the entire time in the Sunni Triangle. The Sunnis are supposed to be the ones who do not like us. I can recall a general in Fallujah who at one time had been the brigade commander for Saddam Hussein. He hated Americans. Then, when he became the brigade commander for the Iraqi security forces, he started embedded training with our Marines. He became so affectionately involved with our marines that he looked me in the eyes and said: When they rotated me out, I cried. He loves Americans now. He loves the freedoms we are bringing to that country. He is joining in that fight.

Do you ever hear about this in the media? No, you do not hear about it.

At the same time, I was in Tikrit. Tikrit is the home of Saddam Hussein. At that time, I think most of us remember, the training headquarters in Tikrit for the Iraqi security forces was blown up, and there were 40 either killed or seriously injured. Those were all Iraqis. For every Iraqi who was killed or injured, their family replaced that Iraqi trainee with another member of their family. Do you hear about that in the media? No, you do not hear about that in the media.

I can remember being in a Black Hawk helicopter, going some 50 feet off the ground, all throughout the Sunni Triangle, over almost every square foot, and seeing the kids down there. Something people do not realize is how close our troops have become to these people. A lot of times, when you send candy and cookies to your troops, you think they are eating them and all that. Do you know what they are doing? They are repackaging them, putting them in small packages, and when they go over an area in helicopters, they throw the packages down to the kids below. Those kids in the Sunni Triangle are waving American flags and jumping up and down and cheering. But you do not see that from the media.

I have to say, I do appreciate the fact that Bill O'Reilly, last night, did draw the public's attention to this judge who is wanting to release more pictures of prisoner abuse. But I am critical of Bill O'Reilly because he said no one in Congress wants to do anything about it. No one wants to touch it. I want to remind him—and in doing so, I am not going to talk about what I did—but back in February of 2004, I did complain about the fact that we were doing a great disservice to our troops by giving the Iraqis, giving the terrorists, giving the Middle East, giving the American people the wrong picture of what is going on there.

I said I was not outraged. Let's keep in mind, in Abu Ghraib these prisoners were terrorists, these people killed Americans. And here we were worrying about: Are we treating them properly?

I remember Zell Miller defended me. Nobody else would do that at that time. I will read to you what he said, Zell Miller. You know all about Zell Miller from the State of Georgia. He said:

> Mr. President, here we go again, rushing to give aid and comfort to our enemies—pushing, pulling, shoving, and leaping over one another to assign blame and point the finger at ''America the terrible,'' lining up in long lines at the microphones to offer apologies to those poor, pitiful Iraqi prisoners.

Of course, I do not condone all the things that went on in that prison, but I for one refuse to join in this national act of contrition over it. Those who are wringing their hands and shouting so loudly for heads to roll over this seem to have conveniently overlooked the fact that someone's head has rolled, that of another innocent American brutally murdered by terrorists.

> Why is it there is more indignation over a photo of a prisoner with underwear on his head than over the video of a young American with no head at all? Why is it some in this country still do not get it, that we are at war, a war against terrorists who are plotting to kill us every day, terrorists who will murder Americans at any time, any place, any chance they get?
>
> Yet here we are, America on its knees in front of our enemy, begging for their forgiveness over the mistreatment of prisoners, showing our enemy and the world once again how easily America can get sidetracked, how easily America can turn against itself.
>
> Yes, a handful of soldiers went too far with their interrogation. Clearly some of them were not properly trained to handle such duty, but the way to deal with this is with swift and sure punishment and immediate and better training.
>
> There also needs to be more careful screening of who it is we put in these kinds of sensitive situations—and no one wants to hear this, and I am reluctant to say it, but there should also be some serious questioning of having male and female soldiers serving side by side in these kinds of military missions. Instead, I worry that the . . . ''hand wringers of America,'' will add to their membership and continue to bash our country ad nauseam and, in doing so, hand over more innocent Americans to the enemy on a silver platter.
>
> So I stand with Senator Inhofe of Oklahoma who stated that he is more outraged by the outrage than by the treatment of those prisoners.

I appreciated the fact that he came to my aid and made that statement back on May 13, 2004. The truth is out there. The media is not giving an accurate picture.

I will hold this up. This shows the number of editorials from the New York Times and the Washington Post: The number of editorials that covered the some 400,000 people tortured to death, put in mass graves in Iraq, a total of three editorials were written. The number of editorials since March of 2001 about the beheading of hostages by terrorists in Iraq and elsewhere, including Nicholas Berg and Daniel Pearl, was eight. Yet the number of editorials since March of 2004 about U.S. detainee policies, including Abu Ghraib, was 90. If that isn't bias.

We need to do something to stop this. This needs to be appealed to the Supreme Court. I am going to be advising the Secretary of Defense of my feelings. Hopefully we can save some American lives by not reliving the pictures and this issue that has already cost many American lives. If we actually show these pictures and revive it again, it will be aiding and abetting the enemy, and American lives will be lost.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. ALLEN). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

UNANIMOUS CONSENT REQUEST—S. 1716

Mr. BAUCUS. Mr. President, there are an estimated 1.5 million individuals who survived Hurricane Katrina who are now scattered across the Nation. The stories of what they have already experienced are harrowing. They are suffering deprivation beyond what many of us could imagine, and their needs, especially for health care services, are greater than most of us hope to ever know.

Today I come to the floor to share with you a few stories of those survivors and the problems they are facing in getting the health care services they need. Many are uninsured and without means to pay for food and shelter, let alone prescription drugs or a doctor's visit.

As I said when I spoke on the Senate floor on Wednesday night, one in three survivors who have applied for Medicaid in Louisiana have been turned away. Why? Because they do not meet Medicaid's traditional eligibility criteria.

These people need help. The Grassley-Baucus bill would deliver it to them without delay, without uncertainty.

As we consider moving forward on this legislation, I remind my colleagues of the faces of those we are trying to help. The survivors of Hurricane Katrina are people such as Eugene Johnson, age 57, a retired plumber and a diabetic who lost his home to Katrina. He, his wife, and four of his five children have moved from shelter to shelter. He needs eye medicine that he left behind in New Orleans, but he cannot afford the $119 cost of the prescription. Without his medicine, he will go blind.

An aid group, the Children's Health Fund, provided him with the medicine and responded with these words:

> We're a stopgap. Nothing more.

