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House of Representatives

The House was not in session today. Its next meeting will be held on Friday, February 6, 2004, at 12 noon.

Senate

THURSDAY, FEBRUARY 5, 2004

The Senate met at 9 a.m. and was called to order by the President pro tempore (Mr. STEVENS)

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Lord of Hosts, Ruler of all nature, we magnify Your name. On today, many lift their hearts in prayer for our Nation. Lord, You have promised that a nation that humbles itself and prays, seeking Your face, will hear from You. You have promised to forgive our sins and to heal our land. Thank You for doing for America immeasurably more than we can ask or imagine. You have blessed us with wonderful freedoms and opportunities to accomplish Your purposes on Earth.

Guide our Senators as they seek to be Your instruments. Empower our leaders to live for Your glory. Protect our military and those who daily risk their lives for freedom.

Lord, we declare today that the kingdom, the power, and the glory belong to You. We pray this in Your awesome Name. Amen.

PLEDGE OF ALLEGIANCE

The PRESIDENT pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The acting Republican leader is recognized.

SCHEDULE

Mr. ROBERTS. Mr. President, this morning following morning business, the Senate resumes consideration of S. 1072, the highway bill. As the majority leader announced last night, it is hoped we will be able to work through those amendments early in the day so we can proceed to additional amendments. Senators should expect votes today as the Senate continues to make progress on the highway bill. Senators will be notified as votes are scheduled.

RECOGNITION OF THE MINORITY LEADER

The PRESIDENT pro tempore. The Democratic leader.

ORDER OF PROCEDURE

Mr. DASCHLE. Mr. President, I intend to use my leader time this morning. I ask unanimous consent that morning business not be reduced as a result of my use of leader time.

The PRESIDENT pro tempore. Without objection, it is so ordered.

KEEPING ALIVE THE WORK AND SPIRIT OF PAUL WELLSTONE

Mr. DASCHLE. Mr. President, I would like to use a few minutes of my leader time to talk about a remarkable new effort that is being launched today to try to develop a broader national consensus about the kind of future we want in America and how we can achieve it. It is called the Wellstone Civic Dialog Project. It is being organized by Wellstone Action, a progressive advocacy organization created by

Paul and Sheila Wellstone's sons Mark and David to keep their parents' work and spirit alive.

The first meetings will be held this evening. In what may be the largest book group ever, thousands of ordinary Americans in 40 States will meet in private homes, schools, churches, community centers, bookstores, and hundreds of other places to discuss the direction and the future of our Nation. Those attending the discussion are encouraged to read a book Senator Wellstone wrote which was published the year before he died. It is called "The Conscience Of A Liberal." If the title evokes memories of another book, it is deliberate.

In the introduction of his own book, Paul recalled the good-natured ribbing some of his Republican colleagues gave him when he attended Barry Goldwater's funeral service.

They gave me Goldwater's "The Conscience of a Conservative" to read on the plane. "Paul," they said, "read this; we read this book at young ages and it set us on the right path. We still have hope for you."

Paul replied that he, too, had read Senator Goldwater's book at a young age and explained: "That's why I'm a liberal."

"But," he said, "I also told them that I admired Barry Goldwater for his political integrity."

More than almost anyone else I have ever known, Paul Wellstone had an unshakable faith in the fundamental decency of most people and in the genius of democracy. He believed if we

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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faced our challenges squarely and listened respectfully to each other, we would discover that most of us share the same values, the same concerns, and the same dreams; that we would also discover the solutions and strength to overcome almost any obstacle.

The Wellstone Civic Dialogue Project is an attempt to bring ordinary Americans together to develop a consensus to move America in a more humane, more progressive direction. It is what Paul called "citizen democracy."

Groups will meet in more than 600 communities throughout America. In a touch that I am sure Paul Wellstone and Barry Goldwater would have appreciated greatly, in several of the groups self-declared Republicans and Democrats have agreed to sit face to face and discuss their ideas and values.

The first meetings, as I said, will take place this evening in more than 600 communities throughout America. A topic for tonight's discussion is "Can we dream again?" It is a reference to a quote by Eleanor Roosevelt that Paul loved and preached often. The future will belong to those "who believe in the beauty of their dreams."

