

Our schools—and the students with disabilities that they teach—also deserve highly qualified and skilled educators.

For special educators, regular educators, principals, and others who provide education and related services to students with disabilities the need for action is clear:

47 percent of students with disabilities, ages 6-21, spend 79 percent or more of their time in regular classes.

98 percent of school districts report meeting the growing demand for special education teachers as a top priority.

An estimated 600,000 special education students are taught by unqualified or underqualified teachers nationwide.

Each year about one-third of special education program faculty openings are unfilled.

The Personnel Excellence for Students with Disabilities Act, which I introduced last year, seeks to address this critical area of need—ensuring that all students with disabilities are served by highly qualified and skilled teachers, education personnel and related service providers.

I am pleased that many of the provisions of my bill have been incorporated into S. 1248.

Together, we can ensure that children with disabilities have access to a high-quality, free, appropriate public education, and that the law truly reflects the needs of parents, teachers, principals, and related personnel.

Governors, State legislators, superintendents, principals, teachers, and parents are all unified in support of mandatory full funding of IDEA.

Now, instead of the empty votes and broken promises of the past, another opportunity to meet our commitment is upon us. I urge my colleagues to vote for the Harkin-Hagel amendment.

CONFLICT IN DARFUR, SUDAN

Mr. DURBIN. Mr. President, I rise today to call attention to the devastating conflict in the Darfur region of Western Sudan. Over the past 14 months more than 1 million people have been displaced by the scorched earth campaign waged by the Sudanese armed forces and 'janjaweed' militia. The number of refugees grows daily. The situation is hardly improving, despite recent attention.

I am pleased that earlier this month the Senate was able to agree to S. Con. Res. 99, which condemns the Government of the Republic of Sudan for its participation and complicity in the attacks against innocent civilians in the Darfur region. But I must caution my colleagues that we cannot consider this matter over and dealt with. We must keep abreast of ongoing developments in Darfur and continue to look for ways to bring an end to the conflict.

With that goal in mind, I would like to draw to the attention of my colleagues an enlightening article by Lau-

rie Garrett, published in the May 10 edition of the Los Angeles Times. The op-ed focuses on possible consequences of the Darfur conflict which have largely been overlooked. Ms. Garrett explains that along with the horrid campaign of rape and murder perpetrated by the militia, those rapists and murderers are likely spreading disease among their victims and themselves.

When Ms. Garrett speaks of disease, she does not mean the common cold. She is talking about the most vicious and deadly infections known to man. Darfur is located in a region of Africa believed to be the origin of diseases like HIV, ebola, and West Nile virus, to name only a few. The reason we know the names of these diseases is not because they stayed confined to remote villages and tribes of Africa. These are diseases which grew rampant and spread across deserts and oceans to reach the farthest outposts of our Nation and the rest of the world.

While some may have difficulty imagining the horrors of a conflict far away in a remote part of Sudan, it is much easier to imagine consequences on our home soil. The possibility is very real that the rape campaign in Darfur could take a disease, previously confined to a single remote village, and spread it throughout the militia, their victims, and the rest of the world. This is a possibility which should not be ignored.

Along with many of my colleagues, I have worked very hard to combat the global epidemic of AIDS and will continue to do so until we have conquered that horrible disease. Laurie Garrett's warning is that our AIDS effort is not enough. We must do everything we can to prevent another AIDS or another West Nile from ravaging people around the world. Bringing a swift end to the conflict in Sudan will reduce the chance of a new and devastating infection being introduced into the international population.

I praise Ms. Garrett for bringing attention to the role of disease in the Darfur conflict and I hope that her article serves as yet another reminder that we must continue to push for peace in Sudan.

I ask unanimous consent that Laurie Garrett's op-ed in the May 10 edition of the Los Angeles Times be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Los Angeles Times, May 10, 2004]

THE MICROBES OF MAYHEM

(By Laurie Garrett)

As the horrors of Sudan's ethnic conflict mount, opportunities for pathogenic microbes—germs that could threaten people all over the world—rise in tandem. War and disease are often a matched set in Africa, with terrifying results: If the fighting doesn't kill you, disease very well could. And without outside help to stop the cycle, the devastating results will only spread.

In the Darfur region of western Sudan, an estimated 1 million ethnic-African Sudanese are refugees, the targets of government

troops and horseback janjaweed militia—ethnic Arabs—who are torching and raping their way across hundreds of miles of poor farmland.

It is almost impossible to overstate how remote this region is. Permission to legally visit the area is rarely granted by the Sudanese government. So scientists know very little about the area's plants and animals, much less its microbes. But what they can surmise is frightening.