Maude Jordan, who slept on top of her refrigerator for 3 days before being rescued in New Orleans, penniless and diabetic, was taken to a relief center in Baton Rouge. Her application was rejected by Medicaid. However, she was unable to establish eligibility because she could not establish categorical eligibility; that is, she was rejected because—this is what Medicaid said—she

was ''unable to establish eligibility because cannot establish categorical eligibility.'' Give me a break. She needs help now. That is what our bill does.

Dwayne Russ, 44, who had lived independently in a specially outfitted apartment in New Orleans and maneuvered in an electric wheelchair, lost his wheelchair when he was evacuated to Georgia and was placed in a nursing home. The local director of advocacy at a specialty hospital and rehabilitation center helped him out but stated:

> Dwayne is just one person but he demonstrates there's lots of people out there in his same predicament who are not getting the help they need.

Tom Leynes, age 49, was a carpenter with an apartment just off the beach, a happy family man. After Katrina, he found the bodies of his two little girls holding hands. Now he is struggling with depression, living in a tent, taking medication, and trying to deal with the pain. He needs help.

Theresa Bieller, 39, Gulfport, MS, was following a 15-pill regimen for a heart problem and other conditions before the storm. Most of her prescriptions were already low or empty. To make matters worse, she had no electricity to operate a nebulizer for her 2-year-old asthmatic daughter, Chloe. After a few days without medicine, her chest pain and weakness mounting, Bieller checked into a hospital. She came out the next day with a mere 3 days' supply, not 15. She has no insurance and little cash to buy the expensive drugs. She needs help.

''Precious'' is the name given by nursing home staff to an elderly woman evacuated from New Orleans to Tennessee who cannot remember her name. Precious can talk, but she is unable to tell staff who she is or what her health care problems are. She spent 4 days in a hospital before becoming a resident at Bordeaux Long-Term Care. Who and how her care will be paid for is unknown.

These survivors and hundreds of thousands like them are waiting for Congress to act to make sure they can get the health care services they need. They cannot afford to wait another moment for this assistance, and neither can we. I urge my colleagues to join me in supporting this motion which I will now offer by unanimous consent on the Grassley-Baucus Emergency Health Care Relief Act.

I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 214, S. 1716; that the Grassley-Baucus substitute bill which is at the desk be considered and agreed to; that the bill, as amended, be read a third time and passed; that the motion to reconsider be laid upon the table; and that all of this occur with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from New Hampshire.

Mr. SUNUNU. Mr. President, if I might momentarily reserve the right to object, Mr. BAUCUS, the Senator from Montana, has given a powerful description of people who are in great need of help. There is no question about that. Many of the States that are affected and other States have taken steps to provide help in many areas, to set up uncompensated care funds to provide assistance to evacuees. I think the Senator from Montana would argue that it is not enough, he would like to do more, and his intention is obviously to bring this bill to the floor to deal with some of these concerns. I have spoken before on this and will not speak at great length now. I do not believe this bill is the right way and the best way to address those concerns. It has a cost of $9 billion. It does include provisions for assistance to States regardless of whether they have evacuees located in them, regardless whether they were hit by the hurricanes.

I and other Members have been working with Senator GRASSLEY and Senator BAUCUS and their staffs to try to come to some agreement, but that has not happened. The question is not whether we should or want to provide assistance, but we want to make sure we do it in a way that ensures that resources get where they are most needed and in a way that takes advantage of the $45 billion or so that has already been appropriated but has not been committed yet.

So I do object to the unanimous consent request. I know Senator LINCOLN from Arkansas and Senator LANDRIEU from Louisiana wish to speak on this issue, and I will be more than happy to let each of them do so before returning to the floor, if I am able to do so today, and offer a few remarks.

I do object at this time.

The PRESIDING OFFICER. The objection is heard.

The Senator from Louisiana.

Ms. LANDRIEU. Mr. President, I rise to support my colleague from Montana and his counterpart from Iowa, Chairman GRASSLEY, who have stepped up to the plate, along with the Senator from Arkansas on the Finance Committee and other Members, to put forward a bill that is absolutely crucial for the hundreds of thousands, in fact millions, of people who have been impacted directly by these two storms and the subsequent failing of a levee system in a major metropolitan area of this Nation.

This is an unprecedented natural disaster. We have said it so much that maybe it is a cliche and people are not quite understanding the magnitude of this, but these hurricanes and the subsequent levee breaks have truly displaced 1.5 million people who are without homes, without businesses, without their churches, without their synagogues, without their extended families around them, without their pharmacists, without their doctors, and they need help now.

I wish we had organized, funded, and resourced FEMA in such a way that this could be taken care of, and actually the next time this happens I hope we will have done just that. But for today, for the people of Louisiana, Mississippi, Alabama, and now Texas, who were also hit with this last storm Rita just 6 days ago, we have not had time to reform and reorganize FEMA. So if we wait for FEMA to do this, these people will not get the help they so desperately need.

We need some additional resources. That has been documented on radio, television, in print newspapers from conservative to liberal to right up the middle that FEMA is not functioning as well as it once did. This is not about blaming anybody, this is about recognizing that fact and moving on. So Senators BAUCUS and GRASSLEY, the good leaders that they are, in a bipartisan fashion, without trying to blame anyone, have said: OK, let us step in the gap. We have people who need help. We have the money to help them. Let us help them. They have put a bill together that will do that.

We are now 31 days since Katrina made landfall, the most powerful storm and subsequent levee break in the history of the country, and 6 days since Rita. Maybe people can wait another week or two, maybe three, maybe the people who just got hit 6 days ago can hold on literally to their life, their health, their children, their parents, with no health insurance, nowhere to get medical coverage, maybe they can, but maybe they cannot. Why should we again make them victims of our inability to act?

This is not a Democratic bill. This is not a Republican bill. This is a bill put together by Republicans and Democrats, tightly and carefully drawn. Maybe some other additional compromises can be made; I do not know, but what I do know is we have to pass this bill very shortly or we are going to end up spiraling downward instead of upward in this region.

The needs are great. It is not just health care and not just unemployment benefits, but when there are big cities and small towns from the Texas coast to the Louisiana coast to the Mississippi coast that are obliterated, they are not functioning, there is not a building standing—in some communities such as Waveland or in parts of Biloxi or Cameron Parish, which is a large but sparsely populated parish in my State, 10,000 people, there is not a structure standing as far as the eye can see, except the courthouse that was built in the early 1930s.

