

This memorial is dedicated to the brave men and women who have given their lives so that we may know freedom. I was deeply moved by words spoken this morning by Dr. Mary Porter, the teacher at Painesville High School who inspired these students to take action. She said:

And so this memorial is for you, SSG William Cleveland. They dragged your body through the streets of Mogadishu, but they could not destroy your spirit . . . for you and for all those who have lost their lives in places like Somalia, Bosnia and Iraq and in training accidents and acts of terrorism: we celebrate your spirit. We recognize your sacrifice. We honor your effort to establish peace. This monument represents our eternal gratitude for your sacrifice, but it also represents hope for a future where human beings on this planet can live in peace and without fear.

The patriotism, dedication, and vision of the students at Riverside High School are commendable. Their action shows maturity, leadership and passion for their country that Americans of all ages should emulate. I support and applaud the work these students have done to establish the Pyramid of Remembrance, as well as the efforts of community members who have provided ongoing guidance and support to help the students turn their vision into reality.

I believe it is our duty to honor American men and women in uniform who have lost their lives while serving their country, whether in peacetime or during war, and this memorial, which will remain and grow at Arlington National Cemetery, will ensure that the sacrifice made by so many is always remembered by our grateful Nation.

THREATS TO AFFORDABLE HOUSING AND THE SECTION 8 VOUCHER PROGRAM

Mr. LEAHY. Mr. President, today I express my extreme disappointment with the administration's recent announcement on Fiscal Year 2004 Section 8 voucher renewals that threatens to end a long standing commitment to fully fund all Section 8 vouchers in use. Coupled with its budget proposal for Fiscal Year 2005 that would slash funding for Section 8, the Bush administration has given the Nation's communities ample reason to be concerned about the future of the Housing Choice Voucher Program.

The Section 8 voucher program has been the cornerstone of Federal housing policy for nearly 30 years. The program provides the Nation's most vulnerable families with vouchers to help them cover the cost of modest apartments and homes in the private market. It serves more than 2 million families nationwide who are trying to make ends meet. In my home State of Vermont it helps nearly 6,000 households—more than 60 percent of them are elderly or disabled members and 24 percent of them are working families.

Unfortunately the administration has chosen to shortchange the program

in a way that will almost guarantee that the poorest of families lose their support. They recently announced the intention to move from a funding formula based on the actual cost of vouchers to a model that calculates voucher costs based on last year's costs, pegged to a regional rent inflation index—which may or may not reflect local market conditions—and despite the fact that they may have access to more recent and accurate data on voucher costs.

The new formula does not take into consideration potential changes in personal incomes, and it does not provide definitive safeguards for public housing authorities—PHAs—that have seen rising voucher costs over the last year or that will be unable to meet their obligations to voucher holders once this policy is enacted. What I find even more troubling is that HUD will apply this formula retroactively, leaving many public housing authorities short-changed by millions of anticipated dollars.

Without the necessary funds to support all vouchers they have issued, many PHAs are either going to have to scale back subsidies or revoke vouchers completely. Already we are seeing the effects. PHAs are starting to realize massive gaps in their budgets. They are considering course corrections to plug these holes and in some cases have stopped accepting additional applicants for the Section 8 waiting list. If the administration's policy is carried out, it will be the first time since 1974 that the Federal Government walks away from our commitment to honor all authorized voucher contracts.

This new policy goes against the intent and will of Congress. We made it clear in the Fiscal Year 2004 Omnibus Appropriations Bill that the Department of Housing and Urban Development—HUD—should do everything in their power to ensure that all vouchers were fully funded, and we gave HUD the resources and tools they needed to do so. The Appropriations Committee added more than \$1 billion dollars to the administration's request for Section 8 vouchers, we gave HUD access to a central reserve fund to supplement voucher payments in the event that costs exceeded expectations, and the Senate passed sense of the Senate language reaffirming our commitment to the voucher program and to those that it serves. The intention of Congress could not have been clearer.

As a member of the VA-HUD appropriations subcommittee, I am not without concern for the rising cost of the Section 8 program, and I understand the need to look for creative solutions to contain those costs. But this new funding formula is irresponsible and shortsighted. Simply serving fewer people, or people with higher incomes—the almost certain outcome of this approach—is the wrong response to the rising cost of Section 8. Instead, we should be looking at measures to reduce the cost of housing and to raise

the average wage. We should look at policies which will enable families to afford a place to live without Federal assistance.

