offering for lease tracts such and such, and then listed the tracts all the way from North Carolina south to Fort Pierce, FL. And we prevailed in the appropriations.

The administration left Floridians alone on offshore oil drilling for a couple of years but came back under a new Secretary of the Interior and tried again. This time it was harder to stop. This time it escalated all the way to the full House Appropriations Committee. But we finally prevailed, interestingly, not on the threat to the economy or to the environment of Florida, and indeed the United States eastern coastline, but prevailed by getting NASA and the Defense Department to own up to the fact that you cannot have oil rigs down there in the footprint of where you are dropping solid rocket boosters on the space shuttle and where you are dropping first stages off the expendable booster rockets that are being launched out of the Cape Canaveral Air Force station. And we have not been bothered since the early 1980s, in Florida, about offshore oil drilling—until now.

The bush administration is pressing a 6-million-acre lease off the northwest coast of Florida in a strange configuration called lease-sale 181, of which the bulk of the 6 million acres is 100 miles offshore but a stovepipe runs northward to within about 20 miles of the Alabama coastline, which is about 20 miles, then, from the white sands of Perdido Key, State of Florida.

In a meeting of the Vice President with a Florida congressional members delegation, the Vice President suggested a compromise, which was to knock off that stovepipe coming off the bulk of the 6 million acres. That is no compromise, it is unacceptable, because that is still oil drilling off the State of Florida where the future reserves are shown to be not as abundant. The tradeoff to 16 million Floridians is simply not worth what potentially could be discovered in oil and gas—the despoliation of our environment and the killing of our economy.

Thus, it was such welcome news when we learned last week that the other side of the Capitol, the House of Representatives, added to the Interior appropriations bill an amendment that would prohibit such drilling. The vehicle was the Interior appropriations bill. It prohibits it for only 6 months. It will be my intention, and certainly the intention of my wonderful colleague, the distinguished senior Senator from the State of Florida, Mr. Graham, that we in the future will offer amendments either to the Interior appropriations bill, to bring it in conformity with the House-passed bill, or more likely amendments that would cause a prohibition of lease-sale 181 as well as offering similar amendments to the authorizing bill that will come out of Chairman Bingaman’s committee.

I want our colleagues to be clear. This is an issue of enormous magnitude to 16 million Floridians. It happens to be of interest to New Jersey, the State of the Senator who sits as Presiding Officer, as well as all the States in New England which value so much the pristine waters and the waters particularly as you get on north of New Hampshire and Maine to these waters that produce such delicacies as the Maine lobsters. This is a matter of grave concern to many of us.

It is time to draw the line in the sand—hopefully, not a line that will be washed over by oil on our beaches’ sands but, rather, a line that will indicate the unanimity of 16 million Floridians, joined by their sister States along the eastern seaboard, of opposition to offshore oil drilling.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Mr. President, I rise today to speak about hate crimes legislation I introduced with Senator Kennedy in March of this year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred April 15, 1998 in Boise, Idaho. Mark Bangerter was brutally beaten because of his perceived sexual orientation. As a result of this attack, Mr. Bangerter was left with severe facial injuries and blindness in one eye.

I believe that government’s first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance in our society. I believe that by passing this legislation, we can change hearts and minds as well.

HUNGER AND POVERTY IN AFRICA

Mr. LEVIN. Mr. President, it is my pleasure to join with Senators Leahy and Hagel in submitting S. Con Res. 53, which encourages the development of strategies to reduce hunger and poverty in sub-Saharan Africa.

In the year 2000, almost 200 million Africans, fully a third of the total population, went to sleep hungry and 31 million African children under the age of five were malnourished. One child out of seven dies before the age of five, and one-half of these deaths are due to malnutrition. Nearly half of sub-Saharan Africa’s population, some 291 million people, live on less than $1 a day, and almost 85 percent of the world’s 41 heavily indebted poor countries are in sub-Saharan Africa.

These problems are compounded by epidemics of HIV/AIDS, tuberculosis, malaria, cholera, and other diseases now ravaging the continent. The human costs are staggering. Almost 4 million people are infected with AIDS every year, adding to the over 25 million already infected. Over 75 percent of the people worldwide who have died of AIDS lived in Africa. One million people each year, mostly children, die from malaria.

Hunger only adds to the spread of disease, rendering the poor and malnourished too weak to defend against AIDS and other infectious diseases. Even if treatment clinics are available, those suffering from hunger are unable to afford fees for care or medicine to aid them with their battle against the illness.

