and work and raise families, Jimmy Manchin won a place in the hearts and minds of people throughout West Virginia. He found a way to touch the hearts of all whom he met. Everybody loved him, even his political opponents. He was a man and a public servant who cared deeply for others and they, in turn, cared a lot for Jimmy Manchin.

I first met Jimmy Manchin in 1949. That was in my second term in the West Virginia House of Delegates. Jimmy had been elected to the house of delegates and was being sworn in that year, 1949. So I first met Jimmy Manchin in 1949, as he and I wove our political careers, when both of us served there in the house of delegates. After that, he pursued and held a multitude of political offices.

In 1961, President Kennedy named Jimmy Manchin as West Virginia State director of the Farmers Home Administration.

In 1972, he was appointed State director of the Rehabilitation Environmental Action Program, REAP, where he was placed in charge of cleaning up and restoring the natural beauty of our State's magnificent rolling green hills and beautiful valleys, which he loved so dearly. His campaign to restore our State's beauty was fueled by his personality and fashioned by his talent for poetic oratory. As part of his REAP campaign, Jimmy called on all West Virginians to ''purge our proud peaks of these jumbled jungles of junkery.'' That was pure A. James Manchin politicking. He understood the theatrical part of politics better than most politicians of this era and, as a consequence, his incredibly successful work for REAP earned him a national ''Keep America Beautiful'' award.

In 1976, he was elected secretary of state, and in 1984, he was elected State treasurer.

In 1998, he again won a seat in the West Virginia House of Delegates, a half century after his first election to that body.

His political career, which spanned 55 years, earned him numerous awards, honors, and recognitions. In 1974, for example, Salem College named him ''Mr. West Virginia,'' while, just this year, the West Virginia Italian Heritage Festival named him ''Italian American of the Year.''

He was an outspoken booster and promoter of West Virginia, a genuine public servant who will be sorely missed by the people of West Virginia.

The Bible says: ''In my Father's house are many mansions.'' Well, Jimmy had a way of using this beautiful verbiage from the King James Bible and, before huge audiences he would quote that. ''In my Father's house are many mansions.'' On November 3, our Father brought home one more. My friend, A. James Manchin.

Mr. President, my wife Erma and I offer our most heartfelt condolences to Jimmy Manchin's wife Stella and their children, Patricia Lee, Mark Anthony, and Rosanna.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

PRESCRIPTION DRUG BENEFIT IN MEDICARE

Mrs. LINCOLN. I rise today to offer a few thoughts on the Medicare prescription drug conference report that will soon be brought before the Senate. As I look back on the 10 years I have served in the Congress and I think about probably one of the most important issues we have dealt with, it has been looking toward trying to provide a component to Medicare that, had we seen or known the importance of prescription drugs when Medicare was designed, we would have included.

As we move forward in the discussion and the debate on the pending legislation or the conference report that is being formalized right now, I hope we will not lose sight of our original objective; that is, to do no harm to a program that has been incredible in this country. It has kept seniors out of poverty. It has provided insurance for health care in our senior community when private industry would not come to the table to provide insurance and health benefits for our aging population.

I hope we will keep our focus on doing no harm to a program that has done so much for the well-being of the elderly of this country, that we will look to the ways we can improve it and, more importantly, provide a prescription drug piece that is actually going to enhance our ability to keep down the costs of health care, providing health care to the elderly in this country, and improving the quality of life which, after all, is, has been, and should be our main objective.

First, I thank our chairman on the Finance Committee, Senator GRASSLEY, and the ranking member, Senator BAUCUS, along with their staffs, for their tireless effort in bringing this package together thus far, both in the committee when we marked up the bill and we worked hard to bring about a good, bipartisan measure we felt did provide reforms and improvements to Medicare but did no harm to the basis of a program that has provided so much to so many in this country.

