

heard reports about chemical and biological weapons being dispersed. We cannot confirm where they are. We only hope and pray they are not in the hands of terrorists who have made their way to the United States. But only time will tell.

Conclusion 97, which is on page 348 of the Intelligence Committee report, concluded:

The CIA's judgment that Saddam Hussein, if sufficiently desperate, might employ terrorists with global reach—al-Qaida—to conduct terrorist attacks in the event of war, was reasonable.

And of course it was reasonable; after all, we already knew Saddam Hussein was supporting terrorists such as the Arab Liberation Front, and he was offering money to the families of suicide bombers, particularly Hamas. We know he had the ability to turn his manufacturing capabilities, with the scientists he had, into the production of chemical and biological weapons.

We know how tragic the terrorist attack of 9/11 was on our soil. We lost over 3,000 people. They used unconventional weapons—airplanes loaded with fuel—to cause those deaths. I tremor to think about what could happen if chemical or biological weapons were used in large areas where unsuspecting civilians are gathered in the United States.

After what happened on 9/11, we had many investigations saying why didn't we put all of those elements together? They were very fragmentary. We had walls that prevented us from sharing that information among our intelligence agencies. It would have been almost impossible, even in hindsight, to connect all the dots and know what was going to happen on 9/11.

After that, intelligence analysts were under great pressure to try to identify potential attacks on the United States, or the potential use by terrorists of weapons of mass destruction and they overstated many of those conclusions. But what we know from our own experience is that Saddam Hussein consistently engaged in a pattern of denial and deception. He made it very difficult to find out what he was doing. We know from his actions what a deadly, murderous terrorist he was. By removing the Saddam Hussein regime, we eliminated yet another front from which terrorists could operate safely; most importantly, we eliminated the possibility that Saddam's weapons programs in the future could be leveraged by terrorists who seek to destroy us.

Finding huge stockpiles of weapons was not the objective of going into Iraq. The failure to do so should not be taken as a measure of the lack of success in Iraq. Prime Minister Tony Blair today said, on receiving the Butler report, that we were right to go into Iraq. He has been a steadfast ally, and we commend him.

We also have the interim report of the Iraqi Survey Group. We spent a long time listening to Dr. David Kay in our closed sessions, but he has issued

an interim report that we can quote. That interim report noted finding "dozens of WMD-related program activities and significant amounts of equipment that Iraq concealed from the United Nations during the inspections that began in late 2002."

Some of these included, for example:

A clandestine network of laboratories and safehouses within the Iraqi Intelligence Service that contained equipment subject to U.N. monitoring and suitable for continuing CBW research.

That is chemical and biological weapons research.

A prison laboratory complex, possibly used in human testing of BW agents, that Iraqi officials working to prepare for U.N. inspections were explicitly ordered not to declare to the U.N.

The PRESIDENT pro tempore. The Senator's time has expired.

Mr. BOND. Mr. President, is there any time remaining on our side?

The PRESIDENT pro tempore. No.

Mr. BOND. Mr. President, I ask for 1 more minute to conclude.

The PRESIDENT pro tempore. I believe the Senator has 49 seconds remaining.

Mr. BOND. Mr. President, I will do the best I can with the time remaining to conclude.

Dr. David Kay said he thought "it was absolutely prudent" going into Iraq. He went on to say:

In fact, I think at the end of the inspection process, we'll paint a picture of Iraq that was far more dangerous than even we thought it was before the war. It was a system collapsing. It was a country that had the capability in weapons of mass destruction areas and in which terrorists, like ants to honey, were going after it.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER (Mr. GRAHAM of South Carolina). The Democratic leader is recognized.

Mr. DASCHLE. Mr. President, I will use my leader time and reserve the time left under morning business for my colleagues.