In New Orleans, still a large part in the West of the city is like a ghost town. The mayor is doing a good job getting people back to the city. Our city council is working hard. Our sheriffs, our policemen, our firemen—all of them are working very hard trying to get people back to the city. The health care system that existed just 32 days ago in New Orleans does not exist anymore. The one that existed in Waveland is completely gone. The one that was in Cameron is gone.

So I wish FEMA had showed up the next day and said: Here are your health care cards, here is what you do, here is help. But that did not happen. I am not here to fuss with FEMA; I am here to fix the problem. We do not have a lot of time.

Let me say something else to my colleagues. Congress normally does not work quickly. It is not what we are created to do. I understand that. I have been in the Senate now 6 years. We are created to sort of go slowly. It is because the Founders did not want us in passion to move too quickly. I understand that. But we were also supposed to take the responsibility to create agencies that could act quickly, efficiently, and effectively. In large measure, we have failed to do that. It was not the Republicans' fault or the Democrats' fault or this administration or the previous administration. I am not interested in that. I am just saying the reality is the people—2 million and more because other people have been impacted—need help. We have to provide it.

There are some problems over in the House of Representatives, and people know about those problems. I can understand that. But the Senate, Republicans and Democrats, has put together not just this bill, we have put together four or five bills on education, health care, small business tax relief, community development block grants, getting people immediate help to relieve their mortgage payments. If we do not do this in the next few days, the economy of the gulf coast will begin a downward spiral, and I do not know what else it will take with it.

Everybody keeps saying this is a local problem, this is about New Orleans or Plaquemine or Saint Bernard or just Waveland. It is not. It is a regional crisis. It is a very important region for our country. It is the heart of the oil and gas industry. It is the largest river system in the Nation. It is the largest fisheries and maritime complex in the country. This is not time to cower.

The Presiding Officer is from the South, a different part of the South, but as a Governor he most certainly understands the dynamics of the Washington-Virginia region, and if it was impacted in such a way, it could have national ramifications. The Chair most certainly understands that. That is what is happening in our region.

Slidell, a population of 25,000—direct hit, the eye. Most of these people work at the Stennis Space Center in Mississippi or they work in New Orleans East, which is completely gone—most of the residents are—at NASA at the Michoud plant. A lot of people in Slidell are poor, middle income and wealthy. The neighborhoods have all been hurt and affected. Some are doctors, some are small businesses.

Lake Charles, 71,000—not a direct hit but took a big hit in the hurricane, and the small cities around there, Sulphur and White Lake. I have mentioned Waveland and Pass Christian, MS, Beaumont, TX, Bay Saint Louis, MS, just to name a few. These are the people, the working folks who support the maritime and the energy industry.

It is a complex and comprehensive plan that is necessary for rebuilding, and we are working on the pieces of how to do that. There are many different ideas that are floating around. Something will come together, whether it is done for each individual State or whether we end up coming together as a gulf coast region and doing something. I am confident, with the good ideas I have heard expressed here, some compromise will come together.

But we can't wait for this huge structure of rebuilding before we take care of some of the urgent and immediate needs: water, electricity, food, health care—the basic needs, the basic fundamentals of those governments, so small businesses can actually have a permit to stay in business, so businesses who want to locate actually have somewhere to send their letter: ''Dear Mr. Mayor, I would like to locate in your town.''

If there is no city hall, there are no people on the payroll, there is no executive assistant to the mayor, where do they send the letter to open a business?

I know I might be exaggerating a little bit, but I do it to make the point that, yes, we need tax cuts, yes, we need incentives for small business, but no small businesses can operate on an island by themselves. They actually have to plug into electricity and hook up to water. They have to be able to file their permits with city hall.

We have cities right now deciding whether they need to lay off all of their employees, half of their employees—maybe we will lay off 10 percent every week until somebody in Washington hears us.

I don't know why we have trouble hearing in Washington. I am not certain; maybe we talk too much. I most certainly myself could be blamed for that. I do a lot of talking. People say, Mary, you talk a lot, and I have to admit I probably talk too much and maybe I need to listen a little bit more. But I am starting to think a lot of people in Washington are not listening because the people in my State are crying desperately for help. I can hear people from Mississippi and Texas and Alabama crying for help. I know we do not normally act quickly, but we have to figure out a way to do it.

I am not talking about taking the Treasury and dumping money down there. I am talking about passing the bill of Senators BAUCUS and GRASSLEY that was worked out by Democrats and Republicans. Maybe we can tighten it even more. Maybe there is a compromise even further to be had. But there are a lot of Republicans supporting this bill. We need the House and we need this administration to support this bill and get it passed before we leave next week.

I am going to conclude because Senator LINCOLN, who is truly an expert on this subject, wants to speak about this particular bill. But when we come back next week, I, as the Senator from Louisiana, want my colleagues to understand it is going to be very difficult for any of us—and for me particularly—to go home next weekend for a break when nobody in Louisiana, very few people in Texas, Mississippi, or Alabama have had any break and will not for a while. The only thing they are going to get as a break is broken homes and broken hearts, displaced families. We cannot go home without helping them to more quickly get back home.

We are grateful for the hospitality of Arkansas and New York. I went to New York to personally thank New York Mayor Bloomberg and the police and firemen for everything they did to help us. I have had people from all over the world in my office, thanking them for coming to our aid—internationally as well as nationally—but we cannot go home next week without helping the people from the gulf coast get home. We have to fix the education crisis. I am going to list a few things we have to do before we leave:

We have to fix the education crisis. LAMAR ALEXANDER, the Senator from Tennessee, has been working very hard all week on a compromise. I would like to see his bill passed.

We have to pass the Grassley-Baucus, or Baucus-Grassley Medicaid proposal for health care for people.

We are going to have to pass some kind of mortgage relief. We have hundreds of thousands of people for whom—some of them—their home was their largest asset. If we do not give them some relief, they are going to lose the largest asset, the only real asset they have. Some people have more than that, but most people have their wealth in their home. They are getting ready to lose it all because of the conflicts between the insurance companies and whether it was wind or whether it was flood. We are not asking for forgiveness, but a break for 6 months. We have to give them that.

