in action, where 15 or 20 years ago people would have said ''impossible.'' So the very freedoms we are fighting for, whether it is in Iraq or this ongoing war of terror, they are embodied in what we have voted on in this Senate—expansion of NATO to include these new democracies.

We also passed the Microenterprise Assistance Program, which will help impoverished citizens build and grow small businesses, so people who may not have access to capital are given some assistance, which, combined with their own entrepreneurial spirit, can grow and they can have that opportunity to take part in a growing economy. This economic tool is especially powerful for impoverished women in developing countries all over the world. I spend some time every year going to Africa and in a few months I will be going with a Senate delegation to South Africa, Botswana and Namibia. Last January, I was in Uganda, Tanzania, Kenya, and the Sudan. You see the importance of these what are called microenterprise grants, giving people that opportunity to grow economically, help their family return to dignity and opportunity that they simply don't otherwise have.

I listed here a series called values. I mentioned most of these. But the Burmese Freedom Act is an issue that is ongoing in a part of the world where we see the civil liberties we take for granted being stripped away. When you say freedom in this country, you think of freedom of speech, freedom of expression, and freedom of the press. But the Burmese Freedom Act is necessary because in that part of the world—particularly right now—those freedoms don't exist. Again, this was an important response on behalf of the Senator from Kentucky and others to bring attention to the human rights abuses that are being put forth and committed by the Burmese government against its citizens.

So the Senate, by working together, has accomplished a lot, with a lot of hard work and cooperation. I once again thank my colleagues for their efforts. We are doing all this, and I put ''action'' up here on the chart, and the goals that we have met because day to day we are focusing on each of these and we rarely have the opportunity to go back. The importance is on ''action.'' This is occurring now in this first 6 months, but it occurred compared to the last Congress, when we never passed a budget.

In the last Congress, we didn't pass 11 out of 13 appropriations bills. In the last Congress, we did not pass Medicare. So it is the action, and the solution is fulfilling the agenda that we put forth. That is what the American people expect. We have made the legislative process work.

The one area that I believe continues to undermine the effectiveness of the Senate is the obstructionism towards the President's circuit court nominees, the judicial nominees. This is unprecedented in our 200-year history, the tactics to endlessly delay the process and prevent the Senate from performing its constitutional responsibility to vote on the President's judicial nominees. That is inconsistent with the Constitution.

Our responsibility is to advise and consent. Yet we are being denied a simple up-or-down vote, allowing people to vote how they wish, but allowing them to express advice and consent by voting which is, in the end, the only way we can express that advice and consent. The Senate has few constitutional responsibilities as important as exercising that advice and consent on the President's judicial nominees. I am determined to press forward in the next weeks to carry out a fair and orderly Senate process and return to the norms of the last 200 years, where Senators are given that opportunity for an up-or-down vote.

Looking ahead, July will be a busy month. I do want my colleagues to know—and we had some discussion with the Senator from West Virginia last night in terms of making sure we have good productive Fridays—I can assure my colleagues that in July, in large part because we will be addressing the appropriations bills very aggressively during that month, we will be working 5 days a week, and it is likely that votes will continue late in the day on Fridays, at least later than usual on Fridays.

During July, in addition to the appropriations bills, we will complete action on the Energy bill, which we all know is critical to generating an affordable, reliable energy supply.

I know we will be aggressive in passing these appropriations bills for the Cabinet agencies. Early on, I expect to see the Department of Defense, the Department of Homeland Security, Labor and Health and Human Services, and, at the same time, I want to address one other issue in July—and this is an ambitious schedule—but I do believe strongly, and I say this in part as a physician, yes—that we have an obligation to diminish—I would like to say eliminate—the frivolous medical liability lawsuits that are being applied today.

That needs to be the goal: to get rid of the frivolous lawsuits because they unnecessarily drive up the cost of health care, and if you unnecessarily drive up the cost of health care, you end up driving people to the ranks of the uninsured.

We will address that issue during the month of July, as well as issues surrounding genetic discrimination, an issue that has already been addressed in committee and is ready to come to the floor.

This is an impressive list, I think. It is one I am confident we will be able to handle in a systematic and productive way, always keeping in mind that goal of moving America forward and that we are working for the American people. They send us here to get results, not unnecessary legislation, but get results to the problems and challenges they face.

