he cast his sharp and experienced eye on the military-industrial complex. He always cast a glaring spotlight on concerns when the ''grunts'' were not getting the equipment they needed to do their jobs.

I extend my deepest condolences to Colonel Hackworth's wife, Eilhys England, and his many children, step-children, grandchildren and step-grandchildren. But of all the tributes I know will come Colonel Hackworth's way, I think the tribute he would appreciate most will be from the average soldier whose loyalty he earned in combat and whose welfare became his life's cause in his retirement, for he knew they are the men and women who are out on point securing our Nation's freedom.

LOCAL LAW ENFORCEMENT ENHANCEMENT ACT OF 2005

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. Each Congress, Senator KENNEDY and I introduce hate crimes legislation that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society. Likewise, each Congress I have come to the floor to highlight a separate hate crime that has occurred in our country.

A 35-year-old gay man was walking to his Boston home when three young men approached him, knocked him to the ground, and repeatedly kicked him in the face. Although he was yelling for help and near several homes, no one came to his aid. The perpetrators fled and left the victim with multiple contusions and internal bleeding in his face. Neither possessions nor money was stolen.

I believe that the Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

REPEALING D.C.'S LOCAL GUN SAFETY LAWS

Mr. LEVIN. Mr. President, legislation has been introduced that would repeal nearly every gun safety law in the District of Colombia. Sadly, the bill was introduced during the celebration of National Police Week and just days after 153 law enforcement officers who died in the line of duty in 2004 were honored at the National Law Enforcement Officers Memorial.

The misnamed ''District of Colombia Personal Protection Act'' would repeal local laws in Washington, DC that ban the sale and possession of unregistered firearms, require firearm registration, impose commonsense safe storage requirements, and ban semiautomatic weapons in the District. Should this bill become law, those who live and work in our Nation's capital as well as tourists and other visitors would face a greater threat of gun violence.

In a statement last week, DC Mayor Anthony Williams said, ''I am incensed by any congressional proposal that uses District residents as pawns. I am incensed by any proposal that assaults Home Rule. And I am incensed by any proposal that is an insult to the memory of the people who have died in this city due to gun violence—in particular the three children who have died from gun violence this year.''

Instead of interfering in local affairs in Washington, DC, the Senate should focus its energies on legislation on improving the safety of the families and communities across the Nation. The Senate has yet to consider several common sense gun safety measures during this Congress. Among these are proposals that would reauthorize the 1994 assault weapons ban, prohibit the sale of the Five-Seven armor-piercing handgun, and help investigators working to prevent attacks by terrorists using high powered weapons. I urge the Senate to take up and pass these bills to make our Nation safer.

CONGRATULATIONS TO ROBERT FOUST

Mr. CONRAD. Mr. President, today I want to pay tribute to an exceptional member of my staff who is retiring at the end of this month after 33 years of service to the Senate.

Bob has worked in the Senate for a period of 40 years, starting as an intern in the 1960s, and then working full time for Senator Claiborne Pell for 19 years from 1970 to 1989. After taking 2 years to travel the world, it was my great good fortune that Bob volunteered to join my staff in the spring of 1991.

At the time, Bob told me he was looking to complete 20 years of Senate service. I do not think either he or I thought that he would be with me for 14 years. But I could not be more pleased that Bob decided to stay.

During his tenure in my office, he has worked on education, veterans, and international affairs issues. His work on all these issues has been outstanding. On veterans and education issues, in particular, he has developed a long list of legislative victories both small and large.

Bob has a gift for seeing legislative opportunities. One example I will never forget involves the V-chip. For years, I had heard from parents, educators, health care professionals and religious leaders about their concerns regarding the influence of television violence on young people. In response, Bob helped me form a steering committee of interested individuals and organizations to talk about possible approaches to help shield children from gratuitous violence on television. And we developed V-chip legislation. During the debate on the 1996 telecommunications bill, I offered my amendment to require that the V-chip be included in TVs so that parents would have the ability to block out violent shows. When I offered the amendment, the so-called experts told us not to push forward—that the amendment couldn't pass. But Bob advised me to move forward. And when the roll was called, the amendment passed by a strong 73 to 26 margin, and was then enacted into law.

