

The Presiding Officer, DEBBIE STABENOW from Michigan, is not reading a magazine. She is not sitting up there reading the newspapers. She is not sitting up there signing mail. There used to be a telephone up there. When I became majority leader, I yanked that telephone out so people who are presiding cannot sit there and talk on the telephone. I urge all new Members when they sit up there and preside to pay attention to the Senate. Please don't be signing your mail up there. Please don't be reading a magazine. Please don't be reading newspapers. Be alert to what is being done on the Senate floor.

It is a suggestion that goes over very well at first, but then so many times I have noticed they lapse into the same old habit of reading and signing their mail. It just kind of makes my spirit fall. But I do not see these new Senators doing that. They do not bring their mail up there. They sit there, very alert. And when they ask for order, they get it.

I will have more to say about this on Monday, I promise you. But I just couldn't let this occasion pass or this fleeting moment go by without complimenting the Senator from Michigan, DEBBIE STABENOW, who sets a fine example as a Senator and as a Presiding Officer.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant bill clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

COMMENDATION OF THE PRESIDING OFFICERS

Mr. DASCHLE. Madam President, I know the distinguished chairman of the Appropriations Committee just complimented the Presiding Officer, and I, too, want to add my commendation. She is an outstanding Presiding Officer, and she is willing to spend the time and make the commitment to preside over the Senate. As the chairman has indicated, we have a number of extraordinary Senators who are spending the time and making that kind of commitment. I applaud all of them and I appreciate the way in which they are presiding. I commend especially the distinguished Senator from Michigan.

I am disappointed that beginning next week we will not have bipartisan Presiding Officers. I appreciate the importance of the job of the Presiding Officer, especially late in the day on a Friday.

ENERGY AND WATER DEVELOPMENT APPROPRIATIONS ACT, 2002

MODIFICATION TO AMENDMENT NO. 1024

Mr. DASCHLE. Madam President, I ask unanimous consent that the amendment found on page 56 of the managers' amendment numbered 1024 to H.R. 2311, the energy and water appropriations bill, be modified with the technical correction to the instruction line which I now send to the desk.

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

The modification is as follows:

On page 11, after line 16, insert the following:

DEPARTMENT OF TRANSPORTATION AND RELATED AGENCIES APPROPRIATIONS ACT, 2002

AMENDMENT NO. 1029, AS MODIFIED

Mr. DASCHLE. Madam President, I ask unanimous consent that the previously agreed to amendment numbered 1029 be modified with the language at the desk in order to vitiate action on the last division of the amendment.

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

The amendment (No. 1029), as modified, was agreed to, as follows:

On page 20, line 16, strike the numeral and all that follows through the word "Code" on page 18 and insert in lieu thereof the following: "\$3,348,128 shall be set aside for the program authorized under section 1101(a)(11) of the Transportation Equity Act for the 21st Century, as amended and section 162 of title 23, United States Code."

On page 33, line 12, strike the word "together" and all that follows through the semi-colon on line 14.

LEGISLATIVE APPROPRIATIONS ACT, 2002

OFFICE OF TECHNOLOGY ASSESSMENT

Mr. BINGAMAN. Mr. President, my amendment intends to restore a lost capability to assess the effects of science and technology on our Congressional policymaking process.

Mr. DURBIN. Is the Senator proposing to restart the former Office of Technology Assessment?

Mr. BINGAMAN. I am not proposing to restart Office of Technology Assessment (or OTA). But, I feel that today we lack the analytical insight of its technology assessment process.

Mr. DURBIN. How is the Senator proposing that these funds be used?

Mr. BINGAMAN. I am proposing a one year pilot program to utilize technology assessment methodology to analyze current science and technology issues affecting our Congress. I am proposing to implement this by contracting with outside non-profit agencies such as the National Academy of Sciences. My intent was for the Congressional Research Service to manage

this activity as I feel they are better suited to conduct and oversee this type of long term research activity. In doing so. I was hoping that oversight would be provided by the Senate Rules and House Administration Committees and through these Committees, the Joint Committee on the Library of Congress.

