

for the Armed Services, and for other purposes.

AMENDMENT NO. 3432

At the request of Mr. FITZGERALD, his name was added as a cosponsor of amendment No. 3432 proposed to S. 2400, an original bill to authorize appropriations for fiscal year 2005 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Services, and for other purposes.

AMENDMENT NO. 3437

At the request of Mr. BUNNING, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of amendment No. 3437 intended to be proposed to S. 2400, an original bill to authorize appropriations for fiscal year 2005 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, prescribe personnel strengths for such fiscal year for the Armed Services, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. PRYOR:

S. 2516. A bill to recognize the sacrifices of the members of the Armed Forces who are injured in combat, and for other purposes; to the Committee on Armed Services.

Mr. PRYOR. Mr. President, I come to the Chamber today to discuss a reality of today's world in Iraq and elsewhere that I think has not received the appropriate attention. I am referring to the thousands of men and women who have been seriously wounded in recent U.S. combat missions. The numbers wounded in Iraq have soared in recent weeks. Fatalities have risen likewise to a total of 817 yesterday. Of the latest data I have been able to find, 5,015 military personnel have been injured in Iraq, 2,049 have been able to return to action within 72 hours, and 2,964 could not, and many of these injured troops will face months, if not years, of rehabilitation. Many of these troops will suffer lifelong disabilities.

I am told Walter Reed Army Hospital is close to being filled to capacity. I have been to Walter Reed twice this year, and while I talked with soldiers who were wounded in the Iraqi theater, I can tell you that coming face to face with our soldiers in a hospital ward is a sobering event. It makes you think about the costs of war and the sacrifices these men and women have made for our Nation, for each of us.

Memorial Day has just passed, and I have tried to think how best to recognize the sacrifices of our wounded service men and women. I am not sure that I ever can appropriately and fully recognize their sacrifice, but I want to try. That is why I introduce today the Service Act for Care and Relief Initiatives for Forces Injured in Combat Engagement Act, or the SACRIFICE Act. The SACRIFICE Act addresses the

commitment shown by our troops injured in combat and attempts to reciprocate in kind.

My bill does three things. First, it would recognize the sacrifice of American military personnel killed and injured in combat and the heroic efforts of our medical teams through a sense of the Senate.

Second, it would aim to ease the stress of families who are attempting to follow the whereabouts of a loved one injured by combat by establishing a tracking system for wounded personnel being transported out of a combat zone.

Third, it would call for a \$10 million authorization to modernize medical combat equipment, treatment, and combat care triage for our medics in their fight to save lives.

Let me tell my colleagues how I came to write this bill.

Arkansas is a relatively small State with a relatively high enrollment of Arkansans serving our Nation in Active Duty and in the National Guard and Reserve. In March of this year, we said goodbye to 3,000 fellow Arkansans who were deployed to Iraq as part of the 39th Infantry Brigade of the first Cavalry.

It was hard for me to witness separation of families as soldiers prepared for year long war zone deployment. It has been painful to receive news of the 8 Arkansans who have fallen since the beginning of that deployment and the additional 44 who have been seriously injured and transported out of theater.

In honor of this sacrifice, the first section of my bill is a sense of the Senate regarding the American military personnel killed and injured in combat and the heroic efforts of our medical teams.

The second section of the bill, the tracking portion, is an easy, no-cost provision to ease emotional stress of families whose loved ones have been listed as seriously injured or very seriously injured and are being transported out of theater.

As I mentioned before, 44 Arkansas members of the 39th Infantry Brigade have thus far been listed as seriously injured or very seriously injured and evacuated out of theater. Although Congress does not receive notification of the wounded, I continuously receive calls from families who are distraught and worried because of failures in the current family notification system.

The Defense Department has a computer tracking system that is designed to help keep families of fallen soldiers informed of their whereabouts, but the system is not without glitches. For example, some families who have contacted my office have been distraught after hearing from military that they are not exactly sure where the soldiers were at the time. This has made it difficult for families to make plans to travel to the hospitals where their loved one are being cared for.