Bob's attention to North Dakota's veterans has paid off in greatly improved facilities around the State. When Bob learned that the VA was considering closing VA facilities that were not up to current standards, he alerted me and helped me lead the fight for a $12 million renovation at the Fargo VA Medical Center. These renovations, which will be finished later this year, have dramatically improved the facility for our veterans. Bob has also been very concerned about the long travel times facing the many North Dakota veterans who live in rural areas. From his first day in the office, he pushed hard to expand services for rural veterans through the Community Based Outpatient Clinics, CBOCs. To date, as a result of Bob's hard work, we have secured three CBOCs at Minot, Grafton and Bismarck. And the VA's CARES, Capital Assets Realignment for Enhanced Services, Commission has approved five new clinics at Williston, Jamestown, Devils Lake, Grand Forks AFB, and Dickinson. Finally, Bob has had great compassion for the most vulnerable among our veterans—homeless veterans—and has constantly looked for ways to help them. Most recently, he worked with Centre, Inc. in Fargo to shepherd through a $1.6 million grant to renovate a facility that will house a 48-bed shelter for homeless veterans.

On education, he was constantly looking for ways to help North Dakota's teachers, whether it was bringing information technology to classrooms or advocating for appropriate implementation of the No Child Left Behind Act. Bob conceived of the Rural Education Achievement Program and built a coalition that helped me enact this important legislation during the 106th Congress. Almost 80 percent of North Dakota school districts have 600 students or less. Under the REAP program, small, rural school districts are entitled to consolidate funding from Federal education programs to make more efficient use of the funds. In the first 3 years of the REAP program, more than 270 North Dakota schools benefitted from approximately $2.7 million in funding.

Bob's commitment to education also carried over to the intern program. As he had in Senator Pell's office, Bob volunteered to coordinate my Washington intern program. Bob devoted significant time and effort to ensuring that interns in my office had a terrific learning experience. In fact, Bob's example has inspired dozens of former interns to seek careers in public service. Interns from 10, 20 and even 30 years ago stop by frequently just to say hello

and let Bob know what they are doing now.

But Bob's importance to me and my office cannot be captured by simply cataloguing his many accomplishments. During his time working in the Senate, Bob Foust has been the consummate professional. He stayed in constant touch with North Dakota leaders on the issues he covered. Time after time, he would learn of a problem and immediately go to work finding a solution. If Federal services were not being delivered effectively, Bob would work with the agency to make sure North Dakotans got the services they deserved. If a Federal program did not work for North Dakota, Bob would draft legislation to fix the problem, and work tirelessly until the Conrad amendment was signed into law.

Finally, and most importantly, Bob Foust is an outstanding person. He has worked quietly and tirelessly behind the scenes to make things happen, and was always happy to divert all the credit to others. He has been tremendously loyal, tremendously dedicated, and a passionate advocate for the people of my State. He has never forgotten that he is working for the American taxpayer. And he has been a good friend and a mentor to others on staff.

With extraordinary gratitude for his years of service, I wish Bob well as he moves on to the next stage in his life and career.

BANKRUPTCY LEGISLATION

Mr. KENNEDY. Mr. President, during the floor debate on the recently passed bankruptcy bill, an important letter from a number of medical and law professors regarding the high number of debtors who are forced into bankruptcy due to the cost of health care was discussed on numerous occasions. The letter was addressed to Senator GRASSLEY and points out a number of the professors' concerns with the findings of the U.S. Trustee Program related to medical debt.

Since it is such a valuable document, it is important that this letter be printed in the RECORD so that all people have access to it. Mr. President, I ask unanimous consent that the letter be printed in the RECORD.

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

FEBRUARY 14, 2005.

Hon. CHARLES E. GRASSLEY,
U.S. Senate,
Washington, DC.

DEAR SENATOR GRASSLEY: Thank you for distributing a copy of the letter from the Office of Legislative Affairs with the summary sheet on the medical debt findings from the U.S. Trustee Program. Because each of us has devoted some years of scholarly research to the questions about families in financial trouble because of medical debts, we have been asked to review this letter. We know that you are deeply concerned about the families who file for bankruptcy in the aftermath of a serious medical problem, and we are glad to help in any way we can. We are also very glad that you have encouraged the U.S. Trustee Program to produce additional data related to this issue. Like earlier studies that also used petition and schedule data to explore the role of medical debt in bankruptcy, these data provide further evidence of the large number of families that are facing financial collapse following a serious medical problem. Because of limitations in the data used, however, these findings also significantly underreport both the breadth and impact of medical bankruptcies.

The U.S. Trustee sample is limited only to Chapter 7 cases. In part because of time lost from work due to illness, accidents and layoffs, on average, these families have an annual median income of about $19,000. This means that the average medical debt identified by the U.S. Trustee (average $5000 for those with medical debt) is quite substantial for many families trying to cope with medical problems. Earlier reports from the U.S. Trustee's Chapter 7 data and independent studies are consistent with the finding that debts owed directly to medical providers appear in a significant portion of the sampled cases and that the amounts can be quite substantial.

