

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 99, nays 0, as follows:

[Rollcall Vote No. 310 ex.]

YEAS—99

Akaka	Dorgan	Lott
Allard	Durbin	Lugar
Allen	Edwards	McCain
Baucus	Ensign	McConnell
Bayh	Enzi	Mikulski
Bennett	Feingold	Miller
Biden	Feinstein	Murkowski
Bingaman	Fitzgerald	Murray
Bond	Frist	Nelson (FL)
Boxer	Graham	Nelson (NE)
Breaux	Gramm	Nickles
Brownback	Grassley	Reed
Bunning	Gregg	Reid
Burns	Hagel	Roberts
Byrd	Harkin	Santorum
Campbell	Hatch	Sarbanes
Cantwell	Helms	Schumer
Carnahan	Hollings	Sessions
Carper	Hutchinson	Shelby
Chafee	Hutchinson	Smith (NH)
Cleland	Inhofe	Smith (OR)
Clinton	Inouye	Snowe
Cochran	Jeffords	Specter
Collins	Johnson	Stabenow
Conrad	Kennedy	Stevens
Corzine	Kerry	Thomas
Craig	Kohl	Thompson
Crapo	Kyl	Thurmond
Daschle	Landrieu	Torricelli
Dayton	Leahy	Voinovich
DeWine	Levin	Warner
Dodd	Lieberman	Wellstone
Domenici	Lincoln	Wyden

NOT VOTING—1

Rockefeller

The nomination was confirmed.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Madam President, I move to reconsider the vote.

Mr. DODD. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

ORDER OF PROCEDURE

Mr. REID. Madam President, I ask unanimous consent that the time between now and 4:45 be equally divided between the majority and minority for morning business, with Senators allowed to speak therein for up to 10 minutes, with the exception of Senator DODD who wishes to speak for 10 minutes; that at 4:45 the Senate would move to H.R. 2506, that the committee substitute be agreed to, that it be considered original text for the purpose of further amendment, and that no point of order be waived.

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

The Senator from Connecticut.

PHARMACEUTICAL PRODUCTS, BIOTERRORISM AND OUR CHILDREN

Mr. DODD. Madam President, I have two subject matters I want to address. I will take the first 10 minutes or so with my colleague from Ohio to talk about the issue of children and bioter-

rorism, a matter I shared for many years working with the Senator from Ohio particularly dealing with pharmaceutical products and testing for pediatric cases, children. I want to take a few minutes to talk about some thoughts we share together about the subject matter.

The second subject matter is about the recent, very positive news today coming out of Northern Ireland. In the midst of a lot of bad news, we have heard the news today out of Northern Ireland that a decommissioning process has begun and is underway as I speak, and that finally, the real opportunity for lasting peace in Northern Ireland is at hand. I am sure my colleague from Massachusetts, Senator KENNEDY, who spent has worked tirelessly over many years to reach this day, will shortly have some comments and thoughts he would like to express on this subject matter as well.

Let me express, on this first subject—and I see my colleague from Ohio—and talk about the issue of bioterrorism and children. We know there is a lot of work going on right now in trying to put something together.

Last week, as some of our colleagues may know, Senator DEWINE and I were able to pass unanimously in this body—by the way, we thank all of our colleagues for their support. Certainly, the chairman of the committee, Senator KENNEDY, deserves a great deal of credit for working out a package for which we were able to garner the unanimous support of our colleagues to pass the Best Pharmaceuticals for Children Act, which is designed, as I think many of our colleagues know, to induce the industry to develop products specifically designed for children.

Less than 20 percent of all pharmaceutical products on the shelves today are for children. Senator DEWINE and I thought we ought to fix that. We, in 1997, passed a 3-year bill as a trial more than anything else. We had no idea whether or not it would work, but by providing a very limited 6-month period of exclusivity, we hoped we might induce the industry to do a lot more in this area.

In the previous 7 years before 1997, there had been 11 clinical trials and two new products on the shelves of America for children. In the 36 months since we passed that bill in 1997, there were 400 clinical trials and 40 new products on the shelves. As a result of that tremendous, beyond-our-wildest-imagination result, the other day, we were able, with the full support of this body, to pass a 5-year bill that will extend that very concept, with some additional provisions in it.

Why do we mention that particularly? It is because we believe today, in this era of bioterrorism we are now very painfully aware of, that we want to make sure children are going to get properly tested, that products will be

developed for children that will be especially vulnerable to release of chemical or biological toxins. So we outlined some provisions. That is first of all.

We want to see legislation that will certainly take into account children's needs. We identify antibiotics or vaccines to prevent or treat illnesses related to bioterrorism. We adults certainly need to know how children will be affected as well, particularly during the critical growth periods for children and the development that occurs then that could lead to detrimental effects later in life. So we must have proper medications to prevent those risks.

Secondly, we want to make sure the public health community will have emergency response personnel, doctors, and nurses who are properly trained to address the special needs of children.

Thirdly, we think our children's mental health is as important as their physical health. There are a lot of issues we cannot even begin to calculate yet. Certainly, everyone in this Chamber can speak about the great fear many in our Nation are experiencing as a result of the recent bioterrorism attacks.

Just imagine the fear our children are experiencing as a result of those same acts. We need to do everything in our means to address those particular anxieties.

Fourthly, we need to make sure all places where children gather, from schools, child care centers, Head Start, and the like, are going to be prepared to deal with these emergency situations. The old way would have been for them to be prepared for a fire, but today, as we know only too well, emergency situations require a new response.

In times of bioterrorism, the children may not need to just exit the building and stand on the sidewalk. We need to plan to potentially address a far more grave crisis, as we have painfully learned in the Congress of the United States in the last several days.

We know people are working on this. We know the Senator from Massachusetts is working on it. The Senator from Ohio and I have some very strong feelings about children and their need to be protected in this area, and we wanted to take a few minutes today to share those thoughts with our colleagues.

I yield to my friend from Ohio for whatever time he may need to respond to make some comments.

Mr. DEWINE. I thank my colleague and congratulate him for the great job he has done during his career in the Senate as an advocate for children. The bill he and I worked on several years ago, I think it is safe to say, we anticipated would do good things, but neither one of us had a full appreciation of what it would do until we saw several years later the advances and the help it has given to children.