It is expected that groups will meet as many as eight additional times over the next several months to discuss issues ranging from education and health care, to domestic violence, money and politics, and the war in Iraq. Anyone interested in attending a Civic Dialog Project discussion can go to the Wellstone Action Web site, www.wellstone.org, to find a discussion group near them or to download study guides for any of the discussion topics.

If there isn't a group in your neighborhood, you might want to consider starting one. The Wellstone Action group has trained hundreds of volunteer facilitators to help people set up and run discussion groups in their own communities.

Before Paul came to the Senate, he was a political science professor. But there was nothing the slightest bit academic or abstract about his politics. He used to say: "People yearn for a 'politics of the center'—not the 'center' so widely discussed by politicians and pundits in Washington but, rather, a politics that speaks to the center of people's lives: affordable child care, good education for children, health security, living-wage jobs that will support families, respect for the environment and human rights, and clean elections and clean campaigns."

You can see that yearning today in the record turnouts in Presidential caucuses in primaries in Iowa, New Hampshire, and so many other States. Instead of questioning each other's character and motives and patriotism, people want politicians to talk honestly about the concerns at the center of people's everyday lives.

One of the concerns is the refusal by some insurers to provide fair and equitable treatment for people with mental illness. Nothing made Paul angrier nor

offended him more deeply than the stigma attached to mental illness and the discrimination and suffering that people with mental health problems suffer as a result of that stigma. He thought it was cruel that people with mental health problems often received lesser care than those with physical health problems. He was outraged by the terrible toll such discrimination often takes on people with mental illness and their families. He and Senator DOMENICI introduced a bill—now called the Paul Wellstone Mental Health Equitable Treatment Act—to end such discrimination. The bill was reintroduced at the beginning of this Congress, but it has been stalled in committee for more than a year now because of opposition from the insurance industry and its allies.

Last October, on the first anniversary of the plane crash that killed Paul and Sheila, their daughter Marcia, and four others, I asked unanimous consent that the Senate take up and pass the Wellstone Mental Health and Treatment Act. It would have been the perfect tribute to Paul.

The Republican leadership blocked that request. But they gave us their word that the Senate will consider the Wellstone mental health bill early this year. I am here to say, very clearly, that Democrats intend to hold them to that promise.

Like tens of millions of Americans, Paul Wellstone knew well the anguish that mental illness can cause families.

Nearly 50 years ago, when his older brother Stephen was a freshman in college, he suffered a severe mental breakdown. Stephen Wellstone spent the next 2 years in mental hospitals. Eventually, he recovered and graduated from college—with honors—in 3 years. But it took his immigrant parents 20 years to pay off the bill from those 2 years.

In his book, Paul recalled the years that Stephen was hospitalized. "For two years," he wrote, "the house always seemed dark to me—even when the lights were on. It was such a sad home."

Fifty years later, there are still far too many sad homes in America; there are still far too many families that are being devastated by the physical and financial consequences of mental health problems. In many cases, they have health insurance. But their insurance companies refuse to pay for the mental health care they or their loved ones need.

I hear from such families every week.

Three days ago, a woman from Sioux Falls called my office. She is about 50. She and her husband have two children, and they have health insurance through his job. Years ago, she suffered one of the most agonizing losses a person can endure: Her 3-year-old daughter died from spinal meningitis.

She now suffers from chronic depression, which she manages with the help of medication and therapy.

Recently, the cost of her medication jumped from \$100 a month to \$500 a

month, and her insurance company informed her that she has now hit their lifetime cap on mental health benefits, so they will no longer pay anything for her medications or her therapy.

So she and her husband now face a choice: pay the entire cost of her prescriptions and her therapy each month, out of pocket, or pay their mortgage.

She was fighting back tears when she called my office. She said, "If I had a heart ailment, they wouldn't think twice about sending me to a cardiologist. But there's such a stigma associated with mental health."

She added, "This isn't something I've chosen any more than people who suffer from diabetes or heart disease chose their conditions."

What makes her story even more terrible is how many other people in this country are having to fight the same fight, and make the same awful choices. No family is untouched by mental health problems. Fifty-four million Americans suffer from some form of mental illness. They include Republicans, Democrats, and people who don't care at all about party labels.

Paul Wellstone and PETE DOMENICI were about as far apart politically as two people could be. But they shared a common bond: They both had people in their families, who they loved, who were affected by mental illness. They were unlikely but great allies.