If we look at the list, I think we are on the right track. We have accomplished a lot. We have had a number of successes. We have seen results. We are delivering to the American people in strong, effective legislation, and I have every expectation that we will continue building on this record of success in the weeks and months to come.

To my colleagues, I do wish them all a happy Fourth of July. I hope they will travel safely. I extend my best wishes to them and their families.

Mr. President, in a few minutes I will be back with another statement, and then we will have some closing business over the course of the day.

For now, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. DOMENICI. Parliamentary inquiry: What is pending before the Senate?

The PRESIDING OFFICER. The Senate is in morning business.

Mr. DOMENICI. The Senator from New Mexico desires to proceed as in morning business.

The PRESIDING OFFICER. The Senator has that right.

THE HOPE-FILLED SENATOR FROM NEW MEXICO

Mr. DOMENICI. Mr. President, I was in my office and I regret that I was unable to be in the Chamber when the distinguished majority leader, Dr. BILL FRIST, gave a rather elaborate, detailed, and enlightened discussion regarding illnesses, ailments, cures, and the evolution of diseases in this country and in the world.

I commend him for that. Had I been in the Chamber at that time, I would have taken the opportunity to present him with the first document that the Senator from New Mexico is having printed. It will be something that I choose to call ''The Hope-filled Senator.'' The hope-filled Senator is the story of America's future in terms of diseases, prescriptions, and cures. It is my own story of what I believe is going to happen to prescription drugs, to the medical profession, and to the delivery of health care over the next 30 to 40 years.

I am hoping that this very brief summary of the hope-filled Senator's thoughts will be of some help to Senators and people who are so worried about the costs of prescription drugs. Will it really work; will we really have enough money to do it or not?

Today, I will not repeat the contents of this hope-filled statement that I delivered as the Senator from New Mexico, calling myself a hope-filled Senator.

Suffice it to say that when one discusses a program of the magnitude of this prescription drug program, that it is absolutely imperative that it is looked at from more than one vantage point. One vantage point is to look at it as Senators did on the Senate floor, in the back rooms and in caucuses. We talked about the specifics of who is going to get the drugs, how much is it going to cost, will we have enough money, and are we going to be able to pay for it? We asked will America go bankrupt? Will Medicare really survive and will it be competitive? Are we really building into the system? We examined the ingredients that are so well known for bringing prices down. We examined competition for delivery and competition for business. All of that is one way to look at it.

One must look at it that way, but another way to look at it is to try to think of what is going to happen to health delivery and medical care during the ensuing 10, 20, 30, or 40 years. The hope-filled Senator is talking about those things as he looks at the next four decades.

By way of recapitulation of what was in my statement of a hope-filled Senator, there are three or four big things. We finished mapping the chromosomes of the human anatomy. We call that the genome system. That means that after years of mankind researching to try to find where in the chromosome of the human body was the aberration that caused multiple sclerosis, and years of research at various institutions to locate the gene, or the number of genes that caused, perhaps, schizophrenia—what we finally did in a record period was to take them all, map them and index them. We can say we know where they all are. We do not have to go looking for them anymore.

I do not mean to make this a big thing, because people sometimes think they do not have to worry about it. But this is a big thing. For years, even in our lifetime, we can remember reading a story that would leave the medical journals and be big enough to hit the newspapers. The story would say, ''Michigan State group of researchers discover the location on the genome system of a multiple sclerosis gene.'' Remember that? Boy, that was big time.

Soon, I am going to hand to the majority leader the first copy of a document called ''The Hope-filled Senator.'' I am going to have it encapsulated with gold print. It is the hope-filled Senator's other side of the story. It is the story of the delivery system of health care during the next 40 or 50 years as it most assuredly will impact on this prescription drug system.

I did not go bother a bunch of scientists in putting this document together. So, they may find this document lacking. But what I did, and I repeat it now because our leader is in the Chamber, I used four or five big things that are going to change. I started with the genome mapping, indicating that we have now located the aberrations on the chromosome system of the anatomy of every known disease from which mankind suffers.