As helpful as these data may be, however, we are reminded that they document only a small portion of the financial difficulties facing families in the aftermath of serious medical problems. As early as 1991, researchers recognized that they could not rely on petition and schedule listings to determine the amount of medical debt families incurred. Petition data, like the kind used by the Office of the U.S. Trustee, exclude:

Prescription medications, which are charged on credit cards

Doctors visits, rehabilitation treatments, and other services charged on credit cards

Medical supplies, crutches; needles, and the like that are charged on credit cards

Hospital bills that are charged on credit cards

Second mortgages that people have put on their homes to pay off hospital bills and other medical expenses

Cash advances, bank overdrafts and payday loans that people have incurred to pay for medical services when they are delivered or to pay off medical bills that are outstanding

Third party specialty lenders that some hospitals now steer their patients toward when those patients are unable to pay

In addition, in our extensive work with court records we have observed that even very sophisticated debtors do not always list the original creditor on an account. Studies are finding high rates of debt collector usage among medical providers, and some collectors may have received assignment of the debt. The petition data, however, necessarily conceal:

Medical debts assigned to collectors that may be listed under the collectors' or the collecting attorneys' names, which may bear no medical reference whatsoever.

Medical debts for which the debtor has been sued and an attorney is now attempting to collect, for which the debtor lists the name of the attorney

The petition data also exclude other expenses that bear down on the families, including:

Medical expenses that families struggled to pay off, bankrupting themselves in the process by getting behind in mortgage, car payments, and other necessary expenses.

Direct but non-medical expenses of illness or injury, suh as the labor and material costs of building a ramp onto a home to make it wheelchair accessible, or the travel costs associated with transporting a critically ill child to a specialty facility.

Debts owed to providers that patients and their families omit from schedules (and thus generally are not discharged) out of fear of losing medical care.

Lost income of a sick person (or a caregiver), which may be a major factor in medical-related bankruptcy.

Debts for Chapter 13 filers, who were omitted from the U.S. Trustee report, but who also have reported a high rate of medical-related bankruptcy.

The petition data also omit data about some of the most pressing questions in health care policy debates. Petition data do not capture systematic information on insurance status, which is relevant to understanding the range of families at risk of health-related financial disaster including but not limited to bankruptcy. Similarly, petition data have no information on the diagnoses of the ill or injured people and the types of care and drugs they need, all of which are relevant to recognizing the magnitude of the problem.

Because the petition data provide so little information about medical bankruptcy, experienced empirical researchers in this field have come to realize surveying the debtors themselves is crucial to getting accurate data. The 2001 Consumer Bankruptcy Project study is the most extensive study to date on this issue. It used written questionnaires, court filing data, and detailed follow-up telephone interviews, a combination that offers a much richer understanding of how medical problems affect family finances. The survey instruments were designed to capture more accurately the direct costs of care by asking questions about medical debts within the prior two years of filing, or since illness onset, rather than being focused exclusively on what bills are identifiable as of the date of the bankruptcy petition.

When Mr. Moschella listed all the factors considered in the study recently reported in Health Affairs, describing it as using ''very broad definitions'' to describe medical bankruptcies, he did not make it clear that we reported the range of results that reflected inclusion or exclusion of various factors. He thus gave the impression we lumped them all together as ''medical bankruptcies.'' In fact, to accommodate the variety in the ways a ''medical bankruptcy'' might be defined, the recent Health Affairs paper reports a range from 46.2% to 54.5%—for the estimated percentage of bankruptcy filers affected by medical problems based on the 2001 study. The calculations of those numbers are explained in detail, and information is available to make other combinations. As the data from additional rounds of follow-up telephone interviews are analyzed, we will be able to offer an even more in-depth picture of these families' financial circumstances and the role of illness or injury.

Again, we extend our thanks to you for encouraging the development of additional data relevant to medical-related bankruptcy. We are prepared to assist your office in any way to evaluate these data or to consider policy changes to help families that currently are devastated financially by serious acute or chronic medical problems in their households.

Yours truly,

Dr. David Himmelstein, Associate Professor of Medicine, Harvard Medical School.

Dr. Teresa Sullivan, Professor of Sociology, The University of Texas at Austin, and Executive Vice Chancellor for Academic Affairs, The University of Texas System.

Professor Elizabeth Warren, Leo Gottlieb Professor of Law, Harvard Law School.

Dr. Steffie Woolhandler, Associate Professor of Medicine, Harvard Medical School.

Professor Melissa Jacoby, Associate Professor of Law, School of Law, University of North Carolina at Chapel Hill.

Dr. Deborah Thorne, Assistant Professor of Sociology, Ohio University.