In 1996, thanks in large part to their leadership, Congress passed the Mental Health Parity Act. It says that group health plans sponsored by employers with 50 or more workers cannot place annual or lifetime dollars limits on mental health benefits that are more restrictive than their limits for physical health care.

It was an important step forward. But discrimination persists; we know that. Some insurers openly disregard the law. Some have found new ways to restrict mental health benefits. The results can be devastating: unemployment, broken homes, shattered lives, poverty, poor school performance—even suicide.

The Paul Wellstone Mental Health Equitable Treatment Act does not force employers to offer mental health coverage. It simply says that if employers offer mental health benefits, insurers cannot provide more restrictive coverage for mental health benefits than they do for other medical and surgical benefits.

Some insurers already meet this basic fairness standard. They are to be commended for doing the right thing. But others will not do the right thing unless they are required by law to do so. So Congress needs to act.

The insurance industry claims—incorrectly—that requiring insurers to treat mental illness the same way they treat physical illness will drive premiums up so high that more people will lose their health insurance. Their claims are not true. They are simply scare tactics; we've heard them before.

The truth is, two highly respected organizations have analyzed the Paul Wellstone Mental Health Equitable Treatment Act. The private accounting firm of PricewaterhouseCoopers predicts the bill would increase health insurance premiums by one percent. One percent. That works out to \$1.32 per month. The Congressional Budget Office predicts an even smaller average increase: nine-tenths of 1 percent. I think most families would consider that was a very good deal.

Senators DOMENICI and Wellstone modeled their bill on the mental health parity provisions on the Federal Employee Health Benefits Program. For 3 years, Senators and the other 8.5 million members of that program have had the protection of genuine mental health parity. According to the Office of Personnel Management, it has increased premiums only 1.3 percent. And that includes parity for substance abuse services, which are not included in the Wellstone mental health bill.

Nearly 2 years ago, President Bush said, "Our country must make a commitment: Americans with mental illness deserve our understanding and they deserve excellent care. They deserve a health care system that treats their illness with the same urgency as physical illness." We urge the President to back up his words with leadership.

The Paul Wellstone Mental Health Equitable Treatment Act is cosponsored by 68 Senators—more than two-thirds of this Senate. It is also supported by more than 360 national organizations—90 of which have added their support just since October.

Groups endorsing the Wellstone bill include the American Academy of Pediatrics, the Alzheimer's Association, the National PTA, the Evangelical Lutheran Church in America, Catholic Charities, the National Association of Counties, the American Medical Association, the American Nurses Association, the American Association of Pastoral Counselors, the Christopher Reeve Paralysis Foundation, the National Rural Health Association, the National Organization on Fetal Alcohol Syndrome, and many other groups.

I ask unanimous consent that the complete list be inserted at the close of my remarks in the CONGRESSIONAL RECORD.

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

(See exhibit 1.)

Mr. DASCHLE. Mr. President, nearly 50 years after mental illness brought such sadness and financial strain to Paul Wellstone, doctors and scientists have made great strides in understanding and treating many mental health problems. But those advances mean little to those who cannot afford them.

In South Dakota and throughout America, there are still too many homes that seem dark even when the lights are on. There are too many people who are being denied essential men-

tal health care because of arbitrary decisions by insurance companies putting profits ahead of people.

The Wellstone bill can change that. We have a commitment from the Majority Leader that the Senate will deal with this issue early this year. We are determined to see that that happens.

I yield the floor.

EXHIBIT 1

361 ORGANIZATIONS SUPPORTING THE PAUL WELLSTONE MENTAL HEALTH EQUITABLE TREATMENT ACT (DOMENICI/KENNEDY (S. 486) AND KENNEDY/RAMSTAD (H.R. 953)), JANUARY 29, 2004