The chairman and the ranking member have really bent over backwards to do all they could to keep this conference together and to keep a package together that was going to be beneficial for the elderly in this country. I know the negotiations at times have been contentious, but I am sure my colleagues join me in expressing our heartfelt gratitude for their leadership and patience on this critically important issue to all elderly Americans and to all American families because, as many of us know, it is not just the elderly who are going to be affected by this program; it is those of us who have aging parents and grandparents. It is those of us who ourselves in years to come will be a part of that aging community. It is not just the elderly of today, it is the elderly of tomorrow and the young of today who feel so involved and think it is such a critical issue to provide that quality of care for our patients and for our seniors.

It is with that that I urge the conferees to keep working and to remain committed to the bipartisan principles contained in the legislation we passed in the Senate last summer, that we poured over and really gave heartfelt consideration and debate to bringing about a program that would enhance Medicare and again would do no harm to a program that has done so much.

The bill we passed in the Senate gives all Medicare beneficiaries, no matter where they live, access to a Medicare drug benefit. For those of us who come from rural States, we find ourselves oftentimes at the low end of the totem pole. We find ourselves in a predicament where our seniors tend to be certainly living in more challenging demographic areas, where their needs and their concerns are more difficult to meet. We find our seniors tend to be more low income. It is critical we do not put a face on this bill that makes one demographic or one geographic area of this country more important than the other.

Most importantly, our Senate bill preserves the traditional Medicare Program as a viable option for seniors by ensuring there is a level playing field between the private sector and Medicare. As many of us know, the private sector can participate in Medicare today. They choose not to. Why? Because we have, over the years, crafted and improved a Medicare Program that is most efficient. The fact is, it is difficult for them to compete, to come in and to provide the same services, the same programs in a cost-effective way where they can actually make money.

Again, we want to do no harm in a program we have begun now to mold and shape in a way that is so productive to the seniors and is cost-effective for our Government.

I believe it is important we be honest with our Nation's seniors, with the taxpayers of this country, and with ourselves, so everyone understands what is in this bill, both good and bad, what have we accomplished in this conference report and what have we not, so we can honestly call this conference report what it is. After all, this is more than just a prescription drug package. It includes a wide range of other provisions that will affect health care for seniors.

Over the last several months, I have consulted with Senator GRASSLEY and Senator BAUCUS on this bill. They have

been very kind and gracious with their time in listening to me as I offered my own advice and feedback on the contents of what was materializing as a conference report. Today I would like to take this opportunity to present some of the questions I have asked of them in these recent weeks, because this is not the bill I would have produced. As we look at this conference report, it is not the bill the Senate produced or that Senators would like to have before us, but it may be the best we are going to be able to get in this Congress under the leadership we have, both in the White House, in the administration, as well as in the House and in the Senate.

If that is the case, do we hold hostage some seniors because we do not have a perfect bill? We are going to have to weigh that out in the course of the next 6 to 7 days as we go through the motions of bringing that conference to a close and looking at what is actually going to be in that conference package.

I would like to make it very clear I asked these questions as someone who wants very much to support a prescription drug package. It is something I can see clearly as a tool that can aid this country, not only in the quality of care and the quality of life our seniors need and deserve in this Nation. The advancement of what pharmaceutical drugs and prescription drugs can do in making the aging loved ones in our families have a better quality of life is so apparent. It is such a critical part of what we must do.

We also have to know there are other things that are in this package. The questions so many of us have asked in looking for what we want to see happen—as I said, I want very much to support a prescription drug package. I have worked hard on this in the 10 years I have been in Congress. I see the importance of it. We want to be able to move forward. It is an issue I have championed throughout the years in my career in Congress. It is why I have worked hard to secure a seat on the Senate Finance Committee so I could have more influence on the shape of the final bill.

In fact, this bill contains several strong provisions which I shall address shortly, but I also think it is so important we be honest with ourselves in terms of what we are actually going to be dealing with.