INCREASING NUMBER OF UNINSURED FAMILIES IN AMERICA

Mr. DASCHLE. Mr. President, this morning we were again reminded of how much remains to be done in addressing the health care crisis in America. Today's paper has this headline: "Medicare Law Is Seen Leading to Cuts in Drug Benefits for Retirees." According to the article, the government is now estimating that 3.8 million retirees who currently receive prescription drug benefits through their employers will see their coverage reduced or eliminated as a result of the Republican drug law passed last fall.

That is simply unacceptable, and it is only one of the many problems we are facing when it comes to health care. Over the past several years, the cost of health insurance has skyrocketed, and millions more Americans have found themselves uninsured.

A while back, I held a "living room meeting" on health care costs in Sioux Falls. An older, married couple came to that meeting. He's a veteran, 68 years old, with diabetes and congenital heart failure. She's 62, with cerebral palsy. Last year, shortly after the husband retired, this couple learned that the wife's bladder cancer had come back. This couple pays \$418 a month in health insurance premiums through COBRA, plus another \$400 a month for prescriptions, and more on top of that in co-pays for doctor visits. Soon, their COBRA eligibility will expire.

The husband is on a waiting list—a waiting list—to see a VA doctor. But they don't know how they will pay for the wife's health care after they lose their current insurance coverage. Individual coverage for a 62-year-old woman with cerebral palsy and cancer would be prohibitively expensive—if they could get it at all. So, after nearly 20 years of marriage, this couple is contemplating divorce as the only option for getting essential health care for the wife.

If this Senate wants to protect American families, let's discuss what we can do to make health care more affordable and accessible so that spouses don't have to consider divorcing each other in order to get essential health care.

Forty-four million Americans were uninsured in 2002—the most recent year for which figures are available. That's 2.4 million more Americans without health insurance than the year before—the largest 1-year increase in a decade. Eight-and-a-half-million of those 44 million Americans are children. Sixteen million are women, many in their child-bearing years.

As shocking as those figures are, they tell only half the story—literally. A new study conducted for Families USA, using census data, shows that almost 82 million Americans—one in three Americans younger than 65—were uninsured at some point in the last two years. Two thirds were uninsured for at least six months. Half were uninsured for 9 months or longer.

Who are these people? They're working people, mostly. Eighty percent of uninsured Americans live in families in which at least one adult works. But their employers don't offer health insurance, or their pay is so low they can't afford to buy it. A growing number are middle class. One in four had family incomes between \$55,000 and \$75,000.

In South Dakota, more than 27 percent of people younger than 65 were uninsured for at least some part of the last 2 years. That's 180,000 people living with the fear that they are just one serious illness or accident away from financial disaster.

In 14 States, according to the Families USA study, more than one-third of all people younger than 65 were uninsured for at least part of the last two years. One in three people. The State with the highest percentage of uninsured was Texas: 43.4 percent.

We have the highest per capita health care spending of any nation on Earth. Yet, in comparison with other developed, high-income nations, the United States consistently scores at or near the bottom on infant mortality, life expectancy, and the proportion of the population with health insurance.

We hear a lot today about who is more optimistic about America's economy and our future. I believe it is pessimistic to look at the state of health care in America today and conclude that we really can't do much better. I believe it is pessimistic to watch the cost of health care increase sharply every year; to watch the number of uninsured Americans grow every year; and to watch more businesses be forced to reduce or eliminate employee and retiree health benefits every year—year after year—and conclude there isn't really much of anything we can do about it. And I believe it is deeply irresponsible for this Senate to spend almost no time on serious discussions of responsible proposals to address this crisis. People all across America are looking to us for help on health care.

Lowell and Pauline Larson are two of those people. I've known the Larsons for years. Lowell is 68, almost 69. Pauline turned 64 on the Fourth of July. They live in Chester, SD. Lowell Larson has worked hard all his life. He started work in a furniture mill in Sioux Falls just out of high school and stayed there for 20 years before he finally got the chance—about 30 years ago—to do what he'd wanted all his life: own his own farm.