Also, when a soldier is upgraded from seriously injured or very seriously injured to not seriously injured, the Department of the Army closes out their case in the computer tracking system,

making it particularly difficult for families to keep track of their loved ones. We can and should do more for families of loved ones during such trying times.

I want to recognize SPC Henry Austin Phillips of Charlie Company of the 153rd Infantry, 39th Brigade out of DeQueen, AR.

For example, some families that have contacted my office have been distraught after hearing from the military that they were not sure exactly where the soldiers were at that time. This has made it difficult for families to make plans to travel to the hospital where their loved ones are being cared for.

Also, when a soldier is upgraded from "seriously injured" or "very seriously injured" to "not seriously injured," the Department of the Army closes out their case in the computer tracking system, making it particularly difficult for families to keep track of their loved ones. We can—and should—do more for the families of loved ones during such trying times.

I want to recognize SPC Henry Austin Phillips of the Charlie Company, 1-153d Infantry, 39th Brigade out of DeQueen, AR. He did a great job in the field, and the communication problems that ensued following his injury are not a reflection of him or the military.

He was proud to serve his country, and his State and country are proud of him. I know that if he could return, he would.

As I understand it, this is the situation that Pam Phillips endured when her husband was wounded in Iraq, losing his lower right leg.

After suffering his injury, Specialist Phillips requested that he deliver the news to Pam regarding the seriousness of his condition.

He talked with Pam on Wednesday, May 19, asked her to join him as soon as possible at the Landstuhl Hospital in Germany, where Specialist Phillips understood he would be receiving critical treatment. Naturally, Pam told her husband that she would be there.

I can only imagine that call but it should come as no surprise that Pam and Specialist Phillips both assumed that the Army would assist Pam in joining her husband as soon as possible. That was Specialist Phillips's wish.

But that did not happen.

The nature of Specialist Phillips's injuries required that he be heavily sedated following this phone call so he was unable to speak directly with his wife for several days.

After talking with her husband on May 19, Pam assumed that someone in the Army would assist her in getting to Germany and advise her of her husband's health status. For the record, we do indeed provide spouses with Invitational Travel Orders to transport immediate family members of the seriously wounded. I have encountered several problems with those orders, too.

However, Pam received no additional communication from the Army. Two days later, on May 21, I received a call from Arkansas State Representative Daryl Pace, Pam's brother. Regrettably, this was not the first call I have gotten from families trying to locate their loved ones who have been wounded. I have had four such calls since April.

My staff and the Arkansas National Guard worked tirelessly to track down Specialist Phillips. Finally, on Monday, May 24, 5 days later, Pam learned that her husband had arrived at Walter Reed on Friday, May 21. After 5 days of sheer emotional stress, Pam finally learned that her husband was recovering, that he was OK.

Here is what Daryl Pace has to say about the experience that his sister Pam went through:

There's an empty channel between the field and the hospital. When nobody could find Austin, Pam was horrified that Austin's condition had deteriorated. We were left with the assumption that he was no longer with us.

I ask my colleagues, can they imagine getting a phone call from their son, their daughter, their husband or their wife telling them that they had lost their leg and that they wanted my colleagues to be with them as soon as possible?

Can you imagine that their loved one is in the care of the U.S. Armed Forces, but nobody in the military calls them? Nobody can answer an inquiry about their loved one's whereabouts?

Again, my bill language is direct, I simply want the Secretary of Defense to put into place a uniform policy and procedure that notifies families of an injury to a loved one in combat, followed by regular updates on the health and location of the wounded member.

I ask my colleagues to support me in helping families during a time of terrible tension and emotional pain by requesting that the Secretary review this matter and put into place a policy that supports families rather than burdens them.

The last section of the bill aims to reduce fatalities and disability rates by providing medics in theater with tools that they need.

Like many of my colleagues, I have taken note of the rising casualties and the rising wounded count. But I have also taken note of a rising number of news articles detailing the conditions that our medics must work under while treating our wounded.