My staff told me today, a few minutes before I came down here—and I am sorry I do not have the document—that the report just came out that there has been the highest number of people in the history of the country who have defaulted on credit card payments. Does anybody wonder why? Is anyone confused about why this month, this report would show the highest number of people in the history of the country to default on credit card payments? It is because the people who are lucky enough to have credit cards and who still have not yet hit their limit are using their credit cards and their cash cards to literally stay alive. They have no health insurance, no hospital, no job, and virtually no action from Congress. They have a credit card and they will hit their limit.

So if we do not get some response quickly, in a bipartisan manner—I see HARRY REID on the floor, our leader,

who knows this well. For the last 2 weeks he has been working to keep Democrats and Republicans working together to get this done—we are going to be in a serious situation. There are some things we have to get done next week.

In conclusion, I thank Senator BAUCUS and Senator GRASSLEY for bringing their bill up again to the floor. We are going to have to get some things done before we can go home next Friday. I look forward to working with my colleagues in that regard next week.

The PRESIDING OFFICER. The Democratic leader.

Mr. REID. Mr. President, words to express my consternation are difficult to come by right now.

First, to express my appreciation to Senator BAUCUS for his tireless efforts. Montana is a State without a lot of people. It is a State that grows hardy stock. I have been there. Every time I have been there, it has been with Senator BAUCUS. It is a beautiful State—big sky country. Senator BAUCUS does not have many people in his State that this legislation he is attempting to put forward would help. He is doing it for the precious people in the world, not just the one he talked about with the name Precious, but precious people who have no place else to go than to someone like Senator BAUCUS, who is a leader from the State of Montana, who finds himself in a situation of responsibility in which he must reach out.

He first is a Senator from the State of Montana. But most important, his title is a U.S. Senator. He is concerned about the people of Louisiana, about the people who may not be named Precious, but they are precious. People in the State of Arkansas, because of close proximity to the areas where the hurricane struck, took in as many as 65,000 people. They are not all there now—most of them are there—but wherever they have gone, they have left in the State of Arkansas a lot of unpaid bills. That is not because they are trying to get away from responsibilities they have. It is because this Government has programs that are supposed to protect people such as Precious. The State of Arkansas deserves more from us than they have gotten.

This legislation Senator BAUCUS is propounding has the support of the vast majority of the Senate—I hope on a bipartisan basis.

While I am talking about bipartisanship, I have also to throw a bouquet to the chairman of the committee, Senator GRASSLEY. He has taken a lot of grief for working with Senator BAUCUS to come up with this legislation. Why did CHUCK GRASSLEY do that? Because he is a United States Senator and has responsibilities outside the State of Iowa. This legislation is a model for bipartisan compromise.

Senator LINCOLN was misled, I say with all due respect to some of my colleagues, because she filed a similar amendment to the Commerce, Justice appropriations bill. Why did she withdraw this? She withdrew the amendment in exchange for the promise that the Finance Committee would reach a bipartisan agreement, which they did, and it would be brought to the floor and we would vote on it. We have had no vote on it. Senators BAUCUS and GRASSLEY fulfilled their promise. Her legislation wasn't exactly like this, but it was so close it is not worth discussing the difference at this time. A handful of Senators have blocked consideration of this bill on the floor, twice already that I know of, and I think maybe three times.

The administration has the audacity to argue that this is not necessary. They want to do it with a bunch of waivers. Anyone who understands Government knows that is absolutely ridiculous. Their approach creates more bureaucracy while failing to provide funding guarantees for the States that badly need this. More important, their approach not only leaves but has left tens of thousands of Katrina's victims without care. We need to provide swift access to health care for Katrina's victims with guarantees of full Federal funding for the States who are generous and step forward at a time of need.

This is the time to allow us to pass this legislation. We are here now on a Defense appropriations bill. That is what we are going to be doing now. Couldn't we set aside 20 minutes, 10 minutes of debate on each side, and vote on this? We have a handful, maybe a half dozen Senators, holding up this legislation. Couldn't we spare the American people 20 minutes of debate time on the Senate floor to deal with people who are in dire need of help? As Senator BAUCUS explained, these are people who cannot even speak. We want to help them.

Continued failure to do so ignores the support of the bipartisan majority of the Senate. It also ignores the wishes of this country's bipartisan Governors. The Governor from the State of Arkansas is a Republican. The Governor from the State of Louisiana is a Democrat. They want help. Mayors, county commissioners, patients, hospitals, nurses, doctors—my good friend, the majority leader of the Senate, is a physician, a prominent, eminent transplant surgeon. I know how he cares about people who are sick. But we need the majority leader to push aside the loud voices of this very small minority over here and stop this. He needs to stop this and let us move forward with this legislation.

He has decided not to run for reelection. He is going to be here a year plus a few months. Is this a legacy that he wants to leave? Katrina? People, after 5 weeks, with no health care? Is it going to be 7 weeks? 5 months? Maybe ignore them, maybe that is what they want, ignore them.

These few Senators are standing complaining about maybe it costs too much. Maybe the first place the majority leader should look, with his friends who are holding this up—let's look at the budget that is out here, of which Protestant leaders of this country, on the night it was passed, said it would be an immoral document.

I am very grateful to the Senator from Louisiana, Ms. LANDRIEU, and my friend of many years, Senator BAUCUS, for doing what they are doing, and the advocacy of Senator LINCOLN from Arkansas. I so appreciate their not letting this issue die in the eyes of the American people. We must continue doing this. It is the right thing to do.

The PRESIDING OFFICER. The Senator from Arkansas.

Mrs. LINCOLN. Mr. President, I come to the floor today to join my colleagues in what we hope to be an opportunity to bring about an awareness of the dire need, not only of the evacuees, of those individuals in the affected States who have received such incredible, devastating natural disasters, but also the other Americans who are involved in this circumstance, the other Americans who have opened their hearts and their homes, their hospitals and clinics, their pharmacies and their community centers, their church basements—these communities who have recognized what it means to be an American. They have recognized what it means to be fellow Americans. They have recognized what it means to be a good neighbor—I was, I guess—tongue in cheek—perhaps I was criticized being a little overpassionate on this issue, so I will resume my good, soft-spoken, and commonsense approach to what I think to be a very real problem—to have deeper roots, in terms of what are the values we as Americans do profess and for which we are willing to put our money where our mouth is when we speak of these values to really talk about not the immediate impact but also the long-term impact of the decisions that we make or we fail to make in a timely way.

I will come at it from a different perspective. Maybe keeping my compassion down a little bit will be helpful, but it is hard when we look out and see the kind of compassion in the faces of the incredible constituents that we serve, that we represent, that we have the privilege of coming to this floor to represent each and every day.