This new ruling is contrary to the administration's own goal to eliminate chronic homelessness in 10 years and will put a strain on other support services such as homeless care providers who are already stretched beyond their means. If it is not reevaluated, it will leave thousands of families nationwide at risk of losing their housing. It lacks specificity needed for PHAs to accurately predict how they are going to be affected and leaves considerable discretion to the department of how to interpret renewals.

This announcement fell on a housing community already reeling from the news that the administration wants to cut \$1.6 billion dollars from the program in the next Fiscal Year and convert Section 8 into a block grant program. If this proposal goes through, an additional 250,000 people could be faced with the loss of their housing assistance. My home State of Vermont would lose more than \$4 million in anticipated funds and could be forced to cut nearly 740 low-income, elderly and disabled families out of the program.

This is the wrong time to walk away from some of our Nation's most vulnerable populations. I find it outrageous that the President can stand behind policies that threaten the safety and wellbeing of thousands of American families while continuing to advocate for corporate tax cuts and tax cuts for the wealthiest Americans. There is a fiscal crisis in this country, of that I am sure. Our Federal debt continues to rise and the Federal treasury continues to shrink, but it is not caused by the modest assistance we give families on Section 8.

This program has proven itself to be one of the most cost-effective housing programs. This was confirmed by two separate reports in 2002—one by the General Accounting Office, and reinforced by the Millennial Housing Commission. It has been shown to have positive effects on families and children, many of whom are able to move out of high poverty areas to areas of lower poverty and lower crime rates and better schools. Studies have shown that it helps promote success in the workplace performance—by providing reliable housing while families are trying to get established, many of whom have moved off welfare.

We cannot expect low-income families to improve their situations, hold steady jobs and move out of poverty if they do not have access to reliable, safe and affordable housing. We cannot expect the elderly and the disabled who are on meager fixed incomes to fend for themselves in rental markets that have spiraled out of the reach of even moderate-income families. Section 8 provides temporary assistance to those who need it. It helps families avoid the choice between a roof over their heads or food on the table.

Congress gave the HUD the resources they needed to fully fund all vouchers under contract, and I would expect them to use those resources. This is not the place to try and reap meager savings to make up for a Federal deficit caused by questionable tax cuts and irresponsible fiscal policies.

I urge the administration to reevaluate this policy and to restore our commitment to the Section 8 program.

MEDICAL RESIDENCY PROGRAM

Mr. BINGAMAN. Mr. President, I once again raise my concerns with Section 207 of the Pension Funding Equity Act that passed the Senate on April 8 and was signed into law on April 10. This provision grants a retroactive antitrust exemption to the graduate medical education residency matching program, a subject that is entirely unrelated to the pension bill and never received a full consideration by the normal processes of this body.

My concerns about that provision are simple. First, I do not think that exemptions from this nation's antitrust laws should be lightly given. Second, I think the process by which this exemption was given—without any opportunity for hearing before the appropriate committees or full and real consideration by this body—was improper. Finally, I am concerned about the correct interpretation of the language as to the scope of the immunity.

As I stated in the floor debate on the pension bill, I believe that the language of subsection 207(b)(3) makes clear that the exemption from the antitrust laws granted by this legislation is limited; and that if there is a claim of price-fixing—which is prohibited by section one of the Sherman Act—then the provisions of subsection 207(b)(2) do not apply.

Even though my right to file an amendment was reserved on this bill, I have now lost that right as my amendment is no longer in order now that cloture has been invoked. Having lost this right, I will seek a future opportunity to raise this issue before this body.

PRIMARY IMMUNE DEFICIENCY DISEASES

Ms. LANDRIEU. Mr. President, I take this opportunity to focus attention on primary immune deficiency diseases, PIDD, a problem that affects thousands of people across our Nation. Primary immune deficiency diseases are genetic disorders in which part of the body's immune system is missing or does not function properly. The World Health Organization recognizes more than 150 primary immune diseases that affect as many as 50,000 people in the United States. Fortunately, 70 percent of PIDD patients are able to maintain their health through regular infusions of a plasma product known as intravenous immunoglobulin. IGIV helps bolster the immune system and

provides critical protection against infection and disease.