Darfur is just 500 miles north of N'zara, where scientists believe the often lethal West Nile virus (which has now spread to nearly every state in the United States) resides. In 1976, N'zara also was the site of a major outbreak of the deadly Ebola virus. And across Sudan's southern border, Uganda is believed to be ground zero for the global AIDS epidemic. The circumstances of West Nile's spread remain a mystery, but the Ebola outbreak and the AIDS epidemic owe a great deal to the treacherous mixing of war, refugees and microbes.

In 1976, an international team of scientists was in Yambuku, Zaire, doing battle with the world's first known epidemic of Ebola, a virus that causes uncontrollable bleeding. Ebola was rare, to say the least, so the scientists were stunned to hear rumors of another outbreak in N'zara.

American disease detective Dr. Joe McCormick drove a Land Rover across more than 400 miles of unmarked terrain to confirm the outbreak. To this day, however, scientists have no idea exactly how Ebola emerged in N'zara, or whether the virus normally inhabits the area. But they do know that ethnic warfare was underway in the region.

Most likely, infected animals—bats, perhaps—had taken up residence inside buildings in the area, probably as a result of human encroachment into the animals' normal habitat and changes in local weather patterns. It is believed that starving local residents hunted and ate infected animals, and once humans were infected, Ebola spread swiftly, thanks to the dire conditions in the region's war-torn hospitals and clinics, where needles were reused and sterile techniques were virtually unheard of.

As for HIV, it also can be traced to the 1970s and another ethnic-cleansing campaign in the same region of Africa. Ugandan strongman Idi Amin set his soldiers against tribes in the Rakai district, with rape as a primary weapon. When the conflict spilled over into Tanzania, so did the rape, and when Tanzania's army repulsed Amin's forces, it carried out its own campaign of rape in turn. As it happened, however, another form of revenge spread along with the rape: HIV.

The genetic history of HIV shows that the virus made its first leap to our species from a primate—probably a chimpanzee—some seven decades ago. But in traditional village settings across Africa, the virus did not readily spread, and less than 1% of any society is thought to have been infected before the mid-1970s. It took a catastrophic event, like Amin's brutal campaign, to amplify the rare virus into a pandemic.

Today, as then, a chief horror of the Darfur campaign is the militias' raping of women and girls. They brand their victims' foreheads so that all will know that the women and their potential offspring are tainted. Nobody knows how prevalent HIV is in the Darfur region (Khartoum has never allowed surveys of the area). In the Muslim north, surveys of pregnant women four years ago revealed that 3% of them were HIV-positive; a N'zara-area survey found infection rates twice as high. It isn't unreasonable to suspect that the current Darfur "ethnic cleansing" campaign is spreading the disease, not only among the people of Darfur and their

janjaweed rapists but also among refugees in camps in neighboring Chad. It is equally reasonable to posit that some other previously obscure sexually transmitted disease could be amplified to epidemic proportions via the bodies of the women of Darfur.

And there is yet another chapter in the region's disease history that has a bearing on what's happening in Darfur. Ten years ago, the world stood by as hundreds of thousands were murdered in Rwanda and thousands more died in the refugee camps. Initially, overwhelmed local medical workers believed that the disease causing many of the deaths was cholera. But it wasn't chiefly cholera that ravaged the refugee camps; it was shigella, bacteria that cause dysentery. Amid the ongoing violence and the chaos of the camps, black market antibiotics were taken indiscriminately. Instead of curing the bacteria, the uncontrolled use of antibiotics created a brand new fully drug-resistant strain that still plagues Africa.

Surely it is in our collective interest, in light of this sorry history, to pay heed to those who implore us to save Darfur, to stop the rape, to resettle the refugees, to end the chaos that breeds disease. Even if we cannot find Sudan on a map or have no room left in our hearts to bear witness to another war, we surely understand that deadly microbes are our problem, as well as theirs.

IN SUPPORT OF S. 2420

Mr. GRAHAM of Florida. Mr. President, I ask unanimous consent that the following letters in relation to the May 13, 2004 introduction of the SCHIP Expansion Act, S. 2420, be printed in the RECORD.

There being no objection, the material was ordered to be printed in the Record, as follows:

CHILDREN'S DEFENSE FUND,
Washington, DC, May 13, 2004.

The Hon. BOB GRAHAM,
Senate Hart Office Building 524, Washington,
DC.

DEAR SENATOR GRAHAM: The Children's Defense Fund shares your goal of strengthening the State Children's Health Insurance program (SCHIP). The SCHIP program provided coverage to 5.8 million children in 2003, but the latest data indicate that there are still approximately 8-9 million uninsured children, the majority of whom are currently eligible for Medicaid or SCHIP.