Why is that important in the hope-filled Senator's dissertation regarding prescription drugs? Because there is no question during the delivery system that we tried so valiantly to find out how much it is going to cost. During that time many diseases for which we are spending huge amounts of money in prescriptions are going to be cured. Researches will know where where the illnesses are and they will be able to research how to fix them. And, they are going to fix many of them.

What does that mean? That means many of the expected costs that the Congressional Budget Office plugged into their estimates are going to be different. Indeed, there are going to be prescription drug breakthroughs that come from this genome mapping that are going to clearly indicate that there are different ways to do what we are doing today. We can achieve better results. So, as I said this will dramatically change the delivery system of health care.

I was foolish enough, as a hope-filled Senator, to predict that before the turn of 40 years the hospitals in America will not be the hospitals of today. I predicted that we would have hospitals that are going to be more concerned with genetics than with the individual curing of an ailment.

I did not dream that up. When I first started working on genomes, I had a magnificent, wonderful doctor who egged me on, and he was the inventor of Tylenol. He used to sit in my office and talk with me. He used to draw what he thought a hospital might look like in 30 or 40 years. I used to laugh and throw the drawings away. He drew a center where you would check your gene system and they would tell you, as you left, what was wrong with you and how they would fix you. Or if you got sick, that is what they would plug in. That would be the hospital.

He is still alive; he is currently practicing as a very old doctor. He joined up with doctors who are down in the South delivering health care to poor people free. He does this just because he wants to keep on being a doctor. He was so thrilled that he hooked me on this concept that we never lost contact.

In this hope-filled sermon, we start with that.

Then I said, the American economy is going to change so rapidly in terms of its productivity and, at the same time, produce new things because of nanoscience. I defined nanoscience as the newest science that is so unique, and so way out, that today's scientists are saying we will not recognize the products that humanity will be using because of nanoscience. They are practicing a science of changing the molecules that make up a substance. Imagine, compare that with making zinc by adding a couple of compounds. That science is today's industry. They will be changing the molecular makeup so things change and become something different.

It is predicted with the five centers that exist in America today on nanoscience, and many more to come, that the breakthroughs, once they start, will occur with such rapidity that the productivity in America and in the world will change. That means those who make medicine and cures will be part of picking up that change and those breakthroughs also.

The third that I am aware of, and there are probably some I am missing, is a most incredible science. For lack of better terminology it is called microengineering or the production of microengines.

I visited the Sandia National Laboratory in New Mexico. They wanted to show me microengines. I thought, you have to be kidding; what kind of engines could there be that are so small they have now reached this level? They showed me. Microengines are so small. Now we have in the computer business a chip, and on the surface of the chip we can put these different things, and that is how we get these millions of megabytes. Now it is trillions and numbers we did not even used to use. They actually create engines that are so small they put them on a chip, but they can be synchronized and organized as engines on that little chip.

The engines look to me something like an oil patch when you see the drilling wells with the pumps. They are so small you could never see them unless you used an extremely powerful microscope.

What will happen with these engines? We do not know. But, they have a hypothesis. It is entirely possible that one of the first things we will do with these engines is organize them so well that we will be able to inject them in the human body. They will be directed to do some work, and they will do it like they are told. And, believe it or not, they possibly will go in and eat what you want them to eat. They will be able to go into the heart system to open up areas we worry are clogged. These little microengines will dissolve those clogs for you.

Those are engineers that can do that work. We will not even have to send patients over to Vanderbilt University to a bunch of scientists or heart specialists.

There will be huge numbers of breakthroughs if we add those three things to a vibrant American economy. We must not mess up by causing the American economic system to go to sleep. We must keep the economy vibrant, by doing the right things in terms of taxing the right things and not the wrong things. If we continue to fund the right research instead of the wrong things, and we keep on funding NIH but maybe we reach the point where 10 percent a year might be enough and maybe we move over and fund some physical science like the Energy Department

and a few other institutions of our Government that are doing basic science so physical science can catch up with the biological sciences. There will be huge numbers of breakthroughs.

My hope-filled delivery dissertation says: Don't be so worried about whether we will be able to deliver on what we promise. We may be able to deliver even more than we think we are going to deliver. And let's just watch out that in putting the system together—and I know the majority leader has been worried about this—that we don't just put bureaucracy in place where it inhibits the injection of these new things into the delivery system.

