

he will be asked to respond to a lot of questions about how he is handling his investigations and how the military commissions will work. I note that the President's order to the Defense Department to develop the procedures for military commissions has not yet resulted in the rules and regulations, and rules of evidence and procedures, and so on, at least as far as I know. So it is premature to criticize those rules.

In the Judiciary Committee yesterday we heard from two eminent law professors, who I am sure would be happy to be called liberal in their political ideology: Laurence Tribe, with whom I have worked and for whom I have a lot of respect; and Cass Sunstein; as well as two Republican witnesses, both with significant experience in this area. All four agreed this was the kind of circumstance that justified the creation of military commissions and, indeed, that such commissions were constitutional. The two more liberal professors said they would make some changes around the margins. But nobody questioned the authority of the United States of America to set up these tribunals in order to take care of those people who might be captured, particularly in the Afghanistan situation, or said it would not be appropriate to try to bring them to justice under our article III court system in the United States.

I point that out to ask my colleagues to look at this column. I think it is very well written. It makes the point of what we need to be considering when we characterize the issue as a zero sum game, which it is not. We don't need to deprive anybody of appropriate civil liberties at the same time we are ensuring the security of the United States and its citizens from terrorist attacks.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Mr. REID. Will the Senator withhold for a unanimous consent request?

Mr. WELLSTONE. Yes.

ORDER OF PROCEDURE

Mr. REID. Mr. President, I ask unanimous consent that the previous order with respect to the debate time prior to the cloture vote on the motion to proceed to S. 1731 be changed to reflect that the time begin at 11:45 a.m. today, and that the time until 11:45 a.m. be a period of morning business with Senators permitted to speak therein for up to 5 minutes each, with the remaining provisions of the previous order remaining in effect.

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

Mr. REID. I thank the Chair.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

MENTAL ILLNESS DISCRIMINATION

Mr. WELLSTONE. Mr. President, when I was speaking about the homeless veterans, many who struggled, I wanted to bring colleagues up to date about the whole issue of discrimination against people who are struggling with mental illness.

It is difficult to believe that in the year 2001 there is a whole class of citizens—probably well over 20 percent of the families in this country have a loved one who struggles with mental illness—certainly, all of us know someone who does—and they face discrimination. There still is a tremendous stigma attached to people who struggle with mental illness. I remember testimony from a doctor who said that when someone is in a hospital and they have had surgery for cancer and they have had chemotherapy or radiation treatments and they come home, neighbors gather around and give them support. Do you know what. That is exactly the way it should be.

Often, if it is somebody who struggles with mental illness and they get out of a hospital, you don't see neighbors gathering around and saying we want to support you. It is still considered by too many to be a moral failing, even though it is a brain disease.

There was an editorial today—and I will not read from it because I think Senator DOMENICI will—from the L.A. Times that is so powerful, calling for parity and ending the discrimination for this brain disease.

Unfortunately, this discrimination is reflected in the coverage. What we have right now in so many health care plans around the United States of America, if you or your loved one—and, again, I am so sorry I don't have the figures with me. Just take suicide among young people. Suicide kills more young people than cancer and about six, seven, or eight other terrible diseases we all hear about.

Suicide in Minnesota is the second leading cause of death in young people. Nationwide it is the third. Your son or daughter is severely depressed and you need help. You are told you have a few days in the hospital, and that is it. You can have some outpatient visits outside the hospital, but just a few days, and that is it. Also, the copays and deductibles are very high; in other words, what you have to pay before there is any coverage or the percentage you have to pay.

It is completely different if your child has diabetes or a heart condition or a broken ankle. We would not do that to people. We would not say: OK, you struggle with this disease, diabetes; you are in the hospital a few days and then you are out or you can only see your doctor so many times and there is no more coverage.

Even in our Medicare system, which I want us to change as well—by the way,

the highest percentage population of suicide is with the elderly. People do not realize that. All too often we say: Oh, well, if I was 80 and I was having a hard time walking, I would be depressed, too. It is incredible the way we trivialize this illness and the way we discriminate.

Do my colleagues know that in our Medicare program, if one goes under part B to see a doctor for a physical illness, it is a 20-percent copay. If you struggle with depression and go to see someone for help, it is a 50-percent copay. That is blatant discrimination. That should end.

Senator DOMENICI and I—I thank him for his work; it has been an honor to work with him—bring this bill to the floor. There has never been a hearing in the House of Representatives on the problem of discrimination. We offered an amendment to the Labor-HHS appropriations bill. We had 66 Senators who signed on, and it passed out of the HELP Committee 21 to 0. We passed it. Then it went to the conference committee.

I am speaking for myself, not for Senator DOMENICI or any other Senator. It is clear what is going on. We are in a fierce fight, but it is one of these fights that is not as open and public as one would want. Robert Pear wrote an update about this issue in the New York Times today. Thank goodness.

Overall it is hard to get the public's attention on this issue. There is a fierce fight going on. The insurance industry has gone to a couple of people in the House and has basically said: Kill it. Thanks to the work of PATRICK KENNEDY, MARGE ROUKEMA, and others in the House, I believe there are around 250 House Members who have signed a letter saying: Keep this in the conference committee, pass it, end the discrimination.

If we ended the discrimination, it would be civil rights. We would end the discrimination in treatment for people who struggle with this illness. Believe me, I say to my colleagues, it is an illness. It is for real.

Second, if there is money in the plans, the care will follow the money, and a lot of kids will get help rather than winding up incarcerated. A lot of people will get help rather than winding up homeless. A lot of adults will get help rather than winding up in prison. A lot of people will not miss as many days at work and be more productive and families will be better off. There will be fewer problems. This is the thing to do. It is the right thing to do.

The CBO says it will cost 1 percent increase in premiums. That is it. Not to mention the \$70 billion David Satcher, our Surgeon General, said we spend as a result of our failure to provide the treatment for people. Mr. President, \$70 billion over 5 years is