According to a Washington Post article on April 27, 2004: "So far in April, more than 900 soldiers and Marines have been wounded in Iraq, more than twice the number wounded in October, the previous high." While half of those wounded were able to return to duty, "The others arrive on stretchers at the hospitals operated by the 31st Combat Support Hospital.

And I quote, "These injuries," said LTC Stephen M. Smith, executive officer of the Baghdad facility, "are horrific."

The article goes on to document the struggles that the medical team confronts everyday in meeting their goal to provide "lightning-swift, expert treatment" and the transfer of the wounded to a military hospital.

An Army survey has documented that the unit with the lowest morale in Iraq was one that ran the combat hospitals.

Another article from the Washington Times dated May 5, 2004, carries the headline: "Casualties of Iraq war can 'get to' U.S. Medics." The article reports that in April 2004, the deadliest month for the U.S.-led coalition in Iraq, the Baghdad hospital treated more than 500 wounded Americans.

The article chronicles the amazing efforts by U.S. medical personnel to save the lives of the wounded.

It details the adverse conditions where "the emergency room overflows with wounded soldiers on stretchers." It quotes Major Wenner, a family doctor from Fort Sill, OK, as saying that:

It's not the names I remember as I go to sleep. It is the faces and the injuries. . . . My alarm goes off, and it is time to start all over again. Groundhog Day, we call it.

These medics and the wounded that they tend to everyday merit immediate attention by this body for the conditions they work under and medical equipment they work with.

The 212th Mobile Army Surgical Hospital is an example of our current combat support hospital system that we use in Iraq. It is basically a bunch of tents. I have had the opportunity to tour a model similar to that used by the 212th, but that was on the Capitol lawn when it wasn't in use.

According to an Army Lessons Learned Report on the 212th, the reality of these medic platforms is frightening. The tents are porous and the report sites adverse conditions for medical personnel and the wounded they treat due to sand and dirt filtering through the seams, doors and floors impacting the medical team's ability to function.

I think we can do better than this and in fact, so does the Army. The Army has a plan to modernize the combat support hospitals into the Future Combat Hospital Systems. Let me share with you the Army's view:

The U.S. Army Medical Department has a continuing requirement to support its deployed medical forces with shelters appropriate to battlefield medical missions. Currently a combination of aged ISO Shelters and TEMPER Tents are being used at Combat Support Hospital (CSHs), and Forward Surgical Teams (FST) are using a composite of less than optimal tents. A formal Operational Requirements Document was drafted by the U.S. Army Medical Department Center and School to support an upgrade/modernization to these new platforms. With the recent changeover to the new Joint requirements process, this document will eventually roll into this new format.

This Army report further states that the U.S. Army Medical Research and Materiel Command placed a requirement into the fiscal year 2006-2011 Pro-

gram Objective Memorandum for the development effort. The funding requested was \$14 million for fiscal year 2005-2006 and \$10 million for fiscal year 2007. However, modernization of the Combat Support Hospital System fell below the core funding capability.

In another report, the modernization, conversion and recapitalization for the non-medical equipment components necessary to support the Army medical casualty care platform was recognized as a shortfall in the organizational structure in the first gulf war, Operation Desert Shield/Desert Storm.

In other words, we have known for more than a decade that the current system does not work well in today's battlefields but we didn't fund the upgrade. We are basically putting U.S. medical personnel in a situation that makes their jobs even harder.

I am not aware of any objection to this provision, except for the offset. It is not the merits, it is the money.

So I ask my colleagues, what is it worth to save one soldier, one Marine? I think it is worth at least \$10 million for medical equipment that has been identified as a necessary readiness requirement. I think \$10 million is more than reasonable.

Medical analysis suggests that each additional dollar spent on modernization of medical equipment can produce health gains, including reducing death and disability rates.

Just as important, additional investments in the combat support hospital system will send a message to our doctors, nurses and other critical medical support personnel in theater. It will tell them that we recognize the tremendous job that they are doing and that we back up that recognition with real tools that will aid them in their work. Given the conditions that these medics are working under, \$10 million is the least we can do.

