

RECOGNITION OF THE ASSISTANT MINORITY LEADER

The ACTING PRESIDENT pro tempore. The distinguished assistant minority leader is recognized.

A TIME FOR ACCOMPLISHMENTS

Mr. REID. Mr. President, the Republican leader and the Democratic leader appointed Senator McCONNELL and this Senator to work on the legislative aspects of the 9/11 Commission. If the cooperation among Members is as good as Senator McCONNELL and I have had, we are going to be able to move forward on this bill, I think with bipartisanship. And we need to move forward. I think the 22 of us who serve on this task force feel that way.

We have to understand how much there is to do these next few days. There is a lot to do. We had a very productive last 2 weeks when most people expected a tremendous amount of partisanship this last little bit before we break for the elections. But from my observation it has been the opposite. There has been cooperation, and we have gotten a lot done. The next 2 weeks are important.

Also by virtue of the schedule we will have a difficult time this week because Tuesday we have an event for retiring Senators. That has been scheduled for months and there is no way out of that. That is Tuesday evening. Then, of course, Thursday is the first Presidential debate. It makes a lot of sense to me that we be in tune with that. I know there are some Senators who have events related to that. We will have to keep those things in mind.

I hope we can move forward on these matters which the leader has talked about. There is an opportunity to get a few things done with a limited time agreement. During the time we are working on this matter, we should go ahead and do that to prevent a lot of backlog next week before we head home before the recess.

I appreciate the leader's comments. I hope my observation is a correct one. We have been doing very well in spite of what some of the political prognosticators have said. This isn't a time for meltdown. This is a time for accomplishing a lot.

When the Chair announces morning business, we have two on the Democratic side who wish to speak, Senator HARKIN and Senator NELSON of Florida.

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

NORTH PLATTE CANTEEN IN NORTH PLATTE, NEBRASKA

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 161, which is at the desk.

The ACTING PRESIDENT pro tempore. The clerk will report the resolution by title.

The legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 161) recognizing the outstanding efforts of the individuals and communities who volunteered or donated items to the North Platte Canteen in North Platte, Nebraska, during World War II from December 25, 1941, to April 1, 1946.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. FRIST. Mr. President, I ask unanimous consent the concurrent resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and that any statements relating to the concurrent resolution be printed in the RECORD.

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

The concurrent resolution (H. Con. Res. 161) was agreed to.

The preamble was agreed to.

Mr. FRIST. Mr. President, obviously this particular resolution recognizes the outstanding efforts of the individuals and communities that volunteered or donated items to the North Platte canteen in Nebraska during World War II, as the resolution was put forward by the distinguished Senator from Nebraska, the occupant in the Chair.

The ACTING PRESIDENT pro tempore. The Senator from Nevada is recognized.

ORDER OF PROCEDURE

Mr. REID. Mr. President, when the Senate goes into morning business, I will yield 10 minutes on behalf of the Democratic leader to the Senator from Florida, Mr. NELSON, followed by 20 minutes to the Senator from Iowa, Mr. HARKIN.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved. Under the previous order, 25 minutes remain.

Mr. REID. Mr. President, I am wondering if we could have a delay of a few minutes so Senators on both sides will have a full 30 minutes.

The ACTING PRESIDENT pro tempore. Is there objection? Without objection, it is so ordered.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business with a full 60 minutes, with the time equally divided between the two leaders or their designees.

HEALTH CARE IN AMERICA

Mr. FRIST. Mr. President, I rise to speak on an issue we discussed last week that I will shed further light on, which is the broad topic of health care

in America. I listened last week with some disappointment to the comments made in the Senate by the distinguished Democratic leader regarding health care costs. The senior Senator from Massachusetts repeated some of the Democratic leader's critique of the President's policies on health care. Because both of my colleagues left an incomplete picture, I take a moment to step back and give a more realistic assessment of where we are today and where we should be going.

America has the best doctors, the best nurses, the best hospitals, the best medical technology, the best medical breakthrough medicines in the world. There is absolutely no reason we should not have in this country the best health care in the world. The time has come for common sense—not Washington—to determine how patients interact with doctors and with hospitals. The time has come for health care professionals, not Government or HMO bureaucrats, to make health care decisions. The time has come to put patients and consumers back in charge.

