same time, the garrison commander submitted a request to 1st Army Headquarters at Ft. MacPherson, Georgia, for additional funds to renovate the barracks that are leased from the Georgia National Guard. The command provided \$4 million, divided into two parts, but the prospective contractors could not begin work until this week. That project, which would have taken 90 days at the very least, was postponed pending the outcome of the investigations the Army has currently undertaken after media reports about the medical hold situation surfaced.

Additionally, it is reported that the Army had the opportunity in the initial stages of

the mobilization process to provide for rear-detachment elements staffed by National Guard personnel. These elements are designed to provide stateside oversight and support to National Guard personnel and units deployed overseas. Had they been present it is possible the conditions described herein might have been identified and rectified before they reached a crisis point.

MEDICAL READINESS OF THE GUARD AND RESERVES

It is clear that part of the situation was created by the fact that some of the mobilized reservists were not as healthy as possible. Almost ten percent of Guard/Reserve personnel mobilized for duty at Ft. Stewart could not deploy because of a medical condition and were put on medical hold status for some period of time.

In the barracks visits, there were also troubling indications that a handful of Reservists were knowingly activated and sent to mobilize with medical conditions that would preclude them from actually deploying. Such an unjustified deployment might have been designed to take advantage of the fact that once soldiers are activated (put on active duty orders) they become the full-scale responsibility of the U.S. Army. The service is then charged with their care and feeding to include medical care and medical evaluations.

The hundreds of Reservists who could not deploy because they were medically unready raises a number of larger questions, which the caucus has already begun to address through its effort to ensure every member of the Guard and Reserves has adequate health insurance. The caucus will continue to address the issue in detail during its ongoing investigation of the medical readiness and mobilizations, examining questions like whether the resources and process for screening at the unit level within the National Guard and Army Reserve ranks are sufficient, and how to explain the recall of soldiers to active duty who are not fit for duty.

RECOMMENDATIONS

There are a number of actions that the Army must take to address this situation at Ft. Stewart and the larger issue of "medical holds," which will continue to arise as the country pursues the war against terrorism and sustains operations in Iraq, Afghanistan and other areas where military forces are operating.

In the short term, the Army National Guard and the Army Reserve must jointly provide for the leadership, guidance and medical care our Reservists require to operate at maximum proficiency. These dedicated and loyal soldiers need to know what to expect in the medical review process. They need to understand thoroughly the Army's health care system, warts and all. This strong, steady leadership must have the goal of reaffirming the Army's seamless support for the "Army of One" and the country's gratitude for their service and sacrifice, reassuring them that they are not forgotten despite the fact they are separated from their units.

To move the Reservists along to a Medical Evaluation Board if required, many more doctors need to be assigned to Ft. Stewart and, specifically, to these cases. The biggest delay in getting the Reservists off medical hold is the wait to optimize care. Many soldiers are seeing a different doctor every time they enter the hospital, each of whom may prescribe a different remedy. Additional doctors and specialists, who could help coordinate care, would provide greater continuity-of-care, one of the central reasons to keep them at their mobilization station in the first place.

It is unacceptable to have these citizen-soldiers—every one of whom answered the call-to-duty—living in such inadequate housing. However, more adequate barracks cannot be completed quickly because it will take almost three months to complete any upgrades. Other 3rd Infantry Division barracks are unlikely to become available soon.

It would be far better to send these troops back home. They could be assigned to another Military Treatment Facility (MTF), a State Area Command (STARC) or possibly a VHA medical facility closer to their families. Liaisons from the TRICARE management authority could ensure that they are receiving adequate care and that they would be available to return to Ft. Stewart if they get better and can return to duty. The benefit to morale among the medically held Reservists would far outweigh any of the unlikely risks that might go along with moving troops away from their mobilization station. Current Army Regulation 40-501 directs medically held soldiers to remain near their mobilization post, but there is no statutory restriction against assigning them to another facility close to home.

In the longer-term, the Army, working together with the leadership of the National Guard and the Army Reserve, must ensure that our citizen-soldiers who are identified for activation are medically ready to deploy. Enactment of the cost-share TRICARE proposal for Reservists, currently attached to the Senate version of the Fiscal Year 2004 Supplemental Spending Bill for Iraq and Afghanistan, would ensure that every member of the Reserves has access to health insurance and would increase the likelihood that citizen-soldiers are medically and physically ready for duty.

Currently, reservists are required to complete a physical once every five years. The high percentage of reservists found to be physically unable to deploy raises the questions of whether this five-year interval is too long. Another question the Caucus may want to raise, is the Army's mobilization and demobilization policy sufficient in providing a housing standard for soldiers on medical hold? Furthermore, is the working relationship between the Army's medical department and the Veterans Health Administration (VHA) structured to allow for the transfer of soldiers on medical hold from Army military facilities to VHA facilities? Also, new medical case management software included in the second version of the military's Composite Health Care System (CHCS II) will permit continuity-of-care wherever a soldier accesses care. Guard and Reserve units across the country could assign liaisons to help manage a Reservist's care and maintain contact with their mobilization base at any point.

Lastly, it has been reported that architectural hardware and software exist that will allow the Army to equip its hospitals, dining halls, and commissaries with scanners that could read an ID that can show whether a member of the service is from the active component or the Reserves. Perhaps the Caucus should look at such systems as a means of addressing the perceived bias that exists when reservists are queried about their service status.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Madam President, I thank Senator BOND for his leadership on veterans issues throughout this Congress, as he always does. I have been over to Walter Reed Army Hospital on three different occasions. Families tell me they are being treated extremely well. The soldiers are very

complimentary of the health care they have received, but there have been some problems.

It is important we make sure every soldier injured in the service of the United States of America be given the best medical care, wherever he or she is in this country.

I salute Senator BOND for his work in that regard. We want to make sure that happens. I believe it is happening, at least in the areas I have personally examined. We will continue to monitor them.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

NOMINATION OF WILLIAM H. PRYOR, JR., TO BE UNITED STATES CIRCUIT JUDGE

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider Calendar No. 310, which the clerk will report.

The assistant legislative clerk read the nomination of William H. Pryor, Jr., of Alabama, to be United States Circuit Judge for the Eleventh Circuit.

The PRESIDING OFFICER. Under the previous order, there will be 60 minutes equally divided for debate on the nomination prior to the vote on the motion to invoke cloture.

The Senator from Alabama.

Mr. SESSIONS. Madam President, I am pleased to be here today to seek an up-or-down vote on the attorney general of Alabama, Bill Pryor, who has been nominated to the Eleventh Circuit Court of Appeals of the United States of America. Chairman HATCH is, at this moment, chairing the Senate Judiciary Committee. He is not able to be here at this moment, but he wants to make a statement because he feels very strongly that Bill Pryor is an extraordinarily qualified individual, as I do.

I had the honor of having Bill Pryor work for me. I had not known him until shortly before I was elected attorney general of Alabama in 1994. I talked with him about coming to work with me. He had been with two of the best law firms in Birmingham. He was a partner in a highly successful law firm. He knew financially it would be a cut for him and his family, but he decided to come to Montgomery to be chief of constitutional and special litigation and to help improve the legal system in America.

As I have said before, I have not known a single individual in my history of practicing law who is more committed, more dedicated, has more integrity about the issues that are important to the legal system of America, a man who is more committed to improving the rule of law in America. Bill