The \$10 million for medical equipment and combat casualty care technologies would be funded by an offset from a defense-wide reduction in travel monies. The General Accounting Office recently found that the Department of Defense is losing millions of dollars in fraud, waste and improper papers for travel. Fixing this problem is a double victory for taxpayers and our Defense priorities.

In closing, my bill SACRIFICE is a humble act that holds very important initiatives. I urge my colleagues to join me in my effort to recognize the sacrifice being made by members of the Armed Forces, to provide support for their families, and to provide the necessary tools to bring them home safely.

By Mr. CAMPBELL:

S. 2517. A bill to require the Secretary of the Treasury to mint coins in commemoration of Ronald Wilson Reagan, the 40th President of the United States; to the Committee on Banking, Housing, and Urban Affairs.

Mr. CAMPBELL. Mr. President, today I introduce the "Ronald Wilson

Reagan Commemorative Coin Act of 2004."

This bill is the same as one I introduced in the 107th Congress, and would accomplish two worthy goals. First, it would help honor Ronald Wilson Reagan, the 40th President of the United States, and the many worthy contributions he made to this nation. Second, it would also help raise much needed resources to help families across the United States provide care for their loved ones who have been stricken by Alzheimer's disease.

This legislation's timeliness is obviously without question, as we as a nation honor Ronald Reagan this week and mourn his passing. The worthiness of the bill also goes without question. Most of us have seen Nancy Reagan discuss her husband's illness. Watching Mrs. Reagan as she has so openly and eloquently shared touching insights about their struggle with Alzheimer's disease has always been very moving. There is no doubt about the truly deep bonds that united Ronald and Nancy Reagan and that we need to continue to do what we can to fight the disease that slowly took its terrible toll on the Reagans and so many other American families.

Ronald Reagan wore many hats in his life, including endeavors as a sports announcer, actor, governor and President of the United States. He was first elected president in 1980 and served two terms, becoming the first president to serve two full terms since Dwight Eisenhower.

His boundless optimism and deep-seated belief in the people of the United States and the American Dream helped restore our Nation's pride in itself and brought about a new "Morning in America." His challenge to Gorbachev to "tear down this wall," his successful revival of our economic power, his determination to rebuild our armed forces in order to contain the spread of communism, and his international summitry skills as seen at Reykjavik, Iceland, combined to help bring an end to the Cold War. Ronald Reagan left our Nation in much better shape than it was in when he took office.

As Alzheimer's sets in, brain cells gradually deteriorate and die. People afflicted by the disease gradually lose their cognitive ability. Patients eventually become completely helpless and dependent on those around them for even the most basic daily needs. Each of the millions of Americans who is now affected will eventually, barring new discoveries in treatment, lose their ability to remember recent and past events, family and friends, even simple things like how to take a bath or turn on lights. Ronald Reagan, one of the most courageous and optimistic Presidents in American history, was no exception.

Shortly after being shot in an assassination attempt, Ronald Reagan's courage and good humor in the face of a life threatening situation were evi-

dent when he famously apologized to his wife Nancy saying "Sorry honey. I forgot to duck." Unfortunately, once Alzheimer's disease takes hold, it delivers a slow mind destroying bullet that none of us can duck to avoid. As Ronald Reagan wrote shortly after learning of his diagnosis "I only wish there was some way I could spare Nancy from this painful experience." From the moment of diagnosis, it's "a truly long, long, goodbye," Nancy Reagan said.

Fortunately for all of us, when Ronald Reagan courageously announced in such an honest and public manner that he had Alzheimer's, rather than covering it up, he did a great deal to help alleviate the negative stigma that has long faced those suffering from this terrible disease. Much of the shame and pity traditionally associated with Alzheimer's was transformed almost overnight into sympathy and understanding as public awareness suddenly shot up and those suffering from Alzheimer's, and their families, knew that they were not alone.