Furthermore, I asked these questions on behalf of my constituents in Arkansas, along with the millions of other seniors in this Nation who will be affected by this legislation and who have been waiting so patiently for us to at least begin this process. They deserve to know about all of the components of this bill and how it will affect them, wherever they may live in this great country. Like us, they want to know this package will make Medicare stronger for the future, not weaker. We have not worked these some 40-plus years to now take a step in the wrong direction to weaken Medicare. We want to know even if this may not be the end-all, be-all package for Medicare, at least it is the beginning, the first step in looking at how we can strengthen Medicare, both through providing a prescription drug component in a way that reaches every senior in this country in a fair and equitable way, as well as looking at the ways we can reform and reinforce Medicare through coordinated care, through multiple-disease diagnosis and physician programs, where our physicians can look and see the multiple diseases our elderly are dealing with and deal with them in a comprehensive way. My first question concerns the premium support model, of which we have heard an awful lot. Premium support carries a lot of different visions that people have put on it. The model I would like to question is the one which the conferees want to add as a demonstration project. I would like to ask the conferees to explain to me and to the American people: How would this premium support policy make Medicare stronger? That is our question. I am not coming to the floor with a preconceived idea. I really want to know, and I think the American people want to know how it is going to make Medicare stronger.

My concern is that the premium support would force our traditional Medicare Program to compete with private insurance plans in an arena where the rules greatly favor the private plan. That is not true competition. That is asking a program that we have built over these many years to compete with a plan out there that might be able to provide something in a more cost-effective way. But we don't know because we have too many subsidies going there.

The Center for Medicare and Medicaid Services said this model would lead to wide variations in premium rates for Medicare beneficiaries living in different parts of the country and even, perhaps, within the same State. This could be devastating for seniors in Arkansas, especially in our rural areas. And Arkansas is not the only State that is concerned with a lot of rural areas. Why should a senior living in the rural delta of Arkansas pay a higher premium than a senior living in Little Rock, for the same benefit? That is the question I am asking our conferees. Seniors have paid into Medicare all their lives and they deserve to pay the same premium no matter where they live. Premium support would end this uniformity that has always existed in Medicare.

The CMS Office of Actuary also determined that premium support would significantly increase premiums for traditional Medicare. Healthier seniors would leave the traditional program for private plans, thus increasing the cost for traditional Medicare. This would mostly impact seniors in our rural areas where private plans are not likely to go, and where seniors are less healthy. Why are they not likely to go there? They are not there now. They have come in; they tried it; they left because it is not profitable for them. Without substantial subsidies, they are not going to come there again.

As to using this as a demonstration, we pretty much had a demonstration out in rural America to see what is going to happen. It is simply unfair to punish these seniors with a premium increase that estimates say could surpass 25 percent. The privatization advocates say it is only a demonstration of premium support and there are numerous exceptions to the policy. That just simply makes me wonder: If the policy is so great, why make all of these exceptions?

I urge the conferees to take a serious look at this controversial proposal. Look at the ways we can make it much more clear, much more beneficial, and certainly much more economical to the American taxpayer, as well as providing the uniform benefit, across the country, to all seniors who deserve it equally.

It is clear to me that its inclusion is based on privatization ideology alone rather than sound evidence that it saves money or improves the program for seniors. There are way too many studies that indicate the other way. I encourage these conferees, when we have a once-in-a-lifetime chance to be able to do something productive, make sure we are not wasting our time and energy and efforts, and most importantly our resources, on demonstration programs that we know because of past experience are not going to be profitable for anybody if we use our resources that way. Why drain those precious resources from the drug benefit for all on a demonstration that would affect only a few?

The premium support demonstration could destabilize the Medicare Program for all seniors, and it certainly has the possibility of threatening the integrity of Medicare for seniors in Arkansas and around the Nation. The Senate bill we passed, with a great bipartisan margin, did not include this provision, and it was a strong bipartisan bill.