We also look out at the private sector, for which we also can be proud, our Nation's health care providers and States that have been there, at a time when vulnerable Americans need them the most.

The moment that Hurricane Katrina hit the gulf coast—now about a month ago—they jumped into action. They didn't have to be asked. They didn't have to be told what their job was. Medical, professional, and community leaders knew what their job was. Their job was to reach out to their neighbors, to their fellow Americans, and to their fellow human beings, who were in unbelievably devastating circumstances.

Cities and States all around the country opened their doors to welcome Katrina survivors from throughout the

gulf coast region. Hospitals evacuated those who needed immediate attention. Doctors, nurses, and other health care providers have come together to provide health care to thousands of victims of this horrific natural disaster in the gulf coast. And they did all of it with no questions asked. They didn't ask: Who is going pay for this? Who is going to reimburse us? Who is going to take care of us? When the high numbers of Medicaid patients jump way beyond a survivable number, who is going to make us whole?

They did not ask those questions because they believed in this country. They believed in who we are in this body as Americans, who know our responsibility as neighbors. I happen to be somewhat of a neighbor of the President in the chair today. When my family is here and we are in session, northern Virginia provides an incredible neighborhood for us, just like our neighborhood in Little Rock.

We reach out to our fellow neighbors out there, as we do our neighbors in Arkansas.

It is what we are about in this country. It is being there for our fellow man. That is what these providers have done. Now it is our time.

We have an opportunity in this body to demonstrate that we understand what that means, we understand what it means to be a good American, to be a good neighbor and to provide to our fellow man who is in the neediest time in his life the kind of care and love and support that he needs—he or she—at that time without asking questions.

We could pass the Emergency Health Care Relief Act that Senator BAUCUS and Senator GRASSLEY have worked so hard, in a bipartisan way, to bring about. I offered an amendment a month ago. I could see from my providers, those doctors and nurses, those pharmacists who worked 24–7, who spent their entire Labor Day weekend taking care of their neighbors from Mississippi and Louisiana, who didn't ask questions, I could see that there was going to be a tremendous need down the road to provide them piece of mind—that not only they were doing the right thing in helping those neighbors but also that they could continue to do the good job in providing services to the constituency, the community, and the neighbors they have known all of their lives.

Many of our communities in east Arkansas, particularly in the Delta region, are already disproportionately poverty counties. Hospitals and clinics, community health centers before Katrina were already disproportionately Medicaid and Medicare facilities. They were already heavily dependent.

Tomorrow, they are going to take a cut. To save money in this country, to look at where we are going to save money, we are going to reduce the Federal share of their Medicaid reimbursement as of October 1. Out of the 29 States that are going to see a cut in their Medicaid reimbursement, the most affected 7 States in the country by this natural disaster will see a cut tomorrow in their reimbursement for the neediest, those who depend on the health care safety net of this country because we are so trapped, so paralyzed in the redtape that we want to create in this body.

We do have an opportunity, though, to not only provide for Katrina survivors and victims of such an incredible natural disaster, but to also prove to the private industry of this Nation that we can react without the unbelievable web of redtape that leaves them hanging, that leaves them holding the bag for the cost of something that we should be held accountable for—not just held accountable because we are the Government but held accountable because we are the institution that wraps its arms around the American people when they are most in need. We can do so in an efficient and effective way.

To my colleagues on the other side who are so desperately worried about the cost of what we are doing, who are so afraid of helping one too many needy people, I say to you: Look at what we have become.

We have worked hard to keep the costs down. We have made it temporary so it wouldn't explode or overexpand—yes—an already very expansive program.

These people are not going home tomorrow.

I saw a piece in my hometown of Helena about a couple that left in haste out of New Orleans. They went to Jackson and could find no help. They went to Memphis and were sent to Tunica, MS. In Tunica, at the Red Cross facility, they were told there was already overcapacity, and they were simply sent away. They went to the next bridge that crossed the great Mississippi River and into my hometown, remembering someone they had grown up with in their childhood from Chicago, and called him hoping that he would be there. He was. He was a pastor of a church. He had opened his church doors and his home. He and his wife opened their home and welcomed them in, as well as other families that were already living there. They reached out to one of the most poverty-stricken counties already in the country—reached out to a small health care foundation that this community had managed to put together over the last several years to try to reinvigorate their health care infrastructure because they know how important it is as a component of rebuilding the vitality of their community and creating jobs for those who want to get into a more independent situation.

But who locates businesses, or factories, or jobs in an area where you don't have the necessary health care to begin with?

So you have a small nonprofit health care foundation paying for this couple's health care because the providers have no earthly idea whether their Federal Government is going to be there for them.

We are bigger than that. We are not talking about an open-ended payment.

We are talking about a temporary ability to give peace of mind to the people who, since day one when this disaster struck, have not asked questions, have put their full faith and hope in this Federal Government—that for once it will disregard the redtape, look wisely at something that we already have in place, and look wisely at past experience such as 9/11, when we were able to temporarily offer a health care safety net to survivors, and expect that we could come up with the wisdom and the courage in this body to provide them the peace of mind that what they have done for their fellow man was the right thing to do.

We are talking about ensuring full Federal funding within the area where medical care has been provided for victims of the hurricane.

Medicaid is our health care safety net in this country. I think this crisis itself has shown us how important this safety net is to our Nation.

We have to make sure it does not unravel in the face of this national emergency.

Do we have concerns about Medicaid? Do we feel as though there are places where we could be more efficient and effective in that program? You bet there are places we can be more efficient and effective.

Chairman GRASSLEY has suggested some in terms of the cost of prescription drugs through Medicaid that can be negotiated in a better, more efficient way, to provide more cost-effective drugs in that program and hopefully lead the way to seeing us provide more cost-effective pharmaceuticals for all other programs, as we do with the Veterans' Administration. We can do that when we work together.

To scrap a program designed as a safety net for people who are in the most devastating circumstances is not the way to do that.

The administration promised they wanted to make whole financially the States that were providing health coverage to evacuees. They say there is no need for the Grassley-Baucus initiative to provide full Federal funding for Medicaid because they want to use waiver policy. What they did not say is there is no Federal funding, no Federal dollars in providing that waiver policy. There are no dollars that they will put behind that.

