

from board certified neurologists. Some of these doctors, very specifically, say they believe, on the data they had seen, that Terri could benefit from therapy.

There have been many comments that her legal guardian, that is Terri's husband, has not—it ranges. It is either that he has not been aggressive in rehabilitation, to other reports saying that he has thwarted rehabilitation since 1992. I can only report what I have read there because I have not met him.

Persistent vegetative state, which is what the court has ruled, I say that I question it, and I question it based on a review of the video footage which I spent an hour or so looking at last night in my office here in the Capitol. And that footage, to me, depicted something very different than persistent vegetative state.

One of the classic textbooks we use in medicine today is called "Harrison's Principles of Internal Medicine." And in the 16th edition, which was published just this year, 2005, on page 1625, it reads:

. . . the vegetative state signifies an awake but unresponsive state. These patients have emerged from coma after a period of days or weeks to an unresponsive state in which the eyelids are open, giving the appearance of wakefulness.

This is from "Harrison's Principles of Internal Medicine."

This "unresponsive state in which the eyelids are open"—I quote that only because on the video footage, which is the actual exam by the neurologist, when the neurologist said, "Look up," there is no question in the video that she actually looks up. That would not be an "unresponsive state in which the eyelids are open."

Skipping on down to what the Harrison's textbook says about "vegetative state," I quote:

There are always accompanying signs that indicate extensive damage in both cerebral hemisphere, e.g. decerebrate or decorticate limb posturing and absent responses to visual stimuli.

And then, let me just comment, because it says: "absent responses to visual stimuli." Once again, in the video footage—which you can actually see on the Web site today—she certainly seems to respond to visual stimuli that the neurologist puts forth.

And lastly—I will stop quoting from the classic internal medicine textbook—one other sentence:

In the closely related minimally conscious state the patient may make intermittent rudimentary vocal or motor responses.

I would simply ask, maybe she is not in this vegetative state and she is in this minimally conscious state, in which case the diagnosis upon which this whole case has been based would be incorrect.

Fifteen neurologists have signed affidavits that Terri should have addi-

tional testing by unbiased, independent neurologists. I am told that Terri never had an MRI or a PET scan of her head, and that disturbs me only because it suggests she hasn't been fully evaluated by today's standards. You don't have to have an MRI or PET scan to make a diagnosis of persistent vegetative state, but if you are going to allow somebody to die, starve them to death, I would think you would want to complete a neurological exam. She has not had an MRI or a PET scan, which suggests she has not had a full neurological exam.

I should also note that the court sided with the testimony of Dr. Ronald Cranford, who is an outspoken advocate of physician-assisted suicide.

A 1996 British Medical Journal study conducted in England's Royal Hospital for Neurodisability concluded there was a 43 percent error rate in the diagnosis of PVS. It takes a lot of time, as I mentioned earlier, to make this diagnosis with a very high error rate. If you are going to be causing somebody to die with purposeful action, like withdrawal of the feeding tube, you are not going to want to make a mistake in terms of the diagnosis.

I mentioned that Terri's brother told me Terri laughs, smiles, and tries to speak. That doesn't sound like a woman in a persistent vegetative state. So the Senate has acted tonight and the House of Representatives acted last night. The approaches are different, and over the course of tonight and tomorrow, I hope we can resolve those differences. It is clear to me that Congress has a responsibility, since other aspects of government at the State level had failed to address this issue, that we do have a responsibility given the uncertainties that I have outlined over the last few minutes.

Remember, she has family members—her parents and brother—who say they love her, they will take care of her, they will be responsible for her, and they will support her. There seems to be insufficient information to conclude that Terry Schiavo is in a persistent vegetative state. Securing the facts, I believe, is the first and proper step at this juncture. Whoever spends time making the diagnosis with Terri needs to spend enough time to make an appropriate diagnosis.

At this juncture, I don't see any justification in removing hydration and nutrition. Prudence and caution and respect for the dignity of life must be the undergirding principles in this case.

I will close with an e-mail a friend sent me once they saw that we in this body were involved in this case. It reads:

I know you are dealing with so many major issues, but I believe this one threatens to send us down another shameful path we may never recover from.

I don't think I ever had an occasion to tell you that I have a severely brain damaged

adult daughter that I cared for in my home for 20 years. Sasha's functioning level is far below Terri's, but she has been such a blessing in my life. Dietrich Bonhoffer said, "Not only do the weak need the strong, but the strong need the weak." It's hard to explain that in a day and age where physical perfection is so highly valued, but I know it to be true.

Senator Frist, as you fight this battle today, hold fast. If ever the weak needed a champion, it is now.

on behalf of my sweet Sasha . . .

Then the e-mail is signed.

I close tonight with those powerful words.

ORDERS FOR MONDAY, MARCH 21, 2005

Mr. FRIST. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 4 p.m. on Monday, March 21; I further ask that following the prayer and the pledge, the morning hour be deemed to have expired, the Journal of the proceedings be approved to date, the time for the two leaders be reserved, and the Senate begin a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

PROGRAM

Mr. FRIST. On Monday, the Senate will convene for a short period of morning business. There will be no rollcall votes, although we hope to finish our business with respect to the legislation relating to my comments on the Theresa Marie Schiavo case.

I want to take this opportunity to thank Chairman GREGG and Senator CONRAD for the tremendous, outstanding work on the budget resolution this week. Today alone, we conducted 25 votes to complete this resolution. Although it was not a record in terms of votes in 1 day, I would guess that we broke the land speed record as to the greatest number of votes in the shortest timeframe. We started voting at 1:17 and finished our last vote just after 10 p.m. It is ironic, but last night, I believe, on the floor in the evening we predicted—and it is rare to predict—that we would finish sometime around 10 p.m. tonight, and indeed we may have missed it by a couple of minutes.

I thank all of our colleagues for their patience and endurance. I hope we finish our work on the Schiavo issue early next week and, if so, we will begin the Easter break.

ADJOURNMENT UNTIL MONDAY, MARCH 21, 2005 AT 4 P.M.

Mr. FRIST. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand in adjournment under the previous order.