That is why HCFA, which this Senator personally as a young Senator found was such a terrible inhibitor to delivering appropriate care had to be changed. The management tool had grown so big that all we heard as Senators when we went home to our hospitals, to our doctors, to our clinics, to those centers that were taking care of people in shelters, all we heard was HCFA is messed up so badly that we are doing worse with their rules than if we did not have any rules. It was so bad once that I thought I would come back here and introduce a bill that recommended we experiment with 100 places where we will treat seniors with no regulations. We would look at them once every 6 months. And take a chance and see if they are not better run and the people taken care of better and cheaper than those who have to have someone checking off every time an apple was delivered to a senior that happened to have been decayed, if it was brown and faulty. At one time, you had to note that you delivered a bad apple, literally, to a senior.

Now, frankly, I know a lot about fiscal policy.

I know a lot of experts on this bill who are worried about whether we are going to have enough money to deliver under this system. But I chose to go over it and spend a little bit of time on it. Once I decided we were going to try this and to talk about this, I say to my friend, the majority leader—yesterday afternoon while he was still burdened, I sat down and wrote on a piece of paper what the score would be at whatever hour we voted last night. What I wrote down was the vote would be 78 yes, and 22 no. The vote turned out to be 76–21. I think I know what happened to one of them who would have made it 77, the Senator from Pennsylvania. But I think it became pretty clear to people like me that the Senate was ready. I had a hope they were ready, because even if they weren't, I had a hunch they had some hope we could get this done.

Mr. FRIST. Mr. President, will the Senator yield?

Mr. DOMENICI. I am pleased to yield.

Mr. FRIST. Mr. President, just about 30 minutes ago I sat down and wanted to review a little bit about the last 6 months. As I did that and came to the floor and cited some of the legislation we have done, I so much appreciate the comments of the Senator from New Mexico because they fit with the hope which I translate into maybe additional dreams and hopes, but reality.

I have been blessed to be in this body for the last 8 years, but prior to that, 20 years in the scientific field and spending hours and nights in laboratories thinking and trying to hypothesize about what would occur 6 months later; or why a capillary muscle relaxed in a way based on the metabolic environment and doing my best to figure it out and doing the experiments; but then 6 months later because of the work of other people in maybe unrelated fields, having that hypothesis changed and productivity to increase to the point that my idea was solved—not the way I wanted to, but because of investment with science. I would run over from the laboratory to the clinical arena and work in a health care system that was beautiful, which was delivering the very best quality of care but looking at it through really a Medicare system at the time that was so rigid and inflexible because of the 130,000 pages of regulations from HCFA—the Health Care Financing Administration—which had evolved over a period of 30 years with good intentions but which so micromanaged and so straitjacketed the physicians, the scientists, the researchers, the patients, governing the doctor-patient interaction—130,000 pages of governing which meant you could not capture whether it is the nanotechnology or the 3 billion bits of information out of the human genome project today, with the micromanaging that the Senator was talking about—that can't be assimilated into the system of health care delivery at a rate which the American people deserve.

I mention that because as I was going through this legislation, I was thinking of AIDS/HIV, a huge problem with 23 million people dead and 40 million people infected, and there is no cure. Another 60 million people will die. Thus, we need to encourage that innovation, invent that vaccine, engage in that science. Right now we don't know what the hypothesis is. But it is there, and we are going to see it in our lifetime, because in part, just as the Senator from New Mexico led the support in the human genome at the time, at the time nobody really knew what was going to happen, he was out here 15 years ago leading on the human genome project, for a shorter period of time we had that phone book of 3 billion bits of information which is there. It is the phone book, as he said. Now it can be applied.

I mention that because 12 hours ago on this floor we passed a piece of legislation that delivers prescription drugs in an unprecedented way for the first time in the history of the Medicare program. We are helping seniors with prescription drugs. But at the same time it modernizes Medicare to get rid of the unnecessary bureaucracy, the redtape, the straitjacket, the micromanagement, building in the flexibility where those new ideas, the dynamism from the marketplace, the innovation in the marketplace can be assimilated and speed up the process where we can address this huge unfunded liability which we know occurs in Medicare today because of what our seniors deserve. But we have a doubling of the number of seniors.