Under the leadership of President Bush, we have taken measurable, concrete steps toward making quality health care more affordable, more available, and more reliable. Although much work remains to be done, a comprehensive, independent study confirms that we are, indeed, moving in the right direction.

One report released last week by the highly valued Lewin Group examined the costs of health care proposals put forward by President Bush and by Senator JOHN KERRY. This is the second nonpartisan independent analysis in recent weeks to compare the Presidential candidates' proposals side by side. It is the second independent study to find that the price tag of Senator KERRY's plan is twice—two times—what he claims. The Lewin Group study finds Senator KERRY's proposals would cost \$1.25 trillion—not billion but trillion—over the next 10 years and still leave 20 million Americans uninsured. This is similar to the findings of another independent study released 2 weeks ago by the nonpartisan American Enterprise Institute. That study put the price tag of Senator KERRY's plan at \$1.5 trillion.

We all know it is difficult and, yes, next to impossible to project the accurate cost of major Federal Government programs. We know all too well Washington has that annoying habit of underestimating the cost of just about everything it does and sticking taxpayers at the end of the day with that tab. However, if these two independent studies are even mildly accurate, Senator KERRY's estimates are off by half a trillion. Let me say that again: Senator KERRY's estimates for his health care proposals are off by half a trillion dollars. Talk about fuzzy math. To put that in perspective, that is more than the cost of the WIC Program, the Low Income Energy Assistance Program, the Ryan White Program, and the School Lunch Program combined. In

fact, it is more than the annual cost of the entire Medicare Program today.

So we are left with the perennial question, how will Senator KERRY pay for all of this? Who is going to get stuck with the tab this time? For starters, nearly all of the tax relief passed by Congress during the past 2 years would have to be repealed—all of that tax relief: No more marriage penalty relief; no more child tax credit; no more middle-class tax relief; no more death tax reduction. That means if you are a taxpayer, you will be paying a lot more and keeping a lot less of your hard-earned dollars. Yet still today Senator KERRY is telling the American people that his health care plan will save you money.

As a doctor, as a Senator, I am here to tell you it simply won't. For starters, he would have to raise an average of \$1,115 per family in taxes for his proposal—unless, of course, he plans to add \$1 trillion to the deficit. As a defender of the American taxpayer, both options are unacceptable. American families simply deserve better. This is one Washington-imposed solution we do not need. When it comes to health care, as a matter of principle, it should be about you. It should be about your doctor; it should be about your hospital, period. It should focus on you, the patient, the consumer. Senator KERRY's proposal is not a prescription for progress; it is a prescription for more Government-controlled health care.

Consider another finding from the Lewin report released last week. More than 21 million of the 25.2 million who would get health insurance under the Kerry plan would be forced into the Government-run Medicaid Program. As we all know, and it has been documented again and again, expanding Government-controlled programs can force people with good private health insurance coverage to lose it. In fact, an analysis released by the National Center for Policy Analysis concludes that 8 million people who are currently privately insured will lose this private coverage because of Senator KERRY's expansion of Medicaid. This is plain wrong. America deserves better.

In sharp contrast, we have the policy of President Bush, including those already enacted by this body and by Congress. They are focused on the patient. They are focused on the consumer. They are focused on you. As a matter of principle, we believe patients should be able to see the right doctor at the right time. As a matter of principle, we believe nothing should interfere with that doctor-patient relationship. As a matter of principle, we believe all Americans deserve affordable, available, and reliable quality health care.

Health care costs are soaring. We must address the root causes of these soaring costs. There are countless commonsense reforms we can pursue today to control your rising health care costs. At the top of that list is a reform all Americans can agree upon. We need

to reel in personal injury trial lawyers whose frivolous lawsuits are crippling health care in communities all across America. The fact is, too many lawyers and too many frivolous lawsuits are making medicine much too expensive. This lawsuit abuse is driving good doctors out of practice and discouraging our very best and our very brightest from entering the profession. Doctors literally today are telling their children: Because of lawsuit abuse now and in the future, maybe it is best that you not even enter the profession of medicine. That presents a crisis.

Worse yet, lawsuit abuse is now threatening people's access to critical health service and is occurring in communities all across America. Did you know there are countless counties across this country where Americans no longer have access to their obstetricians to deliver babies? There are counties across this country where Americans no longer have access to trauma centers. Can you imagine?