My second question is, Why does the final agreement not retain the Senate's more generous low-income assistance provisions? I am enormously grateful because I know Chairman GRASSLEY and Senator BAUCUS worked very hard on the low-income assistance, and it is a good piece of this bill, so much better than what happened on the House side. So many of us who come from States with a large percentage of low-income seniors are very grateful.

The conferees, however, apparently decided to lower the income eligibility level from the 160 percent of poverty to 150 percent of poverty, and to subject all low-income seniors to somewhat humiliating asset tests.

When we talk about 150 percent of poverty around here, people just assume that everybody knows what that is. But most people don't. Most people don't know that 150 percent of poverty,

which is what we are talking about to be the high end of low-income seniors, is only an annual income, for a couple, of $18,000—$18,000 for seniors to live on as a couple. For singles, it would be $13,470.

One hundred-fifty percent of poverty is what we are talking about as being the high end of low-income seniors, in terms of support for these low-income individuals. I don't know about you, but that is a tough annual income to live on as a senior when you are talking about all the different expenses they have.

This would help 3 million fewer people. Going from 160 percent of poverty to 150 percent of poverty would help 3 million fewer people with their copays than the Senate bill. So I urge the conferees to allow Medicaid to wrap around the cost-sharing requirements in the Medicare bill and allow them to pay for prescription drugs, not on the private plans formulary. This is another component that is going to be very advantageous to our low-income seniors.

This low-income assistance is of special importance to our Nation's older women. Those of us, as women in the Senate, recognize how the aging population is disproportionately reflected in the number of women. I have watched my own mother, as a caregiver, taking care of my father until his death last year, and watched how she put the stresses and strains on her own health care needs, as well as her own finances, to find herself now in the aging population category, more dependent on programs than she has ever been before. So, disproportionately, when we talk about our low-income seniors and their needs, there is a disproportionate amount of those individuals who are women.

Medicare seniors are disproportionately women and they are disproportionately poor, and will be far better served by the Senate's low-income provisions on which we worked so hard to come to a bipartisan agreement.

I am concerned that private drug-only plans may not provide the stability or the predictability that seniors want and need. The insurance companies have told me they don't want to offer a prescription-drug-only plan. The Administrator of the Centers for Medicare and Medicaid Services has said such a plan doesn't exist in nature.

Quite frankly, I believe we have proven that through the Medicare-Medicaid veterans programs the Government can do it in a much more cost-effective manner. But the point is, we are trying to create something that has not existed in nature, and really, quite frankly, those who are going to be there to create it don't want to do it.

I urge the conferees to take a good look at what we are providing there. That is why I am glad the Senate contains a Medicare-guaranteed drug plan, or safety net, called a fallback.

I urge the conferees again to retain the fallback and ensure that a contract is made available for at least 3 years. But the concern to come, if you are a senior out there in rural America and you choose to stay with Medicare fee for service, you have to go to one of these drug-only plans. There has to be two in your region, but one of those two could be a PPO, which means you have to shift your traditional fee for service into an overall PPO in order to qualify for that drug plan or you can go with one of those two plans. If one of them should leave, you have the option of going to the Government fallback. If one of those plans or another plan comes back next year, you immediately have to go out of the Government plan and go back into one or the other of the private plans.

Seniors are going to find from year to year those changes in their premiums, their deductibility, their formularies. They are going to find the list of physicians changing. It is really critical.

I urge our conferees to ensure the fallback is available for seniors as an option, even if the private insurers decide to test whether they want to offer a benefit in a community. Seniors should not have to have fallback plans, especially if the new private plan is significantly more expensive for them and it is more restrictive.

My third question is with regard to consistency and reliability in the Medicare Program. Based on what we know about the details of this agreement—we still have a lot of time ahead of us to be able to read and digest what has actually been negotiated out and put down on paper—it appears that the drug plans will vary throughout the country, meaning that seniors in Arkansas may have different premiums, cost sharing, and formularies than seniors in other States and in other parts of the country.