Advocates for Youth
Alaska State Medical Association
Alliance for Aging Research
Alliance for Children and Families
Alliance For Mental Health Consumers Rights
Alzheimer's Association
American Academy of Child and Adolescent Psychiatry
American Academy of Cosmetic Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Academy of Physician Assistants
American Academy of Psychiatry and the Law
American Academy of Sleep Medicine
American Association for Geriatric Psychiatry
American Association For Marriage and Family Therapy
American Association for Psychological Rehabilitation
American Association for Thoracic Surgery
American Association of Children's Residential Centers
American Association of Clinical Endocrinologists
American Association of Pastoral Counselors
American Association of Practicing Psychiatrists
American Association of School Administrators
American Association of Suicidology
American Association on Mental Retardation
American Board of Examiners in Clinical Social Work
American College of Cardiology
American College of Chest Physicians
American College of Emergency Physicians
American College of Medical Genetics
American College of Mental Health Administration
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Occupational and Environmental Medicine
American College of Osteopathic Family Physicians
American College of Osteopathic Surgeons
American College of Physicians
American College of Preventive Medicine
American College of Radiology Association
American College of Surgeons
American Congress of Community Supports and Employment Services (ACCSES)
American Counseling Association
American Diabetes Association
American Family Foundation
American Federation of State, County and Municipal Employees
American Federation of Teachers
American Foundation for Suicide Prevention
American Gastroenterological Association

American Geriatrics Society
American Group Psychotherapy Association
American Heart Association
American Hospice Foundation
American Hospital Association
American Humane Association
American Jail Association
American Managed Behavioral Healthcare Association (AMBHA)
American Medical Association
American Medical Directors Association
American Medical Group Association
American Medical Rehabilitation Providers Association
American Medical Student Association
American Mental Health Counselors Association
American Music Therapy Association
American Network of Community Options and Resources
American Nurses Association
American Occupational Therapy Association
American Orthopaedic Foot and Ankle Society
American Orthopsychiatric Association
American Osteopathic Academy of Orthopedics
American Osteopathic Association
American Pediatric Society
American Political Science Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
American Psychotherapy Association
American Public Health Association
American School Counselor Association
American School Health Association
American Society for Adolescent Psychiatry
American Society for Clinical Pathology
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Clinical Oncology
American Society of Clinical Pharmacology
American Society of Plastic Surgeons
American Therapeutic Recreation Association
American Thoracic Society
America's HealthTogether
Anna Westin Foundation
Anorexia Nervosa and Related Eating Disorders, Inc.
Anxiety Disorders Association of America
Arizona Medical Association
Arkansas Medical Society
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Association for Clinical Pastoral Education, Inc.
Association for Science in Autism Treatment
Association of American Medical Colleges
Association of Asian Pacific Community Health Organizations
Association of Jewish Aging Services of North America
Association of Jewish Family & Children's Agencies
Association of Material and Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of Orthopaedic Foot and Ankle Surgeons
Association of University Centers on Disabilities
Association to Benefit Children
Attention Deficit Disorders Association
Autism Society of America
Barbara Schneider Foundation
Bazelon Center for Mental Health Law
Brain Injury Association of America, Inc.
California Medical Association
Camp Fire USA
The Carter Center
Catholic Charities USA