Mr. DURBIN. Who is the Senator now proposing to manage this activity?

Mr. BINGAMAN. It has been suggested that the General Accounting Office can better serve this function. I feel that the General Accounting Office may not be suited for such a long term research activity. The GAO is investigative in nature. However, it is better to start an initial pilot program utilizing the OTA technology assessment method rather than no pilot program at all. So, I offer this amendment to use the General Accounting Office. But, I ask the Chairman that during conference, serious consideration be given to my request of having the Congressional Research Service manage this pilot program.

Mr. DURBIN. How will the initial studies be chosen for the pilot program and how will it be reported?

Mr. BINGAMAN. The General Accounting Office should submit a listing of Congressionally relevant technology assessment studies to its oversight committees, the Senate Committee on Governmental Affairs and the House Committee on Government Reform. From this list, two projects should be chosen, one by each Committee no later than October 31st, 2001. The technology assessment studies should then begin with a report given to both Committees, and the House and Senate Appropriations Committee, no later than June 15, 2002. At that time the decision can be made as to whether this technology assessment process was beneficial enough to continue it a second year. If this pilot program is to continue, I recommend that the funding be executed using the Office of Technology Assessment authorization language. Rather than OTA's 200 person, \$20 million budget, the organization would be a small legislative branch staff using outside non-profit groups to perform the in-depth research.

ACCESS TO VA HEALTH CARE IN WEST VIRGINIA

Mr. ROCKEFELLER. Madam President, as chairman of the Committee on Veterans' Affairs, I want to share with my colleagues some of the concerns voiced by veterans at a recent field hearing in my state of West Virginia.

On July 16, the Committee held a hearing in Huntington, West Virginia, to examine the challenges facing veterans from rural areas who receive health care through the Department of Veterans Affairs. The Committee held its last West Virginia field hearing on access to rural VA health care in 1993.

Since then, profound changes in VA's health care delivery—a rapid increase in community clinics, eligibility reform that opened the system to more veterans, and the reorganization of VA into 22 service networks—have affected how veterans access basic and specialized medical care.

The challenges that face VA in providing the best health care possible to our Nation's veterans are often magnified in rural areas, where veterans and VA caregivers must stretch already limited resources over long distances. West Virginia contends with a unique situation: each of our four VA medical centers belongs to a different VA service network. While this partitioning creates problems for West Virginians, it also offers the Committee the opportunity to study in microcosm the problems facing veterans throughout the VA health care system.

Regrettably, many of the problems discussed at the 1993 field hearing remain with us: the struggles with an inadequate budget, long waiting times for care, too few VA personnel to provide specialized care, insufficient long-term care services, and transportation problems for veterans traveling to or between VA medical centers. And, with the aging of the veterans population and continued absence of meaningful prescription drug coverage under Medicare, veterans' concerns about access to, and copayments for, prescription drugs grow even more pressing.

It will not be easy to solve these problems; after the President's recent tax cut, there is simply not enough money available—either in the President's budget or the Budget Resolution adopted by the Congress—for veterans' health care. That said, we must do our best to improve access to rural health care with the resources that we have.

On July 16, West Virginia veterans talked to me about the obstacles they face just to get an appointment at a VA health care facility, and then in getting to that appointment for care. Veterans report to the State Veterans Coalition that they regularly wait months for an appointment for basic VA medical care—or even longer for a first visit. After veterans have finally seen a doctor for a first exam, they may wait weeks or months longer for a referral to needed specialty care.

For veterans in rural areas, referrals frequently require a transfer to distant VA medical centers. After hours of driving, veterans may sit for many more hours in a waiting room, without meals or a safe place to rest. A shocking number of veterans disabled by spinal cord injuries neglect basic medical checkups to avoid travel. One West Virginia veteran described making more than 30 round trips to the VA hospital at Richmond for tests based on a single referral; and his story, unfortunately, is not unique. This is not only inconvenient for the veteran, but a waste of VA resources.