Even worse, these plans can change their premiums, cost sharing, and formularies for other years.

My question is, How does it strengthen Medicare to make the program less consistent and less reliable for our seniors?

If what we are trying to do is strengthen Medicare with a drug benefit and in the reforms we are trying to make, how does it strengthen that program if we make it more confusing for our seniors, if we make it less consistent and we make their choices less reliable?

I urge the conferees to make the prescription drug benefit less volatile for seniors. If there is anything I know about the seniors in my life, it is the confusion they see right now or which they may have to address in a package such as this. It is devastating to them. It gives them a sense of distrust. That is the last thing we want for our loved ones and those for whom we are working so hard to provide quality of life. This includes limiting variations in the amount seniors have to pay in premiums to only $10 above the national average, no matter where they live.

I, for one, think we should give seniors, most of whom live on fixed incomes, some assurance that their premiums will not vary or increase unreasonably.

I urge the conferees to ensure that those seniors who have employer-sponsored retiree coverage be able to retain it. It is pure and simple. We urge the conferees to ensure that the conference report preserve a level playing field between traditional Medicare and private insurance plans.

I am concerned—and have been—that the proposed agreement unfairly tips the deck against Medicare through the $12 billion stabilization fund that the Secretary of Health and Human Services can use to encourage private plans to participate in areas where they don't want to go. If they wanted to go, they would be there now. But we are going to use $12 billion to try to stabilize these plans to go into areas where they haven't wanted to go and where they aren't currently practicing.

The Senate bill, which we worked on in a bipartisan way, by contrast, provided billions of dollars for private plans to be able to help them in terms of incentives to come into these more difficult areas.

We also have $6 billion in there for Medicare enhancement and improvements in the traditional Medicare Program that all beneficiaries can use—not just those who happen to live in an area where private plans decide to go.

The conference agreement would allow private plans to be paid at a much higher rate than traditional Medicare with no enhancement added for beneficiaries.

I urge the conferees to consider this policy carefully. We want to make sure the traditional fee for service and the traditional Medicare that is there has the enhancement and the ability to improve itself so it can reach all of the seniors in this country, even those in the rural areas of my State and the State of the Presiding Officer and others who have multitudes of rural areas where seniors need health care.

I wish the drug bill did not have a coverage gap or a donut. I am concerned about those seniors who will hit that gap in coverage and have to continue to pay their premiums.

During debate on S. 1, I and many other Senators voted to allow employer-sponsored retiree health plan contributions to fill this gap. I also voted to eliminate the coverage gap altogether, and I voted to prevent seniors from paying premiums when they are in the coverage gap.

Unfortunately, all of these amendments were defeated, but it doesn't mean we can't still address some of these concerns. It doesn't mean our conferees can't work together and come up with some provision that can help to assist us in making sure some of these gaps, some of these holes that have been left are closed for the benefit of the seniors of this country.

I also voted for an amendment to try to contain the skyrocketing costs of

prescription drugs. Every one of us in this Chamber knows that in the next 20 years or less we are going to almost double the number of seniors putting demands on the Medicare Program. We are going to go from 41 million seniors to over 70 million seniors in this country. It doesn't matter what kind of program we put together if we don't look at trying to have some kind of handle on the escalation in costs for whatever program we have. If we almost double our number of seniors who are putting pressure on this program, we are not going to be able to afford it. It is critical that we look at ways we can make more efficient the use of the dollars that we have.

One measure I supported which passed seeks to increase access to more affordable and equally effective generic drugs—something on which I think most of us could agree.

I also voted for an amendment which failed to help consumers better compare the cost effectiveness of prescription drugs.

Finally, I also voted for a successful amendment to allow wholesalers and pharmacists to import prescription drugs from Canada which will provide substantial savings to consumers while ensuring their safety.