Center for the Advancement of Health
 Center for Women Policy Studies
 Center for Disability and Health
 Center on Juvenile and Criminal Justice
 Central Conference of American Rabbis
 Chicago Public Schools
 Child & Adolescent Bipolar Foundation
 Child Neurology Society
 Children and Adults with Attention-Deficit/
 Hyperactivity Disorder
 Children's Defense Fund
 Children's Healthcare Is a Legal Duty
 Children's Hospital Boston
 Child Welfare League of America
 Christopher Reeve Paralysis Foundation
 Church of the Brethren Washington Office
 Clinical Social Work Federation
 Coalition for Juvenile Justice
 College of Psychiatric and Neurologic Phar-
 macists
 Colorado Medical Society
 Commission on Social Action of Reform Ju-
 daism
 Connecticut State Medical Society
 Corporation for the Advancement of Psychi-
 atry
 Council for Exceptional Children
 Council of State Administrators of Voca-
 tional Rehabilitation
 Council on Social Work Education
 County of Santa Clara, CA
 Cure Autism Now
 Dads and Daughters
 Depression and Bipolar Support Alliance
 Disability Rights Education and Defense
 Fund, Inc.
 Disability Service Providers of America
 Division for Learning Disabilities (DLD) of
 the Council for Exceptional Children
 Easter Seals
 Eating Disorders Coalition for Research, Pol-
 icy & Action
 Employee Assistance Professionals Associa-
 tion
 Epilepsy Foundation
 Families For Depression Awareness
 Families USA
 Family Violence Prevention Fund
 Family Voices
 Federation of American Hospitals
 Federation of Behavioral, Psychological &
 Cognitive Sciences
 Federation of Families for Children's Mental
 Health
 Florida Medical Association
 Freedom From Fear
 Friends Committee on National Legislation
 (Quaker)
 Harvard Eating Disorders Center
 Hawaii Medical Association
 Human Rights Campaign
 Idaho Medical Association
 Illinois State Medical Society
 Inclusion Research Institute
 Indiana State Medical Association
 Institute for the Advancement of Social
 Work Research
 International Association of Jewish Voca-
 tional Services
 International Association of Psychosocial
 Rehabilitation Services
 International Community Corrections Asso-
 ciation
 International Dyslexia Association
 International Society of Psychiatric-Mental
 Health Nurses
 International Spinal Injection Society
 Iowa Medical Society
 Iris Alliance Fund
 Jewish Federation of Metropolitan Chicago
 Johnson Institute
 Joint Council of Allergy, Asthma and Immu-
 nology
 Kentucky Medical Association
 Kids Project
 Kristen Watt Foundation for Eating Disorder
 Awareness
 Latino Behavioral Health Association
 Learning Disabilities Association of America
 Legal Action Center
 Louisiana State Medical Society
 Lutheran Ofc. for Governmental Affairs,
 Evangelical Lutheran Church in America
 Lutheran Services in America
 Maine Medical Association
 Massachusetts Medical Society
 MedChi, the Maryland State Medical Society
 Medical Association of Georgia
 Medical Association of the State of Alabama
 Medical Group Management Association
 Medical Society of Delaware
 Medical Society of the District of Columbia
 Medical Society of New Jersey
 Medical Society of the State of New York
 Medical Society of Virginia
 Medicare Rights Center
 MentalHealth AMERICA, Inc.
 Michigan State Medical Society
 Minnesota Medical Association
 Mississippi State Medical Association
 Missouri State Medical Association
 Montana Medical Association
 NAADAC, The Association for Addiction
 Professionals
 National Advocacy Center of the Sisters of
 the Good Shepherd
 National Alliance for Autism Research
 National Alliance for the Mentally Ill
 National Alliance for Research on Schizo-
 phrenia and Affective Disorders
 National Alliance to End Homelessness
 National Asian American Pacific Islander
 Mental Health Association
 National Asian Women's Health Organiza-
 tion
 National Assembly of Health and Human
 Services Organizations
 National Association for the Advancement of
 Colored People (NAACP)
 National Association for the Advancement of
 Orthotics & Prosthetics
 National Association for Children's Behav-
 ioral Health
 National Association for the Dually Diag-
 nosed
 National Association for Medical Direction
 of Respiratory Care
 National Association for Rural Mental
 Health
 National Association of Anorexia Nervosa
 and Associated Disorders—ANAD
 National Association of Case Management
 National Association of Children's Hospitals
 National Association of Community Health
 Centers
 National Association of Counties
 National Association of County Behavioral
 Health Directors
 National Association of County and City
 Health Officials
 National Association of Developmental Dis-
 abilities Councils
 National Association of Mental Health Plan-
 ning & Advisory Councils
 National Association of Pediatric Nurse
 Practitioners
 National Association of Protection and Ad-
 vocacy Systems
 National Association of Psychiatric Health
 Systems
 National Association of School Nurses
 National Association of School Psycho-
 logical
 National Association of Social Workers
 National Association of State Directors of
 Special Education
 National Association of State Mental Health
 Program Directors
 National Center for Policy Research for
 Women & Families
 National Center on Institutions and Alter-
 natives
 National Coalition Against Domestic Vio-
 lence
 National Coalition for the Homeless
 National Coalition of Mental Health Con-
 sumers and Professionals
 National Committee to Preserve Social Se-
 curity and Medicare
 National Council for Community Behavioral
 Healthcare
 National Council of Jewish Women
 National Council of La Raza
 National Council on the Aging
 National Council on Alcoholism and Drug
 Dependence
 National Council on Family Relations
 National Council on Problem Gambling
 National Council on Suicide Prevention
 National Down Syndrome Congress
 National Down Syndrome Society
 National Eating Disorders Association
 National Educational Alliance for Borderline
 Personality Disorder
 National Education Association
 National Exchange Club Foundation
 National Foundation for Depressive Illness
 National Health Council
 National Health Law Program
 National Hispanic Medical Association
 National Hopeline Network
 National Housing Conference
 National Latino Behavioral Health Associa-
 tion
 National Law Center on Homelessness &
 Poverty
 National Leadership on African American
 Behavioral Health
 National League of Cities
 National Medical Association
 National Mental Health Association
 National Mental Health Awareness Cam-
 paign
 National Multiple Sclerosis Society
 National Network for Youth
 National Organization for Rare Disorders
 National Organization of People of Color
 Against Suicide
 National Organization on Fetal Alcohol Syn-
 drome
 National Osteoporosis Foundation
 National Partnership for Women and Fam-
 ilies
 National PTA
 National Recreation and Park Association
 National Rural Health Association
 National Schizophrenia Foundation
 National Senior Citizens Law Center
 National Therapeutic Recreation Society
 National Treatment and Research Advance-
 ments Association for Personality Dis-
 order
 Native American Counseling, Inc.
 Nebraska Medical Association
 NETWORK, a Catholic Social Justice Lobby
 Nevada State Medical Association
 New Hampshire Medical Society
 New Mexico Medical Society
 NISH (National Industries for the Severely
 Handicapped)
 Northamerican Association of Masters in
 Psychology
 North Carolina Medical Society
 North Dakota Medical Association
 Obsessive Compulsive Foundation
 Office & Professional Employees Inter-
 national Union
 Ohio State Medical Association
 Oklahoma State Medical Association
 Older Adult Consumer Mental Health Alli-
 ance
 Oregon Medical Association
 Organization of Student Social Workers
 Partnership for Recovery
 People For the American Way
 Pennsylvania Medical Society
 Presbyterian Church (USA), Washington Of-
 fice
 Prevent Child Abuse America
 Rebecca Project for Human Rights
 Renfrew Center Foundation
 Rhode Island Medical Society
 Samaritans Suicide Prevention Center