While Ronald Reagan's health didn't deteriorate right away, according to Mrs. Reagan, he had his good days and bad days, "just like everybody else." In recent years, however, Reagan's condition completely deteriorated—and quickly. "It's frightening and it's cruel," Nancy said, speaking of the disease and what it has done to her husband and family. "It's sad to see somebody you love and have been married to for so long, with Alzheimer's, and you can't share memories," Mrs. Reagan said.

In the introduction to a recently released book based on the touching love letters exchanged between herself and Reagan, Nancy elaborated on her sense of loss when she wrote, "You know that it's a progressive disease and that there's no place to go but down, no light at the end of the tunnel. You get tired and frustrated, because you have no control and you feel helpless." She also said, "There are so many memories that I can no longer share, which makes it very difficult."

Nancy Reagan has earned our Nation's admiration for her steadfast and loving dedication to her husband as she watched her beloved husband slowly fade away. Likewise, families all across our Nation, day in and day out, choose to personally provide care for their loved ones suffering from Alzheimer's, rather than putting them in institutions. They deserve our respect and support.

Fortunately, Mrs. Reagan has had access to vital resources that helped her care for her husband. This is how it should be. Unfortunately, there are many American families out there who do not have access to these resources. This bill will help alleviate that by raising money to help American families who are struggling while providing care for their loved ones.

Funding for Alzheimer's research has increased significantly over the past

several years. Ronald Reagan's courage in coming forward and publicly announcing his condition played an important role in raising public awareness of Alzheimer's and paved the way for the recent increases in research funding. But much more needs to be done and this bill would complement these efforts.

Once again, the legislation I am introducing today authorizes the U.S. Mint to produce commemorative coins honoring Ronald W. Reagan while raising funds to help families care for their family members suffering from Alzheimer's disease. I urge my colleagues to support passage of this legislation.

Ronald Reagan's eternal optimism and deep seated belief in an even better future for our Nation was underscored when he said. "I know that for America, there will always be a bright future ahead." In honoring him this week, and in honoring his struggle, this bill, in keeping with this quote's spirit, will help provide for a better future for many American families.

I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 2517

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Ronald Reagan Commemorative Coin Act of 2004".

SEC. 2. COIN SPECIFICATIONS.

(a) DENOMINATIONS.—The Secretary of the Treasury (hereafter in this Act referred to as the "Secretary") shall mint and issue the following coins:

(1) \$5 GOLD COINS.—Not more than 100,000 \$5 coins, which shall—

(A) weigh 8.359 grams;

(B) have a diameter of 0.850 inches; and

(C) contain 90 percent gold and 10 percent alloy.

(2) \$1 SILVER COINS.—Not more than 500,000 \$1 coins, which shall—

(A) weigh 26.73 grams;

(B) have a diameter of 1.500 inches; and

(C) contain 90 percent silver and 10 percent copper.

(b) BIMETALLIC COINS.—The Secretary may mint and issue not more than 200,000 \$10 bimetallic coins of gold and platinum instead of the gold coins required under subsection (a)(1), in accordance with such specifications as the Secretary determines to be appropriate.

(c) LEGAL TENDER.—The coins minted under this Act shall be legal tender, as provided in section 5103 of title 31, United States Code.

SEC. 3. SOURCES OF BULLION.

(a) PLATINUM AND GOLD.—The Secretary shall obtain platinum and gold for minting coins under this Act from available sources.

(b) SILVER.—The Secretary may obtain silver for minting coins under this Act from stockpiles established under the Strategic and Critical Materials Stock Piling Act and from other available sources.

SEC. 4. DESIGN OF COINS.

(a) DESIGN REQUIREMENTS.—

(1) IN GENERAL.—The design of the coins minted under this Act shall—

(A) be emblematic of the presidency and life of former President Ronald Wilson Reagan;

(B) bear the likeness of former President Ronald Reagan on the obverse side; and

(C) bear a design on the reverse side that is similar to the depiction of an American eagle carrying an olive branch, flying above a nest containing another eagle and hatchlings, as depicted on the 2001 American Eagle Gold Proof coins.