These are just some of those components where we in the Senate made corrections and improvements to the bill, some of which were accepted, some of which were not, but most of which I hope, as a conference, they will look at, because the bill we are trying to produce out of this conference should be a bill that will enhance a program that has done so much for all seniors and all Americans.

I urge our conferees to try to retain some of those positions that we took in the Senate; the provisions that we passed.

I look forward to hopefully seeing us complete some of those things that I think will make the bill a better bill. I know reaching this point has been a long and difficult process.

I compliment my Senate colleagues for fighting to include several good provisions that are contained in this bill. This agreement contains a comprehensive rural package that significantly decreases or eliminates the disparity of Medicare payments between rural health care providers. I was very involved in working with the chairman, Members, and others to move some of those provisions forward and certainly making sure that health care was available to seniors and to all people in rural areas.

I can't tell how necessary these provisions are to rural hospitals and physicians and ambulance providers, home health providers and rural health clinics in Arkansas and elsewhere across the country.

It is my hope that the conference agreement will also contain the Senate policy for Medicaid low-DSG States. I am glad the physicians won't receive a cut in payment but a small update as in this conference report.

I encourage my colleagues to include a physician's demonstration on chronic care management that I helped to author in the Senate Finance Committee.

If there is anything we know, it is that our seniors are having multiple chronic illnesses which they are having to deal with. If we don't look at how we manage the chronic care multiple diseases they are dealing with, we will never get the economic efficiency out of Medicare that we could.

Many of my constituents have said when they finally have gotten a coordination for their elderly loved one, it is unbelievable. They were seeing five different doctors in five different places who were not talking to one another. They did not have a nutritionist or someone consulting on depression. When they got that coordination of care, they better understood all of the chronic illnesses their loved one was going through, not to mention getting more efficiency out of the dollars they were spending in Medicare. That individual, that loved one, that elderly person was getting the quality of care they deserve in a more cost-effective way. They were able to manage all of those things in a way that was making the quality of care the best it could be.

One of the demonstrations should take place in a State that has a department of geriatrics with a rural outreach site. Rural areas are one of the most difficult areas to serve our elderly. Unless we have the knowledge of how we can coordinate the care for individuals in rural America, we will never see the efficiency we need. It is critical we have this demonstration so we can determine the healthy outcomes that result when a geriatrician is paid appropriately for caring for a patient with multiple chronic conditions.

I am also pleased the drug bill will include coverage for insulin syringes and that there is a new benefit providing screening for diabetes. Roughly 40 percent of the senior population with diabetes, or 1.8 million seniors, uses syringes every day to inject insulin to control their diabetes. Without coverage, the syringe purchases, which could be especially expensive for seniors on fixed incomes, would not count toward cost-sharing and yearly out-of-pocket expenses. The new diabetes screening benefit will help with the fact that approximately one-third of the 7 million seniors with diabetes, or 2.3 million people, are undiagnosed. They simply do not know they have this very serious condition with complications that include heart disease, stroke, vision loss and blindness, amputation, and kidney disease.

I understand there is also a provision to temporarily waive the late-enrollment penalty for military retirees and their spouses who sign up for Medicare Part B and to permit year-round enrollments so retirees can access the new benefits immediately.

It is important in seeking to strengthen Medicare we reflect on the program's origins and mission. Medicare provides health care for a special population of Americans: millions of seniors, individuals with disabilities, and people with kidney failure, those who are uninsurable in the private marketplace. Over 50 percent of them were uninsurable in the private marketplace when Medicare was started. Congress created Medicare in the first place because private insurance plans were failing to provide affordable health-care coverage for this high-risk population. Therefore, we should proceed cautiously when making major changes to the traditional Medicare Program.

In my home State of Arkansas, over 400,000 people rely on Medicare for their health insurance. Without it, they likely would be among the ranks of the uninsured. This is why I want to ensure if this bill passes it is built upon policies that will make Medicare stronger and more reliable for all of its beneficiaries, that we know as we move forward there is no possible way we could do everything we needed to do in this bill. This is not the bill I would have written, but I was not in charge. I also do not want to see a missed opportunity for being able to move the ball down the field, to do something for which seniors in this country have been waiting patiently.