They have asked Louisiana, Mississippi, and Alabama, the affected States, to sign memorandums of understanding to agree to be on the hook financially for a portion of the Medicaid costs of the survivors. How humiliating to go to a State that has been devastated and say: We are going to put you on the hook right here and now for the costs of what your neighbors want to provide. And we, as a nation, supposedly the wealthiest nation in the world, should be able to care for our American citizens.

We know those States are in no position financially to incur that kind of cost. Those three Governors testified before the Committee on Finance earlier this week. One of the Governors mentioned she did not even have the resources through her State legislature to overcome the increase in costs they were going to see because of the loss of Federal dollars they are going to experience tomorrow when their Federal matching portion of Medicaid is cut. That was before Katrina ever hit. Before this devastation hit, they could not find the resources in their State—with a disproportionate share of low income, dependent on that safety net—to be able to cover that. That was before the disaster.

Those Governors were highly concerned. They expressed it in their testimony and in their questions and comments about making sure the Federal Government would be there for them to make them whole, to extend help to their States—Louisiana, Mississippi, and Alabama—when they were unable to deal with that under their current budgets.

For Arkansas, what does it mean? Does it mean we are left holding the bag due to budgetary issues, due to the fact that there are a few people in the Senate that are more worried about the temporary spending to help the neediest of this devastation than they were about the $62 billion we vetted for FEMA? Nobody objected to that. I have no objections for taking the money from that. FEMA will probably come back and ask for more money anyway.

If it were your mother or your sister or brother or niece or nephew, uncle or parents or grandparents who had been displaced, who found themselves in a strange community with a chronic illness—whether it was heart disease, diabetes, perhaps cancer patients in need of treatment, perhaps it was a child who needed health care—can you imagine the fear of thinking you would not be able to access it? Or to find the provider that was providing it for you was scared to death that it was going to push them over the edge; that if they helped enough of the people without any assurance or piece of mind, eventually their doors would be closed and they would no longer be able to provide that kind of care.

As I toured the evacuee camps, there was an unbelievable feeling of gratitude among those displaced at a time when they had to have been devastated. A woman was about to get married who had lost her wedding dress in New Orleans. But the people in our community in Arkansas provided a wedding dress and a wedding for people who had been displaced who did not know where their other family members were, who were separated, yet who were still so grateful for the food, the warmth, the hospitality, the love and the arms that enveloped them in the evacuee camps where they found themselves. Some of them have dispersed and gone to stay with cousins, aunts or uncles, sisters or brothers in other States. That is one of the reasons we want the expansion.

We do not want it just for the State of Arkansas. We know we have already sent many evacuees to Pennsylvania, West Virginia, North Carolina, Iowa, Utah. They too are going to need health care because they do not know when they will be able to go back, and they do not know what they will be going back to. They do not know what happened to their jobs, the health care they may have had which is provided for in this bill to keep private insurance still in the go-along to make sure we make it whole as well, that we put as few people as possible into that Federal safety net.

We have an opportunity. I hope as a nation we can realize spending more and more time to try to bring up convoluted waivers—and our State Medicaid directors know that most of what is in the waivers is an empty promise. Last night in Arkansas, we got a waiver from HHS, but it certainly has contributed only to more redtape in addition to what has already been created. It provides more questions than answers. There is no money attached to it so it really is an empty promise that they will do something about that.

The survivors, the health care providers in the States, have received no relief, no legitimate help. They are out there doing this without any assurance of from where it will come.

We do not know in the waivers what services will be cut. How do we expect providers to know what they can provide and what they can't? Most of them were given the assurances from their State: Don't worry, we are part of a great Nation.

When you treated those people over the weekend on Labor Day, we are going to ask them to go back in their minds 4 months and fill out the kind of paperwork to ensure they can get reimbursed for a tetanus shot or for a procedure, whatever it might have been. They, in good faith, have filled out what the State has asked them to fill out to make sure they are accountable for the services they have provided. Yet through the waiver processes, there is yet one more piece of redtape, one more form to be filled out, one more web of Washington bureaucracy they will have to deal with, without any guarantee that there is money behind it, that there are resources to actually pay for that.

As we look at the waivers that have been offered, they create uncertainty about reimbursement. The administration has suggested creating a new uncompensated care pool to reimburse health care providers. When we asked where was the money going to come from, that is what they told us—a new uncompensated care pool. Why wouldn't we use something that already exists, that already has fraud and abuse stipulations and cautions? Why wouldn't we use a system that we can continually improve on? But we will create a new uncompensated care pool. We will not know where the money will come from.

I question my colleagues who are looking at fiscal responsibility. A new uncompensated care pool does not have any parameters to it, it does not have any protections from fraud and abuse.

Health care providers receive no guarantee about which services and how much care will actually be reimbursed through this uncompensated care pool. I go back to the story I used in committee the other day about the woman who survived on top of her refrigerator. She was reported in The Economist. She survived on her refrigerator for 3 days and was able to finally get out. She made it as far as Baton Rouge. She was a diabetic and quite in need of care. She went to seek out health care and was told she was categorically incorrect and could not get care.

That is the kind of redtape we will perpetuate if we do not look at the reasonable proposal that Senator GRASSLEY and Senator BAUCUS have come together to produce.

Does it go as far as I would like it to go? It does not. I have been out there and have seen what the people are up against—both the providers and the evacuees. I see what their families are going through—not just the lack of care, the lack of essentials or the communities that are trying to provide for them, but the dignity they want to maintain while finding themselves without a home, without any possessions, dislocated from their family, their neighbors, the people who care for them and love them, finding themselves in strange places with people who are trying desperately to give them that sense of dignity and care.

In my soft-spoken and commonsense way, I appeal to my colleagues. We can be fiscally responsible. We can look for ways we can provide care and peace of mind to those who need the health care and to those who, without reservation, are providing it to some of the neediest, most destitute of Americans at this time in our country. I ask my colleagues: Please, do not put this off for yet another week. Don't send us home to our States to tell our providers, to tell the Americans that have evacuated the gulf coast, that they are not important enough for Congress to deal with this issue in a more timely fashion.

I compliment my friend from Montana for his and Senator GRASSLEY's attempt to work through this issue and to bring about something that is not only practical and common sense-oriented, that is limited in its timeframe, but that is also compassionate toward our fellow Americans.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I know the people in the State of Arkansas already know how much their Senator fights for them. I state my perspective: The Senator from Arkansas is one of the best. She is a believer. She fights

for her people and all are grateful for that.