School Social Work Association of America
 Service Employees International Union
 Shaken Baby Alliance
 Sjogren's Syndrome Foundation
 Society for Adolescent Medicine
 Society for Pediatric Research
 Society for Personality Assessment
 Society for Public Health Education
 Society for Research on Child Development
 Society for Social Work Research
 Society for Women's Health Research
 Society of American Gastrointestinal
 Endoscopic Surgeons
 Society of Medical Consultants to Armed
 Forces
 Society of Professors of Child and Adolescent
 Psychiatry
 Society of Thoracic Surgeons
 South Carolina Medical Association
 South Dakota State Medical Association
 STOP IT NOW!
 Suicide Awareness Voice of Education
 Suicide Prevention Action Network USA
 Tennessee Medical Association
 Texas Medical Association
 The Arc of the United States
 Title II Community AIDS National Network
 Tourette Syndrome Association
 Treatment and Research Advancements As-
 sociation of Personality Disorder
 Union of American Hebrew Congregations
 Unitarian Universalist Association of Con-
 gregations
 United Cerebral Palsy Association
 United Church of Christ, Justice and Witness
 Ministry
 United Jewish Communities
 United Methodist General Board of Church
 and Society
 Utah Medical Association
 Vermont Medical Society
 Volunteers of America
 Washington State Medical Association
 Wellstone Action
 West Virginia State Medical Association
 Wisconsin Medical Society
 Working Assets
 Women of Reform Judaism
 Wyoming Medical Society
 Yellow Ribbon Suicide Prevention Program
 Youth Law Center

RESERVATION OF LEADER TIME

The PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The PRESIDENT pro tempore. Under the previous order, there now will be a period for the transaction of morning business until 10:40 a.m. with the first 22 minutes under the control of the Senator from Kansas, Mr. ROBERTS, or his designee; the following 22 minutes under the control of the Senator from Florida, Mr. GRAHAM, or his designee; the following 22 minutes under the control of the majority leader or his designee; and the final 22 minutes under the control of the Senator from California, Mrs. FEINSTEIN, or her designee. Under the unanimous consent agreement just entered, this time shall not be diminished by the minority leader having used his time.

The Senator from Kansas is recognized.