According to the American Medical Association, this situation has reached true crisis proportions in 20 States, and that includes some of the most populous States in this country: Florida, Ohio, Pennsylvania, New York. Families in these States are not getting the quality care they deserve. I will tell you why. Out-of-control litigation is leading to out-of-control medical liability premiums, which leads to out-of-control costs. Too many doctors are being forced to close their doors simply because they can no longer afford to keep the insurance to keep their doors open.

If you have no doctor, that ultimately means no care; it means loss of access; it means loss of availability of care. If you want your baby delivered, it means an obstetrician may not be around. If you have an accident driving home from work today, the trauma center may not be open. That is a crisis. It is a crisis of cost; it is a crisis of access; it is a crisis of availability; it is a crisis of reliability.

Mr. President, I ask unanimous consent to have printed in the RECORD a recent article.

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

[From American Medical News, May 3, 2004]

LIABILITY CRISIS ENDS CENTURY OF DELIVERIES

(By Tanya Albert)

Perhaps one day the children of family physicians Jim Schwieterman, MD, and Tom Schwieterman, MD, will pick up where medical liability rates have forced the brothers to leave off.

The duo is scheduled to deliver their last baby in September, stopping a more than 100-year run of their family bringing children into the world in Mercer County, Ohio.

An in an ending that wouldn't have been more perfect if Hollywood had written the script, the brothers' last delivery will be the baby of a woman their father delivered.

The grandfather delivered the woman's mother. And the doctors' great-grandfather who founded the Maria Stein, Ohio, family

practice, delivered the woman's grandmother.

But the Schwietermans—who their patients call Dr. Jim and Dr. Tom—don't want people to interpret their fate as a "woe-is-me" story.

They are saddened that they're being forced to give up a part of their practice that they love. But they'll continue to provide the cradle-to-grave primary care that patients in their rural county of 40,924 need.

They're telling their story because they worry that patients who need obstetrical care may not be able to get it in the future. "Something is wrong when a legal situation is preventing us . . . from doing a service for very little income and when we have good outcomes," Dr. Tom said.

The brothers want people to know that even rural doctors in a practice with no lawsuit payouts in more than 100 years can be forced to cut back services to patients because of unaffordable medical liability rates. Only one lawsuit has ever been filed against the practice, and it was dropped a few days later.

"We've fallen victim to another outside force," Dr. Jim said.

THE OUTSIDE FORCES

Maria Stein's small-town atmosphere hasn't changed much over the years, Dr. Jim's and Dr. Tom's father, Don Schwieterman, MD, said.

Churches still stand in the community of crossroads. And Dr. Don said the town still clings tight to the values of the thrifty, hardworking German farmers who settled it.

"It's still an area where we have a very close relationship with patients," said Dr. Don, who retired in 1997.

But the practice of medicine has changed.

In Ohio, like so many other states, an increasing number of physicians have had to give up "high-risk" aspects of their practice because insurance has become unaffordable.

An Ohio State Medical Assn. survey released April 15 found that 80% of the state's physicians agree that rising premiums have directly impacted their patients.

The survey found that 34% of Ohio doctors expect to close their practices in the next two years if rates continue to climb. When asked to look forward three years, 58% plan to close.

"If only 10% of that happened, that's a huge crisis," said Bill Byers, OSMA's government relations director.

For the Schweiermans, giving up obstetrics was purely a business decision. When the fax for this year's premium came through, the insurance company was asking for \$80,000 for the brothers to keep delivering the 60 or so babies a year that they average. That's a premium hike of about 150% over the past six years.

"It was a financial no-brainer," Dr. Jim said.

And given how long their family has been in the community, neither wanted to move 20 miles west to Indiana where tort reform is established and rates would have been 75% less.

"It doesn't make any sense that geography can play such a role," Dr. Tom said. "[Rates] have nothing to do with the medicine you practice."

SAVORING EVERY LAST MOMENT

It's beginning to hit the doctors that they only have five more months of deliveries left, and they find they're soaking up every moment in the delivery room.

"It's giving up one part of a job where there are tears of happiness," Dr. Tom said.

While both brothers would love to be able to offer obstetrics again, they realize that once they are out of it for a couple of years it will be difficult to go back. "I feel like I'm

a baseball player stepping up to bat for the last time," Dr. Jim said.