(2) DESIGNATION AND INSCRIPTIONS.—On each coin minted under this Act, there shall be—

(A) a designation of the value of the coin;
(B) an inscription of the year “2005”; and
(C) inscriptions of the words “Liberty”, “In God We Trust”, “United States of America”, and “E Pluribus Unum”.

(b) DESIGN SELECTION.—The design for the coins minted under this Act shall be—

(1) selected by the Secretary, after consultation with the Commission of Fine Arts; and

(2) reviewed by the Citizens Commemorative Coin Advisory Committee.

SEC. 5. ISSUANCE OF COINS.

(a) QUALITY OF COINS.—Coins minted under this Act shall be issued in uncirculated and proof qualities.

(b) MINT FACILITY.—Only one facility of the United States Mint may be used to strike any particular combination of denomination and quality of the coins minted under this Act.

(c) PERIOD FOR ISSUANCE.—The Secretary may issue coins minted under this Act only during the period beginning on January 1, 2005 and ending on December 31, 2005.

SEC. 6. SALE OF COINS.

(a) SALE PRICE.—The coins issued under this Act shall be sold by the Secretary at a price equal to the sum of—

(1) the face value of the coins;
(2) the surcharge provided in subsection (d) with respect to such coins; and
(3) the cost of designing and issuing the coins (including labor, materials, dies, use of machinery, overhead expenses, marketing, and shipping).

(b) BULK SALES.—The Secretary shall make bulk sales of the coins issued under this Act at a reasonable discount.

(c) PREPAID ORDERS.—

(1) IN GENERAL.—The Secretary shall accept prepaid orders for the coins minted under this Act before the issuance of such coins.

(2) DISCOUNT.—Sale prices with respect to prepaid orders under paragraph (1) shall be at a reasonable discount.

(d) SURCHARGES.—All sales of coins issued under this Act shall include a surcharge established by the Secretary, in an amount equal to not more than—

(1) \$50 per coin for the \$10 coin or \$35 per coin for the \$5 coin; and
(2) \$10 per coin for the \$1 coin.

SEC. 7. DISTRIBUTION OF SURCHARGES.

(a) IN GENERAL.—Subject to section 5134(f) of title 31, United States Code, the proceeds from the surcharges received by the Secretary from the sale of coins issued under this Act shall be paid promptly by the Secretary to the Department of Health and Human Services to be used by the Secretary of Health and Human Services for the purposes of—

(1) providing grants to charitable organizations that assist families in their efforts to provide care at home to a family member with Alzheimer’s disease; and

(2) increasing awareness and educational outreach regarding Alzheimer’s disease.

(b) AUDITS.—Any organization or entity that receives funds from the Secretary of Health and Human Services under subsection (a) shall be subject to the audit requirements of section 5134(f)(2) of title 31, United States Code, with regard to such funds.

SEC. 8. FINANCIAL ASSURANCES.

(a) NO NET COST TO THE GOVERNMENT.—The Secretary shall take such actions as may be necessary to ensure that minting and issuing coins under this Act will not result in any net cost to the United States Government.

(b) PAYMENT FOR COINS.—A coin shall not be issued under this Act unless the Secretary has received—

(1) full payment for the coin;
(2) security satisfactory to the Secretary to indemnify the United States for full payment; or

(3) a guarantee of full payment satisfactory to the Secretary from a depository institution, the deposits of which are insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration Board.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 376—CONGRATULATING THE SYRACUSE UNIVERSITY ORANGE MEN’S LACROSSE TEAM ON WINNING THE 2004 NCAA DIVISION I MEN’S LACROSSE NATIONAL CHAMPIONSHIP

Mrs. CLINTON (for herself and Mr. SCHUMER) submitted the following resolution; which was considered and agreed to:

S. RES. 376

Whereas on Monday, May 31, 2004, the Syracuse University Orange men’s lacrosse team won the National Collegiate Athletic Association (NCAA) Division I men’s lacrosse National Championship in Baltimore, Maryland;

Whereas this title represents the ninth National Championship for the Syracuse University men’s lacrosse program, and the third NCAA Division I title for the men’s lacrosse team in the past 5 years;