Mr. ROBERTS. Mr. President, Senator GRAHAM and I have conferred. He has a scheduling conflict. So I ask

unanimous consent that he be recognized first. I think that is his intent.

The PRESIDENT pro tempore. Without objection, the Senator from Florida is recognized for 22 minutes.

Mr. GRAHAM of Florida. Mr. President, I thank my friend and colleague for his graciousness. I also commend him for the leadership he has been providing to this body, particularly as the chair of the Intelligence Committee. That is the subject of my remarks today.

THE NEED FOR INTELLIGENCE REFORM, PART III

Mr. GRAHAM of Florida. Mr. President, during this week, I have spoken—and this will be the third statement—about the need to reform our Nation's intelligence agencies. I have suggested that the horrific acts of September 11, 2001—acts which killed nearly 3,000 Americans in New York, Washington, and Pennsylvania—could have been avoided if our intelligence agencies had been more organized and more focused in dealing with the threat of international terrorism. These conclusions were largely the result of the work of the House-Senate joint inquiry on September 11, 2001. This bicameral, bipartisan committee finished its investigation on December 20, 2002, and filed its report. In that report, it concluded there were a number of problems with our existing intelligence networks and it made 19 recommendations of how to fix those problems.

Repairing the flaws in our intelligence community is a matter of national security, a matter of the highest importance and urgency. As we are now learning in the context of the war with Iraq and Saddam Hussein's weapons of mass destruction, policymakers cannot make wise decisions affecting the security of American people without timely, accurate, credible information, and tough-minded, independent analysis, and will use that information to shape the judgments of the President and other decisionmakers, not to validate previously held opinions. If we fail to accurately perceive future threats, we will be poorly prepared to respond to them. If we do not perceive current threats accurately, then our response may be either inadequate or excessive.

Whether restraining the development of proliferation of weapons of mass destruction or interdicting terrorists, now, more than ever, intelligence matters. If there is another terrorist attack on American soil, the American people will demand to know what the Congress, what the President, what other governmental institutions learned from the September 11 attacks, and now the prewar intelligence in Iraq, and how that information was used to protect them. There will be no avoidance of accountability for the next attack, either for Congress or the President. We must take our responsibility seriously.

Further, we must recognize that every day needed intelligence reforms are delayed is a day of unnecessary risk for the American people. Unfortunately, with regard to the recommendations of the joint inquiry committee, very little has been accomplished to date. In my two previous statements, I discussed the status of these recommendations dealing with the intelligence community reform and specific responses to terrorism. I particularly commend Senator DIANNE FEINSTEIN for her leading role in the area of reorganization of the intelligence community.

Today I will turn to two additional areas of particular concern: the Federal Bureau of Investigation and the application of the Foreign Intelligence Surveillance Act, or FISA, which governs the use of electronic eavesdropping on foreign nationals in the United States. Here, I particularly recognize the contributions of Senators DEWINE, DURBIN, EDWARDS, and KYL to this section of our report.

We know now the FBI did not have or did not give adequate attention and resources to the problem of terrorism prior to September 11, 2001. For the FBI, terrorism was a lesser priority and its personnel did not understand the FISA and therefore did not use effectively its available investigative authority. Important information was not shared with other agencies, was not shared even within the various branches of the FBI itself. During the summer of 2001, separate parts of the FBI had information that could have been used to disrupt or destroy al-Qaida's hijacking plot, but that information was never collectively analyzed.

For example, what agents in Minnesota knew about Zacaria Moussaoui, the so-called twentieth hijacker who was taken into custody in August of that year, is he was studying to fly commercial airlines but was disinterested in either taking them off or landing them. Meanwhile, a Phoenix field agent of the FBI had become suspicious of radical Islamists who were also learning to fly airplanes. An agent in San Diego was working with an informant who knew at least two of the hijackers. The informant was aware that one of the future hijackers was moving to Arizona with a fellow terrorist—again to attend flight school.

If these agents had been aware of each other's activities or if the analysts at FBI headquarters had connected these geographically separate events, portions of the September 11 plot might well have been uncovered and disrupted. Unfortunately, the FBI lacked the sufficient number of analysts to process all the relevant information, and barriers to sharing information prevented agents from learning about each other's activities, even though both the Phoenix memo which expressed concern that bin Laden was sending young recruits to the United States for pilot training and the