It's a small farm—160 acres. The Larsons raised corn and beans and kept a few cows. It's hard work. I don't think Mr. Larson would mind me telling you, he and Pauline don't have much money. Small family farmers don't make much money. Some years, if the weather's bad, or the market is weak, they don't make any money.

What Lowell Larson does have, in abundance, is a strong sense of personal and family responsibility. It's part of the South Dakota ethic. It's what we're taught, and what we teach our children: If someone you love needs help, you help them. And if you owe someone money, you do everything you can to pay them.

When Lowell Larson was a young man, his mother had a stroke. He postponed marriage and spent 20 years caring for her. After his mother died, Lowell met Pauline. At 45, he finally married. A few years later, Pauline began having trouble walking, and she was diagnosed with MS. Over the next few years, she progressed from a cane to a wheelchair.

In early November 2002, Pauline had a serious stroke. She spent a few weeks in the hospital, followed by a few months in a nursing home. Then she had to have her gall bladder removed—more time in the hospital. In less than 2 years, the Larsons ended up with \$40,000 in medical bills from Pauline's stroke and surgery. On top of that,

they spend more than \$200 a month on muscle relaxants and other medications Pauline needs for her MS.

The Larsons used to have private health insurance. But it got so expensive, they gave it up about 5 years ago. "We didn't know she was going to have a stroke," Lowell says.

Today, Lowell Larson gets Medicare. Pauline has a very bare-bones health policy that pays \$75 a day for hospital care and \$50 a day for nursing home care—nothing else. Last year, the Larsons held a sale. They sold many of their personal possessions and much of their farm equipment to raise money to pay their medical bills. The sale brought in about \$30,000. Lowell Larson talked with doctors and hospitals and got them to forgive another few thousand dollars of their debt.

Lowell Larson brought Pauline home from the nursing home about 18 months ago because they couldn't afford the \$4,000 a month it cost and because they were both too lonely living apart. These days, Pauline spends most of her time in a hospital bed set up in their home. She has difficulty speaking. She also has trouble using her right arm, which makes it hard for her to feed herself.

It can wear you down, living with the fear that your family is just one more medical emergency away from financial disaster. Lowell Larson says, "A lot of mornings, I wake up around 4:30 or 5 o'clock and I just start worrying about things." The Larsons are counting the days until Pauline turns 65 and can get Medicare.

Since President Bush took office, family health care premiums have increased by more than \$2,700 a year. The average cost for a family health plan is now \$9,000 a year. Workers pay about \$2,400 of that amount out of their own pockets. That's just for premiums. It doesn't include copayments and deductibles. And these are the people in the best situations; they have access to group plans through their employers. This is just one more example of how the middle class is being squeezed in America. Families are paying more for skimpier coverage every year. Unless we act, the number of families without health insurance will continue to grow.

And the consequences of un-insurance are staggering. People without insurance use one-third less health care. They skip preventive care and regular check-ups. They don't fill prescriptions. They postpone surgeries if they can. They live with pain. When they get sick, they crowd emergency rooms where the care they get is often too little, and too late.

In a new survey by the American College of Emergency Physicians and the Robert Wood Johnson Foundation, two-thirds of ER doctors said the uninsured patients they see are sicker than those with insurance, and nearly all—94 percent—said it was harder to schedule needed followup care with uninsured patients.

People without insurance pay more for health care. Hospitals routinely charge uninsured patients up to four times as much as patients with insurance for the same services. Too often, people who are already battling illness find themselves having to fight off aggressive debt collectors, too.

And 18,000 Americans die prematurely every year because they do not have health insurance. Forty-nine people every day.

Our economy also suffers. The Institute of Medicine estimates that lack of health insurance costs America between \$65 billion and \$130 billion a year in lost productivity and other costs.

Democrats have been leading the fight for universal health coverage in America for decades. We want to work with our Republican colleagues to reduce the number of uninsured Americans and make health care more affordable and accessible.