Some of my colleagues will argue, don't worry, it does not take effect until 2006. Some of these things do not happen until 2010. There will be so many elections between now and then; you do not have to worry. We will change it and fix it and it will have a new appearance by the time we get there. I hope if that is what we are hanging our hat on, we can be sincere as these conferees come out with a plan that will leave intact the purpose of Medicare originally: to provide for those who were the uninsurable, the elderly, the loved ones for every one of us in this body, to make sure when the marketplace would not provide for them, there would be an honest standard benefit so they could get the quality of care, regardless of where they live in this country, that they are due for the great things they have done for our country.

I look forward to reading the legislative language in the coming days to determine my ultimate support for this bill. I hope our conferees are not finished. I hope they continue to look at the ways this bill can be improved. Our work is never done in this Senate, whether we pass a bill into law and look toward 2006 or 2010 or whenever may be that we think some of the unreasonable things in here we can shut our eyes to and move forward with, but that we can make the changes now and we can create a bill that is the best we can do, knowing it is not perfect but that it will move us forward to provide a critical prescription drugs component in the 21st century to a program we started many years ago that has meant so much to so many.

Ultimately, I must weigh whether the benefit contained in this bill to provide prescription drugs is better than no benefit at all. I hope that is not the case. I hope the case will be we have done everything we possibly could, looking at the bipartisan package the Senate passed, and how hard we worked to get there to make this final product the best it can be for some of the most special people in this country.

I yield the floor.

The PRESIDING OFFICER (Mrs. DOLE). The Senator from Idaho.

MORNING BUSINESS

Mr. CRAIG. I ask unanimous consent that there now be a period of morning business with Senators permitted to speak up to 10 minutes each.

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

IN MEMORY OF PETE B. WILSON

Mr. CRAIG. Madam President, I come to the floor under the privilege to speak about a situation that occurred in Idaho that brought great sadness to me and to some of my staff.

In 1974, when I was elected to the State legislature, prior to that legislative session convening, I traveled to the north end of my State for the North Idaho Chamber Tour which goes on every 2 years for Idaho legislators. It was at that time I met the chairman of the North Idaho Chamber, a fellow by the name of Pete Wilson, who was a leader in his community of Bonners Ferry, who was well known across north Idaho as an attorney who gave so much of his time to his community and to the citizens of that area.

Little did I know years later when I ran for Congress, Pete Wilson would become one of my strong supporters. Pete became a friend down through the years. Just a few years after I got here, a young woman came to my office to seek employment, a young lady by the name of Brooke Roberts, who happened to be Pete Wilson's niece. Brooke Roberts is now my head of legislative affairs and my chief counsel and assistant manager of my office. Not only has Brooke played a tremendous role in my political life, but her uncle, Pete Wilson, has played a tremendous role. I say now, sadly, in the Senate, has played. Last Friday night or early Saturday morning, Pete Wilson and his son Kip were killed by asphyxiation believed to be carbon monoxide poisoning. His wife Rhoda and another son who was there visiting because of Pete's illness at age 78 are still recuperating from a near-death experience of carbon monoxide poisoning.

My sympathies go out to Rhoda and to Duff, to Tim and to Neal, the remaining sons of this wonderful family. Idaho has lost an icon. Idaho has lost one of those kinds of citizens who gives and gives and gives more, not for himself but for the community he was a leader in, for the State he loved so well, for Boundary County, where he sought his professional life, where he raised his family, and where he made a mark on Idaho. Pete Wilson will be long remembered as a citizen of our State who gave.

He has always been in my political life, not just as someone who supported me but someone who advised me. Uncle Pete would pick up the phone and call and say: LARRY, you're wrong about this issue. You ought to do it this way or you ought to do it that way. And usually he was right. I took his advice because he was so well grounded in the community he served.