VA must focus on coordination and management of care between facilities—both to provide the best health care and to consider the practical needs of veterans. For veterans who must drive long distances or depend on van services, appointments could be scheduled to accommodate their traveling times. VA could coordinate tests to compress them into the shortest time span possible, with lodging arranged when an overnight stay is required. Veterans who served this country should not be expected to sleep in waiting room chairs and to go hungry when simple attention to details can prevent excessive traveling and long waits. At the very least, VA should have a systemwide plan for communicating how transfers work, and what resources are available, to veterans and their families.

Although it is impossible to expect that every veteran in the Nation's vast rural areas can access every health care service close to home, it is essential that—should they require care at distant VA or private facilities—their transfers happen as simply and efficiently as possible. VA's network and hospital directors must eliminate barriers to coordinating and managing care between medical centers or between networks. I will continue to work with VA to find better ways to communicate with veterans and to make transfers as seamless as possible.

The Millennium Act, which VA has been shamefully slow to implement, will provide veterans with access to noninstitutional long-term care services. As I heard from the son of a World War II ex-prisoner of war, now being cared for at home at his family's expense, aging veterans suffering from PTSD need caregivers who understand the legacies of war-time experiences. The Committee will continue to oversee VA's efforts to bring long-term care services—both nursing beds and noninstitutional services—to the veterans who need it.

I have advocated the opening of community-based outpatient clinics, which bring basic primary health care closer to the veteran. These outpatient clinics are enormously important to veterans in rural areas, and I will continue to urge VA to make these clinics the best they can possibly be—without sacrificing the specialized programs at which VA has excelled.

We have to count more than just the number of clinics and hospitals when we talk about access to health care—we must consider waiting times for an appointment. Many of the delays in appointments, referrals, and transfers that veterans experience stem from inadequate staffing, especially the increasingly critical shortage of skilled nurses. I have recently introduced legislation to improve VA's ability to recruit and retain nurses, whose skills are essential to providing high quality health care in a timely fashion.

Finally, I would like to take this opportunity to acknowledge the efforts of the many volunteers who help bring rural veterans closer to health care. Disabled American Veterans (DAV) operates a nationwide Transportation Network that helps sick and disabled veterans reach VA medical facilities for care. Since its inception, DAV volunteers in West Virginia have dedicated more than 700,000 hours of time to driving veterans to medical appointments, often in vans donated by DAV to the VA. Nationally, DAV Hospital Service Coordinators operate 185 such programs, where 8,000 volunteers donated almost 2 million hours last year alone. Although this program does not replace VA's obligation to bring services close to the veteran where possible and to smooth transfers between medical centers, this service is certainly indispensable to disabled veterans who must reach a VA medical center for necessary medical care.

Mr. President, in closing, I look forward to working with VA and my colleagues in the Senate to find the best ways to extend health care more efficiently—and effectively—to veterans in our Nation's rural areas. We owe our veterans nothing less.

IN RECOGNITION OF THE SIXTH NAVAL BEACH BATTALION

Mr. DOMENICI. Madam President, I rise today to recognize the bravery and fortitude of the Sixth Naval Beach Battalion, many of whom gave their lives for their country on D-Day, June 6, 1944. Recently, a small group of the living members of the Battalion gathered in Normandy, France to unveil a commemorative plaque dedicated to their fellow sailors who paid the ultimate price for the defense of liberty. This memorial will serve as a small reminder of the tremendous sacrifice that these men made in order to secure the freedoms that we, as a nation, now enjoy.

Unfortunately, for many years, the Sixth Naval Beach Battalion was known as the "Forgotten Sailors." While many of its members were individually recognized for their bravery, the Battalion as a whole had never been recognized. However, thanks to the persistent efforts of its living members, the Battalion was finally honored last year with the Presidential Unit Citation. This great honor was presented to the Battalion at its annual reunion last year, and I am proud that the valiance of these men has finally been recognized.

The World War II generation is frequently referred to as America's "Greatest Generation," and this is no more true of the Sixth Naval Beach Battalion. They landed on Omaha Beach early in the morning of June 6 and faced extraordinary peril on that