But the few proposals offered so far by the President and congressional Republicans will not work. Independent studies of these proposals show that they would do little to address soaring health care costs and the growing insurance gap, and, in some cases, they would actually make matters worse.

There are better ideas. Democrats have proposed that, within 2 years, all Americans have access to affordable health care that is as good as the health care members of Congress have—at the same rates, or lower. We ask our Republican colleagues to work with us to make that a reality.

In addition, we should adequately fund the Children's Health Insurance Program. We should also adequately fund the VA and the Indian Health Service—we must keep our promises to America's veterans and honor our treaty obligations to American Indians.

We can reduce the cost of prescription drugs—one of the driving forces behind medical inflation—by letting Medicare negotiate the best prices for American seniors, and by allowing Americans to re-import safe prescription drugs from Canada and other industrialized nations.

I introduced a bill recently that could significantly reduce the number of uninsured Americans and help small business owners create new jobs at the same time. The Small Business Health Tax Credit—S. 2245—would provide small businesses with tax credits to cover up to 50 percent of the cost of their employees' health insurance. These health care tax credits would help businesses save money, which means they will have more money to invest in new equipment, hire new workers, and give their employees raises.

If our Republican colleagues have additional ideas that will actually reduce the cost of health care and increase the number of Americans with insurance, we welcome the chance to work with them on those ideas as well.

What we cannot do is to continue to ignore this urgent problem. Lowell and

Pauline Larson sold much of what they owned to pay their medical bills because they take their responsibilities seriously. It's time for this Senate to take seriously its responsibility—to find solutions to reduce the cost of health care and the number of Americans without health insurance.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada.

ORDER OF PROCEDURE

Mr. REID. I ask unanimous consent that the time allotted under the previous unanimous consent agreement for the Democrats be divided 10 minutes to the Senator from Iowa, Mr. HARKIN, 5 minutes to the Senator from New York, Mr. SCHUMER. Under the previous unanimous consent agreement that had been entered into we have time set aside for Senator LEVIN of 10 minutes. Senator LEVIN will not come. I ask unanimous consent that Senator REED of Rhode Island be inserted in his place.

The PRESIDING OFFICER. Is there objection?

Mr. CORNYN. Reserving the right to object, I am sorry, I was otherwise distracted.

Mr. REID. The Senator does not need to worry. Everything is under control.

Mr. CORNYN. That is what I was afraid of. I want to make sure, are we pushing back morning business?

Mr. REID. No. Morning business is going to proceed, but because of leader time and the prayer and the pledge, morning business did not start until a few minutes later. So the Democrats will now have 15 minutes for morning business and following that we will go into the 2 hours of debate.

Mr. CORNYN. I thank the Senator very much.

Mr. REID. All I was doing is stating that Senator LEVIN will not be here. Senator JACK REED is going to take his place.

Mr. CORNYN. No objection.

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

The Senator from Iowa.

Mr. HARKIN. I understand I have 10 minutes.

The PRESIDING OFFICER. That is correct.

CLASSIFIED LEAK INVESTIGATION

Mr. HARKIN. Mr. President, today we observe a sad milestone in the scandal and tragedy that some have labeled "leakgate." It has been exactly 1 year, July 14, since two senior White House officials leaked Valerie Plame's identity as a covert operative at the Central Intelligence Agency.

Last July 14, 2003, 8 days after Ms. Plame's husband published an op-ed in the New York Times which questioned information in the President's 2003 State of the Union message regarding a supposed effort by Iraq to purchase uranium from Africa, her identity was

revealed in print by columnist Robert Novak. This illegal act should have outraged everyone at the White House. It should have moved President Bush immediately to demand the identity of the perpetrators.

Instead, in his only public statement about this act of betrayal, Mr. Bush smiled—yes, he smiled—and said:

This is a town that likes to leak. I don't know if we are going to find out the senior administration official. Now, this is a large administration, and there's a lot of senior officials. I don't have any idea.