I make a couple of points. One, this legislation to help the health care needs of evacuees and victims of Katrina is desperately needed. It will pass. It is a question of when that willful band of three or four Senators will finally recognize that so we can get on with it and help people who really need some people. That is what this comes down to.

I hear a couple of complaints about this legislation. Let me briefly explain what this is all about. Basically, this is an effort to help people. It is a modest effort. It is legislation designed by the chairman of the committee, Senator GRASSLEY, a Republican, and myself, the ranking Democrat. We have worked with all the members of the committee. We have worked with staffs of the committees.

We have worked with Senators from States directly affected, asking their views. This has been scrubbed. This has been examined. This has been worked over many days in many ways. It is balanced. It is not nearly as extreme as some of the suggestions of some Senators. I might say, a couple of the Senators backed off and did not offer their legislation on the promise that we in the Finance Committee would come up with a bill, a balanced bill—Senator GRASSLEY and myself—and bring that bill to the floor.

Well, here we are. It is a couple weeks later. We in the Finance Committee did our part. It is up to the Senate now to do its part and take up this bill and pass it, recognizing that this is only temporary. This is only temporary relief, only temporary assistance for the health care needs of the people in Louisiana, Arkansas, Alabama, the States affected. This is not permanent. By ''temporary,'' I mean about 5 months. My gosh, by the time we get this enacted, virtually a month will have already passed. We are talking about legislation which is 5 months in duration.

Some are concerned: Well, gee, this is an additional entitlement. It is more money. It is an entitlement.

Well, I think it is important to remind ourselves that in our country we have a program called Medicaid. What is Medicaid? Medicaid is our safety net. It is kind of the last resort for people to get health care if they cannot afford it otherwise, or do not have it otherwise—they cannot get it at their place of employment, or if they are not wealthy, they cannot buy health insurance.

So we have something called Medicaid. It is health care for low-income people, people who do not have much money whatsoever. It is kind of a safety net to catch people who otherwise would fall between the cracks. It is directly designed for people such as those who are affected by Katrina.

So many people in Louisiana and other States do not have health insurance. They do not have it. They do not have it for several reasons: One, they could not afford it; or they work for small businesses, which we know have a harder time providing health insurance; or their business has laid them off, so they do not have health insurance because they do not have the income. For whatever reason, they do not have health insurance and they need health care now—especially diabetics, especially people who need dialysis, especially seniors, or maybe not seniors, who have very definite, immediate, extraordinary health needs.

One out of three Medicaid applications in the States affected—at least in Louisiana—has been turned down because they did not meet the criteria. The criteria, as we know today, are pretty low. Or I might say it differently. It is difficult to get on Medicaid if you have significant income or just some income, if you have some assets. If you have some income and some assets, you do not get health care.

So we are saying, let's raise the eligibility criteria a little bit to the same measures we provided for victims of 9/11. It is the same provision. The income levels are increased only very modestly, very slightly, and the categories that are covered are virtually the same.

I ask my colleagues, if the survivors of 9/11 could get this kind of Medicaid health care insurance, why in the world can't people who are affected by Katrina get the same coverage? It is the same. The people of New York City got help right away. It was passed very quickly. Why can't the people of Louisiana, Arkansas, Mississippi, and Alabama get the same coverage? It does not make any sense to me.

Now, the catchall objection I heard earlier today was: Well, gee, this isn't quite right. It is not the best. Well, there is never going to be ''the best.'' We all know it is often important to not let perfection be the enemy of the good. Is it going to be perfect? No. Is it very, very good? Yes. Can we adjust it and change it if we need to make some changes? Certainly. But let's begin.

This is an emergency. It is a bit reminiscent—I do not want to be too melodramatic about this, but we have had crises in our Nation's past, whether it was Pearl Harbor, Sputnik, or whatever it might have been, and this Congress reacted very quickly to those crises. This, too, is a crisis for these people in that part of the country. We need to act quickly. It is a crisis for them. If we do not act, many people will not get the health care they need; or, looking at it differently, they are going to be burdened with an additional concern, whether they are going to get their health care, whether they are covered under Medicaid, whether it is going to be there. That will be added to all the other problems they have: Where are they going to live? Where are some of their lost loved ones? What is next for them? Are they going to be able to make their car payment or house payment? The problems the people in Louisiana and these other States are coming up with are incredible. Why can't we, then, in a small way, help with health care?

Now, I have heard the objection: Well, gee, Senator, your legislation does not allow a reduction in FMAP payments to 29 States. After all, 29 States is a lot of States. There are only about three or four or five or six or seven States that are most affected.

Let me explain this. Currently, there is a scheduled reduction in Federal payments to States. It is called FMAP. It is irrespective of Katrina. It is in the law. It is because certain States, a few years ago, had higher incomes. Because of averaging and data lags, the information is quite dated. But the point is, this legislation says, OK, for those 29 States that are going to have their Federal payments to cover Medicaid drop automatically, we are saying they will not drop—temporarily. We are not increasing the Federal payment to States. We are not increasing it at all. We are saying it will not drop for 29 States for which it otherwise is scheduled to drop. And this is only temporary. I think it is for a year's term.

Well, why is that so important? Why is it important not to let Federal payments drop to those States? It is pretty simple. These are States which have a lot of additional costs. A lot of evacuees are going to these States. Many are going to these States, which puts an additional burden on these States. Now, it is not just Medicaid burdens; these States are going to have to pay additional Medicaid costs or other social services costs, other education costs, to pay for the people who are now coming to their States and who need help.

Let me give you a little bit of a flavor of what that means in terms of dollars and cents. Let's take the State of Arizona. They are scheduled to have about a half a percent reduction. That is a drop of $30 million in payments to the State of Arizona for Medicaid, and that State is now going to pick up at least 2,000 more people. That does not make a lot of sense.

Let's take the State of Nevada: It is about a 1.14-percent drop in Federal payments under Medicaid. That is about $14 million less Nevada is going to otherwise receive. They have to pick up about 1,500 additional people.

Let's take the State of Oklahoma. It is almost a 2.25-percent reduction. That is about a $66 million reduction. There are about 4,000 people, at least who we know of, who are going to be living temporarily, at least, in Oklahoma, and they will have to pick up those other costs.

We are not asking for an increase. We are just saying: No reduction in Federal payments to States affected.