To cover these eligible, uninsured children states will need to further simplify their Medicaid and SCHIP enrollment and especially retention processes. They will also need additional federal resources. The SCHIP Expansion Act of 2004 would provide \$18 billion in additional federal SCHIP funds and would also encourage states to adopt important Medicaid and SCHIP improvements such as continuous eligibility and passive renewal. In addition, your bill would, appropriately, prevent states with unspent federal SCHIP funds from capping or freezing program enrollment.

We look forward to working with you to enact legislation that will provide strong incentives for states to elect currently available options to streamline Medicaid and SCHIP enrollment and retention, and will discourage states from restricting enrollment in the SCHIP program.

Thank you for your leadership on this important issue.

Sincerely,

EMIL PARKER,
Director of Health, Children's Defense Fund.

CATHOLIC CHARITIES USA,
Alexandria, VA, May 13, 2004.

DEAR SENATOR GRAHAM: As a strong supporter of Medicaid and the State Children's Health Insurance Program (SCHIP), Catholic Charities USA would like to express our support for the SCHIP Expansion Act of 2004. We thank you for sponsoring this vital piece of legislation that we believe represents a critical step in providing coverage to all uninsured children.

We are especially pleased that the SCHIP Expansion Act of 2004 directly addresses the problem of health care access that millions of uninsured children face by providing new state options to expand SCHIP to all uninsured children regardless of income. This legislation will help ensure children's access to primary and preventive health care, enabling them to grow up healthy and participate in their communities.

We also support the provisions in the SCHIP Expansion Act of 2004 that would provide a higher federal SCHIP match to those states who streamline the enrollment process by implementing presumptive eligibility, twelve-month continuous enrollment, elimination of the asset test, and passive renewal. These simplification measures will allow families to gain quicker access to the health care they need.

In addition, we are pleased that this legislation restores federal funding allotments to pre-2002 SCHIP funding levels, which will enable states to continue to enroll and cover even more uninsured children.

Catholic Charities agencies work nationally and at the state level to ensure as many eligible children as possible are enrolled in Medicaid and SCHIP. We believe that it is critically important to ensure that poor and low-income children and families have access to the health care they so vitally need.

We thank you for introducing this legislation as we believe it represents an important step towards reducing the number of uninsured children in country and reducing the barriers to health care that many families face.

Sincerely,

SHARON DALY,
Vice President, Social Policy.

ADDITIONAL STATEMENTS

COASTAL WETLANDS EROSION IN LOUISIANA

• Mr. JEFFORDS. Mr. President, I thank the children of the Terrebonne Parish School System in Houma, LA, for writing to me about the dire effects of coastal erosion on their State. As part of the Houma-Terrebonne Chamber of Commerce's Save Our Soil Campaign, students from the Terrebonne Parish are writing letters to important State and Federal officials regarding the coastal land loss crisis in Louisiana. I truly appreciate their efforts and will do my part to support restoration in all of our Nation's coastal States.

Coastal erosion is an urgent problem in the United States, costing hundreds of millions of dollars a year, including damage caused by storms and flooding, costs of erosion prevention, and expenses to dredge channels and harbors. In Louisiana alone, wetland loss could cost the Nation \$36.6 billion. The Atlantic and Gulf coasts account for 45 percent of the U.S. coastline and they

are home to 63 percent of the structures within 500 feet of the shoreline. According to the Federal Emergency Management Agency, FEMA, the Nation's highest average erosion rates—up to 6 feet or more per year—occur along the Gulf of Mexico coastline, while the average erosion rate on the Atlantic coast is about 2 to 3 feet per year. A hurricane or other major storm can cause the coast to erode 100 feet or more in a single day.

This rate of erosion is unacceptable. As the Terrebonne students know, wetlands and barrier islands provide natural protection from strong winds and hurricanes. Coastal zones are ecologically significant, providing safe and healthy habitat for an abundance of migratory birds and other wildlife. Our Nation's commercial and recreational fisheries are dependent on the many species of fish and other aquatic organisms that spawn and nest in this delicate web of marshes, wetlands, and estuaries.

It is my sincere hope that through the Water Resources Development Act we will be able to conserve our remaining wetlands and restore many acres of precious coastline in Louisiana. I am grateful to the citizens of Terrebonne Parish for educating their children and fighting for the coastal restoration of Louisiana. We cannot stand to lose more of this previous natural resource.●

MESSAGES FROM THE PRESIDENT

Mesages from the President of the United States were communicated to the Senate by Ms. Evans, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

REPORT RELATIVE TO THE CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO BURMA—PM 77

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a