I am familiar with primary immune deficiencies because one of my constituents and long-time Shreveport, LA, residents, Gail Nelson, is a PIDD patient. Gail and her husband Syd Nelson have become tireless advocates for the primary immune deficiency community as volunteers for the Immune Deficiency Foundation. IDF is the Nation's leading organization dedicated to improving the quality of life for PIDD patients.

Recently, the foundation entered into a historic research partnership with the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. The establishment of the US Immunodeficiency Network represents the most significant advancement in primary immune deficiency research in our Nation's history. I was pleased to work with the Nelsons, the foundation, and my colleagues in the Senate to make this research consortium a reality.

Despite the recent progress in PIDD research, the average length of time between the onset of symptoms in a patient and a definitive diagnosis of PIDD is 9.2 years. In the interim, those afflicted may suffer repeated and serious infections and possibly irreversible damage to internal organs. Thus, it is critical that we raise awareness about these illnesses within the general public and the health care community.

I commend the Immune Deficiency Foundation and Gail and Syd Nelson for their leadership in this area, and I am proud to join them in raising awareness of these diseases. I encourage my colleagues to work with us to help improve the quality of life for PIDD patients and their families.

ADDITIONAL STATEMENTS

IOWA WOMEN AGAINST HEART DISEASE AND STROKE

• Mr. GRASSLEY. Mr. President, today I rise to acknowledge women in Iowa who are taking a stand against heart disease and stroke. Many people assume that cardiovascular disease is a man's disease. The truth is, it has claimed more lives of women since 1984.

Nationwide, 8 million women are living with heart disease. Thirteen percent of women age 45 and over have had a heart attack.

As a survivor of breast cancer, my wife Barbara knows the fears of many women. Heart disease, just like cancer, is scary and real. It is up to women around the world to educate their friends, mothers, and sisters about the disease. Women in Iowa are doing it this week.

I commend every woman in Iowa for being an advocate for a very good cause. The campaign to educate all women about the major risk factors of heart disease and about heart-healthy

behavior will positively impact the lives of many families. Women in Iowa should not underestimate their personal risk, and they should know what they can do to beat the disease.

In Congress, I have worked to increase funding for the National Institutes of Health. The NIH is one of the world's foremost medical research centers, and the Federal focal point for medical research in the United States.

I am keenly aware of the overall benefits of biomedical research to the health care system, and to those with heart disease.

In fact, the NIH has set out to develop a national public awareness and outreach campaign to convey the message that heart disease is the number one killer of American women and that it can be successfully prevented and treated.

Six years ago, we set out to double the funding for the NIH. We followed through with our promise. As a result, the NIH now funds nearly 10,000 more research grants and can support the training of over 1,500 more scientists each year.

This is good news for women everywhere. The increase in funding is a step in the right direction, but we can't give up. It will take all of us to stop the leading cause of death in our state.●

OREGON HEALTH CARE HERO

• Mr. SMITH. Mr. President, I rise today to recognize an outstanding Oregon leader who has been a health care hero for Oregon's seniors. Barbara Arazio has served on the Oregon Board of Nursing Home Examiners for 18 years, mentoring nursing home administrators and ensuring quality care for vulnerable Oregon seniors.

When Oregonians find that one of their loved-ones is in need of skilled nursing care, they want assurances that the highest quality care will be provided in a safe environment. Because of Barbara's diligence and hard work, our families have that peace of mind. Barbara has played a central role in helping nursing homes not only comply with, but exceed the State standards for nursing facilities.

The level of service at each Oregon nursing facility is driven by its leadership. Barbara has trained nursing home administrators and continually worked with them to make sure that residents have access to the best health care and facilities. In fact, the quality of life at Oregon care centers, from the activities, to the meals, to the well-trained staff, can be traced back to Barbara's caring hand.

As Barbara embarks on her well-earned retirement, she will be greatly missed by the administrators, staff and residents of Oregon's long term care system. She has touched many lives and is truly a Health Care Hero for Oregon.●