I might add that 25 of the 29 States on this list are States where the President has declared a public health emergency because of Katrina. Twenty-five of the 29 States are States where the

President has declared a public health emergency, indicating there are additional pressures on those States and additional pressures on the people in those States. We are trying to provide some temporary help.

Now, you hear sometimes: Well, the administration is suggesting a waiver. Senators mentioned the problems with the waiver. I will very briefly list them. One is that the waiver does not cover a lot of people who are going to need care. A major category is childless adults. If you are a single man or single woman, you do not get any assistance here. That does not make any sense. It does make sense to give assistance to women and children, but it does not make sense not to give any assistance to a single man or a single woman. That is an effect of the waiver that the administration is talking about.

Why create all these additional misconceptions? Let's say, as the legislation does: OK, we are going to utilize this Medicaid safety net, and I don't care whether you are single, you are a parent, you are old, or what; if you do not have the income, you are covered. We are going to help you out for 5 months. What is wrong with that? Doesn't that make sense? To me, it makes a lot more sense.

It is important to add, too, this legislation is strongly supported by the Governors in the States affected. It is bipartisan, supported by Republican Governors, Democratic Governors. Governor Riley of Alabama wants the legislation. Governor Barbour of Mississippi wants this legislation. Governor Blanco of Louisiana wants this legislation. It is supported by Republicans and Democrats.

A lot of Senators around here say: Well, gee, the local people know what the needs are. The local people know best. We in Congress are too top-down. We issue these ultimatums, we pass this legislation, but it is the local people who know.

It is important to note, the local people want this. It is the local people who are asking us for this. The Senators from Louisiana—from both sides of the aisle—want this. Senator LOTT and Senator COCHRAN want this. It is the same with the Senators from Alabama, who are both Republicans. They want this legislation. It is the same with the Senators from Louisiana. One is a Republican and one is a Democrat. They want this. I mentioned the Governors want it. The House delegations want it. Again, I remind my colleagues, it is temporary. It is only for 5 months, this Medicaid help.

Now let's get into the question of uncompensated care to hospitals. This legislation—again, scrubbed, worked over—provides for $800 million of uncompensated care to providers in the States affected, to be administered by HHS, and grants for uncompensated care for those hospitals; whereas, the administration says: Well, we will give uncompensated care in waivers. But we are not saying how much. We are not saying how. It is only a promise. I am saying, it is deeds. It is not words. It is deeds.

I might also add the waiver process the administration talks about as an alternative has huge, big problems, to be honest about it. What are they? Well, the basic problem is this. The administration says: OK, we will make you States whole under Medicaid; that is, you have the charges, then you bill us, and we will pay you. There is a real question whether they have the authority under the law to do that. It is a huge issue. In fact, coming to work today, I heard a George Washington professor talk about this. She says under the law they cannot do that.

Do you know what I think is going to happen? Some are going to duck under this waiver ''idea'' saying: OK, it will make you whole, States. Then there will be a big debate whether legally the administration can do that. Then, well, it kind of fades away and—guess what—these States are not going to get it. These hospitals are not going to get that extra uncompensated care, either.

All I am saying is, this is a quick, certain way. It is Medicaid. We all know Medicaid. We know it works. The provider networks are set up. The process is set up. The people are there. So let's raise the income levels a little bit—just a little bit—temporarily, for 5 months. Let's get on with it, rather than this very uncertain administrative idea of waivers and what they are, what they can and cannot do.

We have already established under the law one thing they cannot do. They cannot give Medicaid assistance by picking and choosing in that picking and choosing, there is discrimination against who gets help and who does not.

Katrina survivors need to know, are they going to get any help or not? They do not need the additional worry of whether they are going to be discriminated against.

Finally, I would like to say, this question before us, to a large degree, tests us as a Nation, as a people, as a Senate, as a Congress. Who are we? What do we stand for? Are we going to stand here and bicker over minute details while people need help? Are we going to be kind of FEMA-like and be hesitant and not respond immediately? What signal does that send? What signal does that send to the people affected? What signal does that send to the rest of the country? What signal does that send to the world?

Here we are, the Congress is bickering over whether to provide health care benefits to the people who need them, people who are down and out because of a natural disaster.

We are supposed to be America, a big heart, model for the world. Sure, we have to make sure there is no waste. That is one of the reasons we should go through Medicaid. There are already antifraud provisions and protections set up under Medicaid today. That is already in existence. It is pretty simple. It doesn't take rocket science to figure this one out. Let's help these people. Let's do it now. We will take up other disaster assistance matters in subsequent weeks and days and have an opportunity then to make adjustments that may or may not seem necessary. But at the very least, let's pass this legislation now.

We are going to pass it. Obviously, if you are going to do something, you might as well do it earlier rather than later and get on with it so we can get on with other things. We are going to pass this. I hope Senators who are opposed to this, for reasons I can't fully understand, will finally sit down and say: OK, sometimes discretion is the better part of valor. Let's pass it and get on with it.

The PRESIDING OFFICER. The Senator from Arizona.

TAX RECONCILIATION

Mr. KYL. Mr. President, let me speak briefly to a related subject dealing with relief for those adversely affected by hurricanes in the gulf region, the other side of the coin. We have a lot of programs we are going to have to fund for the relief of the people who suffered. A lot of us have felt we ought to be careful about how we spend that money and even make sure as much as possible we cut spending in other areas to pay for it. There are those who say the way to ensure we have enough money for these programs is to raise taxes. What I want to address is the fact that raising taxes, especially at this point, taxes that ironically would impact the very people who have suffered, would be absolutely the wrong thing for those people, for their communities, for the families of our country, for the economy, and for job creation.

Raising taxes is not something you do when you want to help people, especially since we know the bulk of the growth that is going to occur in that region is going to come from the private sector. You don't make the private sector more healthy by extracting more money from it.

Specifically, we are talking about a process in the Senate whereby we put real life into the budget we passed earlier this year through two bills we call the reconciliation bills, essentially reconciling income to our outgo. One of those bills deals with some of the tax policy we first effected in the year 2001 and then in the year 2003. Remember, the economy wasn't doing so well back then. When President Bush was elected in 2001, he said: We need to reduce taxes in some areas and thereby help the economy get back on its feet.

In 2003, we brought that tax relief forward to that date and the economy took off. Marginal rates were reduced for all taxpayers. There were two taxes especially that helped with investment and job creation. We reduced substantially the tax on dividends issued by