At the same time we offer the prescription drug package, we modernize Medicare in such a way that it is flexible. These new ideas will be incorporated in a rapid fashion.

Heart transplantation. At the time I first started heart transplants, it was very rare. Lung transplants had never been done successfully. I am not that old. But I had the opportunity to be involved in heart transplants. It took about 5 years after I was doing them routinely in the private sector for Medicare to allow any reimbursement for our seniors—5 years because of bureaucrats. It is the way Government works. It takes a long time. That is just one procedure.

The optimism which the Senator talked about, I think so realistically and eloquently, is there. There is no question.

When we talk about 14 years out trying to predict essentially a static system moving ahead, and it is not going to happen—the advances in technology are just like that. The half-life of science has gone from 10 to 7 to probably 4 years now, and it is going to be down to 2 years. It is the same way with the health care delivery systems, and the old fee-for-service.

My dad practiced medicine for 55 years. As the Senator was talking about the genetic testing that is going to be available, the appropriate response and how we are going to be able to develop cures, I was sitting there thinking of my dad with his black bag in the 1940s, 1950s, and 1960s. He didn't have any medicines. He had none. He had antibiotics after 1945, but none before that.

But the revolution I have seen when I was doing heart transplants and lifting people's hearts out and putting them in was made possible because of one drug—cyclosporine. If the pharmaceutical companies had not invested to get that drug, we would not have been able to do heart and lung transplants.

The advances we went through in that 20 or 25 years—and now I see because of the work like the human genome projects and nanotechnology—that combination—once we allow that to marry with our health care and government-sponsored programs, the sky is the limit. Productivity will increase. The advances can be assimilated. We will be able to think more in terms of, yes, longevity, but also quality of life.

It does come down to hope. I very much appreciate the Senator articulating the big vision, because every day we are here, in the back of my mind I am thinking the same thing. Prescription drugs are important, but at the

same time to develop a system that can capture that technology and at the same time look at HIV/AIDS and make sure there is a vaccine bill, and that we keep trying. We are all trying to get it through.

But right now, because of the medical liability issues which we are going to address in July, when you have predatory trial lawyers—not all are predatory—who are really going to come in and say that vaccine has certain side effects, there is going to be a lawsuit, and there will be a lot of frivolous lawsuits that drive up the cost of health care and drive people to the ranks of the uninsured.

One last issue which I didn't mention earlier but which we addressed on the floor goes into this—medical safety in the hospital.

The Institute of Medicine report said there are 100,000 people who die every year because of medical errors in the hospital. Most of that is cross-reaction from drugs and the like. The best way to approach that is to have information voluntarily shared by physicians and by nurses to learn in an ongoing, continuous quality management program and to have that information available, which is correct, and which is self-correcting. But if you have predatory trial lawyers all the way around, and you have incentives not to share that information, we are never going to make this system better.

So it all fits together: the science, the technology, the framework which the Senator explained so well. What we are doing in Medicare, the access to prescription drugs, global HIV/AIDS—you put all that together. If we keep moving things, as we have in the last, I would say, 6 months, I am absolutely—absolutely—convinced we are going to be able to capture those hopes.

In many ways, people say: You're dreaming. You describe them as hopes. Having seen science and technology in my own life, they may have started as dreams, and they may be hopes now, but in our lifetimes they are going to be reality.

Mr. DOMENICI. Thank you so much for your comments. I was very pleased to yield.

I just want to say, without hopes and dreams in these fields, there is no question we are overwhelmed. It is hopes and hope-filled ideas that keep us energized. But it does not mean we do not have a big job because, as a matter of fact, the hopes can truly be deenergized by systems that do not let it work. That is what we have to worry about.

In my opinion, the breakthroughs are going to be so rapid that the bureaucracy that manages the change is going to have to be looked at all the time by people who really know. The breakthroughs will occur, and it will make your 5-year example—of how long it took for the heart to go from being done to being accepted—it will make that example pale as compared to the breakthroughs that are going to be over and over and around here and over there. We think the new bureaucracy—which the Senator and others helped put together—will make that work better.