Family physicians have been giving up deliveries for years. In 1978, 46% had hospital privileges to deliver babies, according to the American Academy of Family Physicians. In 2003, only 24% of FPs did deliveries.

While premiums have been an issue in some states, Thomas S. Nesbitt, MD, MPH, said there are a number of reasons for the decline, including the fact that more FPs are joining groups where the scope of practice is already established.

Dr. Nesbitt, associate dean for graduate education, continuing education and outreach at the University of California, Davis, said it's a loss to family medicine. "The real tragedy is that family care is being fragmented."

Dr. Don hopes the climate shifts so that one or more of his grandchildren may be able to enjoy the special experience of helping deliver children into the world.

"I would love that," he said.

Mr. FRIST. Mr. President, this article is about Dr. Jim Schwieterman and his brother, Dr. Tom Schwieterman. Both are family physicians who practice in Mercer County, OH. This month "Dr. Jim" and "Dr. Tom," as their patients call them, will deliver their last baby, bringing an end to a distinguished 100-year run of their family providing care in delivering babies in their community in this corner of Ohio. The brothers' final delivery will be the baby of a woman who their father delivered. Their grandfather delivered the woman's mother, and their great-grandfather, who founded the family practice, delivered the woman's grandmother—a wonderful, rich tradition of caring in that community.

Why will this long and honorable family history of physician service come to an end? Because of out-of-control medical liability costs. The Schwieterman brothers simply cannot afford to deliver children because of the skyrocketing insurance fees they must now pay. It is a tragedy, and we all suffer in one way or another.

I was in Philadelphia earlier this month to speak to a group of physicians. Did you know that the average or the typical obstetrician/gynecologist now pays over \$134,000 a year for liability insurance just for that privilege of being able to deliver babies? That is a tripling of the cost just since 2000, a \$100,000 increase in just 4 years. It is not surprising that Pennsylvania is on the crisis list and physicians are leaving the State. That means diminished access for the people of Pennsylvania. And it applies to orthopedic surgeons, to trauma surgeons, to obstetricians.

The trial lawyer special interest lobby is next to impossible to beat at the State level, but, fortunately, some States are taking action. They see what is happening to their neighbors, and they know they could be next. Without restoring common sense to the legal system, it is just a matter of time before their health care is hijacked by the lawsuit lottery.

Take California, for example. Because California has acted and adopted

comprehensive medical liability reform, including limits on pain and suffering awards, liability insurance costs for OB-GYNs in the Los Angeles area are less than half of what their colleagues pay in Pennsylvania, Illinois, or Florida. Everything else is more expensive in California but not health care.

Texas is another State pursuing comprehensive, commonsense legal reform. Recently, my distinguished colleague from Texas, Senator CORNYN, spoke passionately on the Senate floor about the need for lawsuit abuse reform. His State recently adopted medical liability reforms similar to those passed in California, and they are working.

Texas Medical Liability Trust, the largest medical liability insurer in the State, is now decreasing its rates for the second time in the 2 years since this reform was instituted. The new 5-percent cut comes in addition to a 12-percent reduction implemented earlier this year. These cuts are a direct result of Texas's constitutional amendment capping liability costs. According to the trust president and CEO, Thomas Cotton, 12,000 Texas doctors will save \$34 million in a single year. This represents almost half of all Texas physicians. And when doctors pay less, patients pay less, premiums fall, and health care becomes more available for all. Before Texas passed the new liability law, the same insurer had raised rates over 146 percent between 1999 and 2003. Now that the medical malpractice insurance market has stabilized, 13 new insurance companies have entered the Texas market and doctors are returning to their practices. That is the way it should be.

The lesson is clear. If we adopt Federal reforms based on the commonsense laws that are working in States such as California and Texas, we will dramatically lower health care costs, in turn providing more affordable and more accessible health care to our communities, to the American people. That means our precious health care dollars will be spent in the operating room and not in the courtroom.

The Senate has tried three times during the 108th Congress to debate comprehensive medical liability legislation. We have tried three times to have a simple debate about the merits of ending the abuse of our health care system by personal injury trial lawyers and their frivolous lawsuits, and each time my colleagues on the other side of the aisle have filibustered, obstructed even consideration of this legislation. They block consideration of a solution. No action, no vote, no accountability, and no change is partisan politics at its worst. It hurts the doctor. It hurts the patient. It hurts the consumer. It hurts you. That is plain wrong and, again, America deserves better.