Despite funding shortfalls, the U.S. Agency for International Development, USAID, and other U.S. government agencies are presently implementing many innovative programs directed toward alleviating hunger and poverty in Africa. While tremendous significant these actions are not enough to keep poverty and hunger from growing in many African countries. Many of our experts have concluded that the United States is not tapping into the full range of interest, ability, experience and capacity available to address this problem. The introduction of our Resolution, which addresses these issues, coincides with the conference of The Partnership to Cut Hunger in Africa, an independent effort formed by U.S. and African public and private sector institutions, international humanitarian organizations and higher educational institutions. Michigan State University continues to play a strong leadership role in this effort. The University continues to play a strong leadership role in this effort. The University continues to play a strong leadership role in this effort. The University continues to play a strong leadership role in this effort. The Partnership to Cut Hunger in Africa is a strong leadership role in this effort.

The goal of the Partnership is to formulate a vision, strategy, and action plan for renewed U.S. efforts to help African partners cut hunger dramatically by 2015. For three days this week, the Partnership’s 22 distinguished policy experts and practitioners from the U.S. and 8 African countries will share their views on hunger in Africa and will open a dialogue on the role the U.S. might play in diminishing hunger and poverty in Africa. On Thursday, June 28, 2001, Partnership experts will culminate their 3-day conference with a roundtable discussion on Capitol Hill, during which time they will share their findings and action plan to effectively combat hunger and poverty in Africa. I ask unanimous consent that the Partnership to Cut Hunger in Africa and the Partnership’s
expert panel be printed in the RECORD. They are as follows:

PARTNERSHIP TO CUT HUNGER IN AFRICA EXPERT PANEL

From Bamako, Mali:
Dr. Yidiana Bousso, Scientific director, Institute for Rural Economics.
Mme. Konare Nafissatou Guindo, Administrative and Financial Director, Ministry of Territories, Administration and Local Government.
Dr. Niama Nango Dembele, Coordinator, APCAM-MSU Market, Information Support Project, Visiting Assistant Professor, Michigan State University.
Dr. Mbaye Yade, Coordinator, Institute du Sahel/MSU, Food Security Support Project, Visiting Assistant Professor, Michigan State University.
From Maputo Mozambique:
Mr. Joaquim Minde, Minister of Agriculture and Rural Development.
Mr. Sergio Chitara, Executive Director, Confederation of Mozambican Business Associations CTA.
From Accra, Ghana:
Dr. Sam Asuming Brempong, Department of Agriculture, Economics, Faculty of Agriculture, University of Ghana.
Dr. Kwaku Owusu Baah, Faculty of Agriculture, University of Ghana.
From Abuja, Nigeria:
Dr. Salisu A. Ingawa, Head of Unit, Projects Coordinating Unit (PCU), Federal Ministry of Agriculture and Rural Development.
Dr. Ango Abdullahi, Special Adviser to the President on Food Security.
From Entebbe, Uganda:
Dr. Issac Joseph Minde, Coordinator, EECAPAPA Project, ASAFAEC.
Dr. Fred Opio, International Food Policy Research Institute, Regional Office for the 2000 Network—Eastern Africa.
Dr. Peter Ngategize, Plan for Agriculture Modernization, Ministry of Finance.
Dr. J.J. Otim, Presidential Advisor on Agriculture, Office of the President.
From Addis Ababa, Ethiopia:
Dr. Mamo Ekuh, Economic Commission for Africa.
From Rwanda:
Edwin Mupi, Coordinator of Food Security Research Project-FSRP/MINAGRI, Ministry of Agriculture.
Others:
Dr. Akin Adesina, Resident Representative for Southern Africa, The Rockefeller Foundation.
Serigne Rwamisarabo—USAID/Rwanda, Francis Idachaba University of Ibadan, Nigeria, Kande Yumkella—UNIDO/Nigeria, Mbangusa Masa, Executive Secretary of CILSS, Ouagadougou, Yamin Mboj, Food Security Advisor, CILSS Secretariat, Ouagadougou.

EXECUTIVE COMMITTEE

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Alpha Oumar Konare, Co-Chair, President, Republic of Mali.
Senator Robert Dole, Co-Chair, Special Counsel, Verner, Lipfert, Bernhard, McPherson and Hand.
Lee Hamilton, Co-Chair, Director, The Woodrow Wilson International Center for Scholars.
David Beckmann, President, Bread for the World.
Mary Chambles, Deputy Administrator, Export Credits, Foreign Agriculture Service, USDA.