I do want to hold the floor. I thank the Senator.

The PRESIDING OFFICER (Mr. BENNETT). The Senator from New Mexico.

IN REMEMBRANCE OF STROM THURMOND

Mr. DOMENICI. Mr. President, I rise to speak about my friend, Senator Strom Thurmond. I do not have any prepared remarks but I want to speak for a few moments about Senator Strom Thurmond.

Senator Strom Thurmond spent many, many years sitting in the seat, for those observing the Senate Chamber, right next to the seat where the distinguished majority leader is sitting right now.

I have eight children. Senator Thurmond, as everyone knows, lived a very long life with his first wife without children. I don't know if that had anything to do with his huge interest in asking people such as me how my children were, and I am not one who is very loathe to tell people about my children's successes.

So he used to say to me, and to anyone around, he would point at me, and say: ''There is the Senator with all the smart kids.'' Of course, I was embarrassed, and I would bend down and say: ''Senator, there are lots of Senators with smart children.''

Then he would say: ''Well, you told me about one'' . . . and he would explain what I told him. He would ask, ''how is that one doing?''

Well, obviously, those days are gone now. I was privileged, with my wife Nancy, to go to the wedding of his daughter here in this town not too many years ago. It was a beautiful wedding, a big wedding. It was a beautiful daughter and a beaming father, Strom Thurmond.

He was already past 90, for certain, and how thrilled he was to walk down the aisle and to be part of the normal wedding activities.

I note that with all the blessings he has received in his life, and all the legacy that he leaves, he got one blessing that he deserved; that is, that wedding and that marriage yielded his first grandchild. And I just wonder because he had already left the Senate; he was no longer here; he was in a hospital, but I just wonder, how happy that day must have been for him. He had a grandchild at that very old age.

There are Senators, such as from his home State, who have known him through campaigns and actions and activities that I hear of. I have read of these activities, but I did not participate in them, so they will do better than I in talking about him. But I am 71. I am very lucky, I feel, in that I have spent 31 years in the Senate. The only thing I did prior to that is, 6½ years before I came here, I accepted a dare from a group of friends to run for an office. I ran and got elected. And that office was for city council, which put me in a mayorship of sorts in our biggest city.

So you know, if you write down, at 71, what I have done: I ran for a nonpartisan office, got elected, served 4 years, waited 2 years, got elected to the Senate, and came here. But we all know, if we are going to put down what Strom Thurmond has done as a public servant, all of which clearly is one's legacy, it would take me quite a while to discuss it all. Just his military career would be a rather good speech and a rather good talk on the Senate floor.

The other thing that, to me, is of such rare, rare importance is that when you consider 100 years, and that 80 or 79 of those years he was an adult, you just think of all the things that have changed during his adulthood. Governance, governmental changes, cultural changes, philosophical leanings and tendencies of our great country changing. You have to conclude that this man, who represented a State that also changed and had become a great industrial State, and a great educational State, with fantastic educational institutions, that this great man also learned how to change. He changed with time, not changing in the sense of giving up but rather of gaining more for himself and becoming more rather than becoming less.

Now, I have known a lot of great Senators, more than most, because there are only five or six Senators who have been here longer than I, as of today, maybe five. So I have known a lot of them. I think it is only fair to say, for his family, for Nancy, for his children, there really have never been any Senators like him that I have been privileged to know.

He was indeed unique. He was so different that you cannot forget him. First, he was so personal to everyone. He was never forgetting. He was always considerate. He spent more time and effort at little things.

I know nothing about his constituent work. Let those who know speak. I speak of little things here in the Senate. The Chair and I both watched during a week at the end of a day's work, we watched Strom Thurmond while he was still around and healthy and walking. We watched what he did. He went with his staff from one event to another, perhaps three, four, five events an evening, because he had been invited and because it was somebody who said: ''Would you come to my party?'' ''Would you come to my fundraiser?'' ''Would you come to my birthday?'' ''Would you come and join me; we have visitors from my State.'' What it was that made him that kind of person, who knows? I don't know. You don't know. The Senate doesn't know. I am not sure his family knows. But the truth is, we know he did that.

All of these would appear, what I have said so far, to be things that one might say are not very important.