Senator KERRY and Senator EDWARDS have made it clear that they oppose the laws that are working today in California and Texas. They have also made it clear that as long as they are

in the Senate, they will not even allow a vote on real reform. Why, you ask? Why oppose reforms that provide more health care services than ever before? Why oppose reforms that ensure doctors and hospitals will be more involved in providing care? Why oppose health care services that are more accessible and more convenient? And why oppose health care services that will be there when you need them? America deserves an explanation.

Finally, Mr. President, I want to comment on one other issue, and that is the new drug discount card available to seniors today.

I will turn to some compelling testimony that was provided to the Senate Finance Committee, I guess it was 2 weeks ago. I had the opportunity to chair that Finance Committee hearing, and I listened very carefully as Dr. Mark McClellan, who is the Administrator for the Centers for Medicare & Medicaid Services, discussed the Medicare Modernization Act, which this body passed, which was signed into law by the President. In his testimony, Dr. McClellan said that 4.3 million seniors have already enrolled in the Medicare Prescription Drug Discount Card Program, which was signed into law by President Bush last year. Over 1 million low-income seniors are today, because of this new law, receiving an additional \$1,200 of free prescription drugs on top of the already deep discounts available to all seniors who have signed up for this card.

Those discounts are making a difference. They make a difference in the lives of those seniors. They make a difference in the health care of those seniors.

It is beyond belief how anyone could tell seniors, don't get that card; it is too confusing. That is wrong. We should be encouraging seniors to sign up for the card. Why? A recent Kaiser Family Foundation study reported that the Medicare drug cards are providing a savings of 17 to 24 percent off retail prices in urban and rural areas. That means if you have the card, you have a savings of 17 to 24 percent than if you don't have the card. How could anybody tell our seniors today, don't get the card, with those demonstrated savings?

A Lewin Group study analyzing the 150 drugs most frequently used by seniors found that people participating in the Medicare drug discount program can, beginning this year, save an average of well over \$1,200 on their prescription drug purchases with this card.

A study by Consumers Union found that in California, the Medicare prescription drug discount cards provided drug prices that are even lower than the State's Medi-Cal program. I say "even lower" because the Medi-Cal prices are 20 percent below those typically available at retail pharmacies.

The Democratic leader indicated last week that too little has been done to control prescription drug costs in America. The facts—study after

study—show otherwise. In my colleague's own State of South Dakota, 40,000 Medicare beneficiaries who do not have prescription drug coverage stand to gain the most from that drug discount card; 28,000 South Dakotans are eligible for an additional \$1,200 over the next 14 months. How can they be told not to sign up for that card?

The discount drug card is only the beginning. In the year 2006, all Medicare beneficiaries will be eligible for prescription drug coverage under the Medicare program. Tens of thousands of South Dakota's seniors and citizens with disabilities will receive coverage with no premiums, no deductibles, no gaps in coverage, and copayments of no more than \$2 for generics and \$5 for brand-name drugs.

There is a better way to provide affordable prescription drugs and health coverage to the American people. Texas and California have chosen the right path. I ask: When will Senator KERRY and Senator EDWARDS choose theirs? Make no mistake, we need health care reform now. Costs are way too high today, and they continue to rise. Quality chasms and health care disparities exist in our health care sector today. But I can tell you from personal experience—both in medicine for 20 years as a physician and as a policymaker today—these are tough and challenging issues. Reform is a challenge that is not easy, but we have begun to address it and we will continue.

The health care challenge is complicated, and it is much more complicated than a lot of politicians would have you believe. They simply are not going to be solved overnight.

Let us pledge today to get it right the first time. Let us pledge today to give that power back to the patients. Let us pledge to tackle the challenges today and to stop the partisan politics and to stop the foot dragging that becomes an embarrassment to this institution and a source of frustration for the American people.

With the President's leadership and the bipartisan reforms that we have enacted during the past several years, we are on the right track. A lot of work remains to be done. We need to pass medical liability reform. We need to expand those health savings accounts that are now the law of the land. We need to give small businesses the ability to ban together to buy more affordable health care coverage for their hard-working employees. Because as a matter of principle, every family deserves access to affordable, reliable, and quality health care that can never be taken away.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Florida.