Imani Countess, Outreach Director, Shared Interest.
William B. DeLaulder, President, Delaware State University.
Stephen Hayes, President, Corporate Council on Africa.
Joseph Kennedy, Co-Founder, Africare.
George Rupp, President, Columbia University.
Emma Simmons, Director, Center for Economic Growth and Agricultural Development, USAID.
Edith Ssempala, Ambassador, Republic of Uganda.
Bob Stallman, President, American Farm Bureau Federation.

THE CHALLENGE OF BIOTERRORISM

Mr. AKAKA. Mr. President, I rise to address the threat of bioterrorism to our Nation’s security.

President Bush has asked Vice President Cheney to “oversee the development of a coordinated national effort so that we may do the very best possible job of protecting our people from catastrophic harm.” He also asked Joseph Ralston, Director of the Federal Emergency Management Agency, FEMA, to create an Office of National Preparedness to implement a national effort.

On May 9, 2001, Attorney General Ashcroft testified before a Senate Appropriations subcommittee that the Department of Justice is the lead agency and in sole command of an incident while in the crisis management phase, even if consequence management activities, such as casualty care and evacuation, are occurring at the same time. Clearly, FEMA and the Department of Justice need to work together to shoulder the burden of responding to a large scale event. What is unclear, however, is how the Department of Justice will know that its crisis management skills are needed during a bioterrorism event. When will a growing cluster of disease be recognized as a terrorist attack? How do we differentiate between a few individuals with the flu and a flu-like epidemic perpetrated by terrorists? When will it be called a crisis? When will the FBI or Justice be called in to handle the newly declared “crisis”? In the case of a bioterrorist attack, the response will most likely be the same as if it was a naturally occurring epidemic. The key question is not “how to respond to an attack” but “are we prepared to respond to any unusual biological event?”

What would happen if a bioterrorist attack occurred today? It would not be preceded by a large explosion. Rather, over the course of a few days or a couple of weeks, people would start to get sick. They would go to hospitals, doctor’s offices, and clinics. Hopefully, a physician in one hospital would notice similarities between two or three cases and contact the local public health officials. Maybe another physician would do the same and maybe, finally, the Center for Disease Control would be notified. So, the first responders would not be a Federal agency.

Across the country, local law enforcement, fire, HAZMAT and emergency medical personnel are doing a tremendous job preparing and training for terrorist attacks, and I commend their efforts. But, in the scenario I described, they would not be our first line of defense. Instead, the first responders for a biological event would be the physicians and nurses in our local hospitals and emergency rooms. We need to ensure that hospitals and medical professionals are prepared to deal with this threat. This is not the case today. This past November, emergency medical specialists, health care providers, hospital administrators, and bioweapon experts met at the Second National Symposium on Medical and Public Health Response to BioTerrorism. A representative of the American Hospital Association, Dr. James Bentley, spoke about the challenges hospitals are confronting and stated that “we have driven over the past twenty years to reduce flexibility and safeguards.” Flexibility and safeguards are exactly what is needed by a hospital to go from “normal” to “surge” operations. Surge operations do not require the extreme scenario of thousands of casualties from a bioweapon. Dr. Thom Mayer, Chief of the emergency department at Inova Fairfax Hospital, was quoted in the Washington Post, on April 22, 2001, stating that 20 or 30 extra patients can throw an emergency department into full crisis mode.

J.B. Ornstein, an emergency room physician, in a recent Washington Post op-ed, wrote about the “State of Emergency” the dedicated men and women working in our hospitals and clinics are already facing with the added pressure of bioterrorism. Until a year ago, hospitals dealt with surges for only a few days or a week a year during the winter flu, cold and icy sidewalk season. Now, mini-surges occur in the spring, summer and fall due to decreasing numbers of emergency rooms, beds available in any hospital, and qualified nurses. On May 9, 2001, the Society for Academic Emergency Medicine convened a special meeting in Atlanta to discuss “The Unregulated Safety Net.” Are we ready with all the planning and funding the Federal Government has done over the past few years to address terrorism, providing sufficient help for hospitals to prepare for a state of emergency?

As Chairman of the Subcommittee on International Security, Proliferation and Federal Services, I am concerned that we are not addressing a fundamental problem. Would a biological event be a national security law enforcement incident with public health concerns, or would it be a public health crisis with a law enforcement component? I hope that the effort led by Vice