Again, he said it with kind of a smirk and a wry smile on his face.

I consider that statement to be disingenuous. The number of senior White House officials with the appropriate clearances and access to knowledge about Ms. Plame's identity can probably be counted on one hand, two at the most. If Mr. Bush was serious about identifying the perpetrators, those officials could have been summoned to the Oval Office and this matter would have been resolved in 24 hours.

Now, we are not talking about some little thing happening. This is an illegal action under the law.

Mr. Bush did not question his staff in the Oval Office. There was no outrage at the White House. There were no internal investigations. There was no angry President Bush demanding answers from his senior aides. There was only a cavalier dismissal, followed by a year of virtual silence.

Three decades ago, a previous occupant of the Oval Office, President Nixon, was recorded on audiotape saying to a senior White House official:

I don't give an [expletive] what happens. I want you to stonewall it, let them plead the Fifth Amendment, cover up or anything else, if it'll save it, save this plan. That's the whole point. We're going to protect our people if we can.

That was Richard Nixon almost 30 years ago. This White House has now delayed any accountability for this damaging and illegal leak for a full year. White House officials who committed this act of treachery presumably are still exercising decision-making power.

Who is the White House protecting? Why? Do we now have a modern day Richard Nixon back in the White House?

And what was the cost of exposing Ms. Plame? Not only her job. As Vincent Cannistraro, former Chief of Operations and Analysis at the CIA Counterterrorism Center, told us:

The consequences are much greater than Valerie Plame's job as a clandestine CIA employee. They include damage to the lives and livelihoods of many foreign nationals with whom she was connected, and it has destroyed a clandestine cover mechanism that may have been used to protect other CIA nonofficial cover officers.

Valerie Plame's cover was blown to discredit and retaliate against her husband Joseph Wilson. The recent report by the Senate Intelligence Committee provides some insight. It states that back in 2002 when the CIA was search-

ing for someone with connections to Niger to find out about a possible purchase or attempt to purchase uranium by Iraq, she suggested that her husband, former Ambassador Wilson, go as a factfinder. Mr. WILSON was sent there. He reported the claim's lack of credibility to the CIA.

Later that year, the President was to give a speech in Cincinnati mentioning the claim. On October 6, CIA Director Tenet personally called Deputy National Security Adviser Stephen Hadley to outline the CIA's concerns that this claim was not real. And it was then deleted from the President's Cincinnati speech.

Between October 2002 and January 2003, concerns about the claim increased. In January, the State Department sent an e-mail to the CIA outlining "the reasoning why the uranium purchase agreement is probably a hoax."

Here is the troubling aspect: The same official, Stephen Hadley, who spoke with George Tenet and took the claim out of the October speech in Cincinnati, was also in charge of vetting the State of the Union Address. Amazing. If he knew it was a problem and took it out in October, why was it put in for the State of the Union message?

A lot of questions need to be answered. Mr. Bush seemingly does not want to know the identity of the leakers. The White House occupies a small area. The number of employees who are suspect in this matter is small. This should not be like trying to find nonexistent weapons of mass destruction in Iraq.

One year has passed. Perhaps the President and others have already told Special Prosecutor Fitzgerald who is responsible. Perhaps that has happened. If not, I believe it is clear that the President and the Vice President should be put under oath. They need to tell the special prosecutor and the American public who committed these acts. They should be put under oath, questioned, and filmed. Remember, this happened just a few years ago when another President, President Clinton, was put under oath and questioned by the special prosecutor, on film, which we witnessed right here on the Senate floor.

Also, by putting the President and the Vice President under oath and questioning them as they should be questioned, it sends another powerful message to the people of this country: No President, no Vice President, is above the law. President Clinton was not above the law. This President should not be above the law.

I call upon the special prosecutor: Put the President under oath. Put the Vice President under oath. Question them about their knowledge of this incident and let's get this matter cleared up. Find those responsible and prosecute them to the full extent of the law.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.