Whereas on May 31, 2004, the Orange men’s lacrosse team defeated the Midshipmen of the United States Naval Academy by a score of 14 to 13;

Whereas the Orange were led by Michael Powell, a senior from Carthage, New York, who was voted Most Outstanding Competitor in the 2004 NCAA Division I men’s lacrosse tournament;

Whereas Michael Powell completed his remarkable career as the leading scorer in the history of the Syracuse University men’s lacrosse program by scoring the final and winning goal of the National Championship;

Whereas the Orange were supported in their title run by outstanding efforts from the entire team, including seniors Dan DiPietro, Nick Donatelli, Kevin Dougherty, Sean Lindsay, Brian Nee, and Alex Zink;

Whereas the Orange men’s lacrosse head coach John Desko, a former All-American Defenseman and a member of the Orange lacrosse community since 1976, has led the Orange men’s lacrosse team to 3 NCAA Division I titles since 1999;

Whereas the outstanding Orange men’s lacrosse assistant coaches Roy Simmons III, Kevin Donahue, and Ryan Powell complement the strong leadership of head coach John Desko and deserve enormous credit for continuing the tradition of excellence in lacrosse at Syracuse University; and

Whereas the students, alumni, and staff of Syracuse University and the fans of Syracuse lacrosse should be congratulated for their longstanding commitment to and pride in the Orange men’s lacrosse team: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the Syracuse University Orange men’s lacrosse team for winning the 2004 NCAA Division I men’s lacrosse National Championship;

(2) recognizes the achievements of all of the team’s players, coaches, and support staff, and invites them to the United States Capitol Building to be honored; and

(3) directs the Secretary of the Senate to make available an enrolled copy of this resolution to Syracuse University for appropriate display.

SENATE RESOLUTION 377—CONGRATULATING THE LE MOYNE COLLEGE DOLPHINS MEN’S LACROSSE TEAM ON WINNING THE 2004 NCAA DIVISION II MEN’S LACROSSE NATIONAL CHAMPIONSHIP

Mrs. CLINTON (for herself and Mr. SCHUMER) submitted the following resolution; which was considered and agreed to:

S. RES. 377

Whereas on May 30, 2004, the Le Moyne College Dolphins men’s lacrosse team won the National Collegiate Athletic Association (“NCAA”) Division II National Championship;

Whereas the Le Moyne College men’s lacrosse team defeated Limestone College 11 to 10 in double overtime, with a game winning goal by junior attackman Brandon Spillet;

Whereas the NCAA Division II men’s lacrosse title is the first National Championship won by any Le Moyne College athletic program in the history of the college;

Whereas Brandon Spillet scored 7 goals in the National Championship game and was named Most Outstanding Player in the NCAA Division II men’s lacrosse championship game;

Whereas Dan Sheehan, head coach of the Le Moyne College men’s lacrosse team, has been named Northeast 10 Conference Coach of the Year for the fourth consecutive season;

Whereas Coach Dan Sheehan, assisted by Brian Datellas, Kevin Michaud, and Bradley Carr, was the first head coach in the history of Le Moyne College lacrosse to earn a berth in the NCAA Division II men’s lacrosse tournament;

Whereas the Dolphins were supported in their title run by outstanding efforts from the entire team, including seniors Travis Morgia, Corey Sullivan, Adam Carne, Rob Trowbridge, Pat Hooks, Chris Geng, Joel Dorchester, Justin Wnuk, and Dan Holdridge; and

Whereas the students, staff, alumni and friends of the Le Moyne College men’s lacrosse team deserve much credit for their long-time dedication and loyalty to the building of a legacy for the Le Moyne Dolphins men’s lacrosse team. Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the Le Moyne College men’s lacrosse team for winning the 2004 NCAA Division II National Championship;

(2) recognizes the achievements of the players, coaches, and support staff of the team and invites them to the United States Capitol Building to be honored; and

(3) directs the Secretary of the Senate to make available an enrolled copy of this resolution to Le Moyne College for appropriate display.