He served as president of the chamber, served as a lawyer who in many ways gave time and time again to the charities and to the communities of that marvelous community of Bonners Ferry and Boundary County.

Pete Wilson will be missed. Pete Wilson will be long remembered. It was a tragic accident that took him and his son, nearly took another son, and his wife.

To their family, I must say, on behalf of Suzanne and myself, we are so saddened by this situation, but we want Idaho to know Pete Wilson will be remembered as someone who made our country work, someone who never wanted to aspire beyond being just that strong community leader who associated himself communitywide and statewide to make for his family and for his friends a better place to live.

Pete Wilson of Bonners Ferry, ID, of Boundary County, ID, made north Idaho a better place because he was there as a marvelous leader of that community. Pete will be long remembered.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. LAUTENBERG. Madam President, I want to speak in morning business, but I would be pleased to yield, with unanimous consent, to my friend from Delaware, Senator BIDEN.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. BIDEN. Madam President, I feel like I am part of New Jersey. The Senator from New Jersey is—I don't want to hurt his reputation—my closest ally in the Senate. We share a common border. Although I always kid him, as big as New Jersey is, the Delaware River is owned by the State of Delaware up to the high river mark in New Jersey. It is one of our claims to fame. We literally lap upon New Jersey's shore. But I thank him. I will be very brief.

CONGRATULATING FRENCH PRESIDENT CHIRAC

Mr. BIDEN. Madam President, I rise today to congratulate French President Jacques Chirac for having taken resolute steps to stop attacks on Jewish sites in France and, more broadly, to address some of the causes of anti-Semitism among Muslim youths in that country.

As you know, Madam President, France has a large Muslim minority population. In the past, I have been strongly critical of President Chirac, the French, and other Europeans for not having been sufficiently attentive to the cancer of anti-Semitism that still exists in Europe, and in the United States to some extent.

Some have ignored the insidious way criticism of some Israeli policies has been conflated into pure anti-Semitism. Others have shied away from meeting the problem head on because of fears of provoking more violence in Europe. Still others have refrained from speaking out for fear of alienating domestic electoral constituencies.

Whatever their motives, until recently, precious few European leaders have demonstrated very much leadership with regard to combatting anti-Semitism, which is on the rise.

Last Saturday, a Jewish school near Paris was destroyed by an arson attack. Two days later, President Chirac convened a meeting attended by Prime Minister Raffarin and other top officials to react to this latest outrage. The result of the meeting, as reported in the New York Times, was a package of measures including beefed-up policing and prosecution of anti-Semitic violence, and also an earmark of nearly $8 billion worth of investment in urban renewal to clean up neighborhoods that breed Islamic fundamentalism.

President Chirac was quoted as saying: ''Anti-Semitism is contrary to all the values of France,'' and that Jewish Frenchmen and Frenchwomen are at home in France just as are all other groups.

Last month, the Committee on Foreign Relations held a hearing on anti-Semitism in Europe, which revealed the shocking extent of the problem. Recent public opinion polls in Europe have confirmed our hearing's testimony.

One of the most important weapons in the fight against anti-Semitism is political leadership. Or as Justice Holmes said: The best disinfectant is the light of day. The best disinfectant is light, and shedding light on the anti-Semitism in Europe, and criticizing it, can only be done effectively by Europe's political leadership.

France's measures are, to be sure, only a beginning of a long struggle to eradicate this disease from the European body politic. I have been critical in the past when European leaders have not responded. Now President Chirac should be complimented for having had the courage to forcefully show the way. He deserves credit, and I hope it is the beginning of a process.

(The remarks of Mr. BIDEN pertaining to the submission of S. Con. Res. 82 and S. Con. Res. 83 are printed in today's RECORD under ''Submitted Resolutions.'')

Mr. BIDEN. Madam President, I thank my friend from New Jersey. We use that phrase very loosely around