HEALTH CARE

Mr. NELSON of Florida. Mr. President, the fourth hurricane has visited my State, and that is the subject of my remarks.

I am compelled to respond to some of the statements the majority leader has made about the condition of medical malpractice in the country.

One of the great privileges of being a part of the Senate, it being the greatest deliberative body in the world, is out of the discussions of ideas, hopefully truth can ultimately be achieved. A number of the statements the majority leader has made are giving his point of view, one side of the argument. Indeed, it is absolutely no secret that there is a medical malpractice insurance crisis in the country.

As the majority leader would have it characterized, it is all as a result of lawyers and excesses. Are there excesses? Yes, there are. And those ought to be reformed in the system. But in outlining how you want to solve the problem of bringing down the insurance premiums for doctors to protect themselves with medical malpractice, what is proposed by the majority leader leaves the main entity out of the solution, and that is the insurance company.

The doctors have characterized this—indeed, some lawyers—as a fight between doctors and lawyers. But they have left out the main party, if we are going to reach a solution. I speak from a little bit of experience, having been the elected insurance commissioner of Florida for 6 years. I found myself, interestingly, as insurance commissioner, denying rate decreases for insurance companies that were medical malpractice companies because they were wanting rate decreases so they could get additional market share, but it was not financially prudent. It was not actuarially sound. This was during the 1990s, when the stock market was robust.

Insurance companies make money in two different ways: One, with regard to their premiums, which ought to be actuarially sound for the risk they are insuring; and two, by investing those funds in prudent investments. And in the decade of the 1990s, those investments were paying off handsomely for the entire business community, including insurance companies.

But what happens when the stock market turns south and the return on their investments is not there? Then an insurance company is supposed to have its premiums so that it can be actuarially sound so it can pay its claims due to the risk it has assumed.

Well, a lot of those companies started getting in difficulty because they were not getting the returns on their investment. So they had to start yanking their premiums up.

All of this is to say that if we want a real solution to this problem, we have to get doctors and hospitals, lawyers and insurance companies all in the room in order to solve the problem.

The majority leader made reference to the State of California as if it were just a cap on lawyers' fees. That is not the history of the State of California. California not only did that, but they

also put a limit on the increases on insurance premiums as well. So when we have a discussion, we should have a discussion of an overall comprehensive way to solve this problem. That is what I would like to see—this being less partisan, less ideological, less special interests, and talk about a solution where we can bring all parties in and get something done. That should be done at the State level. What we have seen from it is that States that have taken up legislation like that do not bring all of the parties to the table to find a viable solution.

I felt compelled to respond to the majority leader's comments because in the debate that ought to occur in this body, it ought to be a comprehensive debate showing all sides to the argument.

FLORIDA'S HURRICANES

Mr. NELSON of Florida. Mr. President, I came here because, as most everybody in the country knows, an unusual meteorological phenomenon has occurred in my State where it has now been battered by four major hurricanes. Part of the State now has been battered in the same area—namely, south of Orlando, southeast of Lakeland. In that area, it has been traversed now by hurricane strength winds from three hurricanes—first Charley, then Frances, and now this last one. The third hurricane, Ivan, took off for a different part of the State. It hit west Florida in the Pensacola area, as well as eastern Alabama, with such force of not only 138 mile per hour winds but also with that surge of water called a tidal surge, which was so significant that it went all the way up Pensacola Bay and, in fact, lifted up sections of the Interstate 10 bridge—huge, heavy concrete sections—lifted it up by the pressure of that water and deposited it on the bottom of Pensacola Bay. That is the kind of force and fury of Mother Nature that has been visited upon my State. So what do we need to do? Well, there is one reason for the Federal Government, other than the protection of the national defense of this country, and that is also to provide during times of disaster.

FEMA ran out of money several weeks ago. We came in here and we passed an emergency appropriations bill of \$2 billion to try to fill up their coffers. But since then, we have passed several things appendaged to the Homeland Security Appropriations bill, plus receiving several acknowledgements and commitments to, in particular, this Senator from Florida from the esteemed chairman of the Appropriations Committee of adding additional funds in the conference that is now occurring on the Department of Homeland Security funding bill.

But as of yet, we have seen an appropriation request come from the White House that is just not going to solve the problem. For example, the Commissioner of Agriculture of Florida