

DURBIN) and the Senator from Nevada (Mr. REID) were added as cosponsors of S. Res. 167, a resolution recognizing the 100th anniversary of the founding of the Harley-Davidson Motor Company, which has been a significant part of the social, economic, and cultural heritage of the United States and many other nations and a leading force for product and manufacturing innovation throughout the 20th century.

AMENDMENT NO. 1318

At the request of Mr. REID, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of amendment No. 1318 proposed to H.R. 2555, a bill making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2004, and for other purposes.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRAHAM of South Carolina (for himself, Mr. SCHUMER, Mr. CORNYN, and Mr. HATCH):

S. 1445. A bill to provide criminal penalties for false personation of a military officer for purposes of harassing military families and to clarify the false personation statute with respect to officers and employees of the United States; to the Committee on the Judiciary.

Mr. HATCH. Mr. President, I rise today to speak to an important measure that Senators GRAHAM, SCHUMER, CORNYN, and I have introduced entitled The Military Family Hoax Prevention Act. As our country concludes major combat activities in Operation Iraqi Freedom, we all stand tall with pride over the dedication, courage, and valor displayed by the men and women of our Armed Forces.

We all are grateful to the men and women of the U.S. military who selflessly serve our country. They have answered the call of our Commander in Chief to go abroad and defend the freedoms and values we cherish here at home. While carrying out their mission, they have acted admirably during the liberation of an enslaved nation, and continue to serve our country honorably. These men and women deserve our profound gratitude.

As we watch the soldiers returning home from deployment, some from extended tours of duty, I am reminded of the personal sacrifice these men and women make while they are gone. These men and women leave behind family and friends who undoubtedly worry constantly about their loved ones on deployment. In many instances, family members are not able to know of the day-to-day safety of their loved ones during deployment. This feeling of helplessness was aptly described by the brother of Jessica Lynch upon her return to West Virginia when he discussed her family's desire to learn any bit of information following her capture.

It has come to my attention that during Operation Iraqi Freedom some

military families received cruel hoaxes concerning their deployed family members in Iraq. On three separate occasions that I am aware of, families of service men and women here in the United States received telephone calls from sick pranksters telling them that their family members serving in Iraq had either been killed in battle or taken prisoner of war.

You can imagine the devastation and agony of the families who received these malicious telephone calls. These families were forced into a desperate scramble to learn information about the fate of their loved ones. These hoaxes require the military to dedicate resources to provide information to military family members.

Let me talk briefly about one specific hoax and the potentially devastating consequences that can flow from it. A family in Arizona received a telephone call that a family member had been killed in Iraq. After contacting the military, the family was told that only the military notifies families in these instances, and that they do so in person, not over the telephone. The military told the family that they had no information that their family member, the soldier, was killed and that they would try to learn more.

The military discovered that this telephone call was a cruel hoax and arranged for the soldier to call home from a satellite telephone to reassure his family. Unfortunately, the soldier later wrote to his family and told them that another soldier who was transporting a satellite telephone to him so that he could call home had been killed while trying to deliver the telephone.

This type of action cannot go unpunished. The current false impersonation statute does not punish someone who falsely impersonates a military employee engaging in this type of conduct. This legislation the Military Family Hoax Prevention Act, would remedy this loophole in the current law. It would prohibit those who derive some perverted pleasure terrorizing family members who intensely wait for word from abroad from their military family members.

By Mr. BINGAMAN (for himself, Mr. MCCAIN, Mrs. FEINSTEIN, and Mr. CORNYN):

S. 1447. A bill to establish grant programs to improve the health of border area residents and for bioterrorism preparedness in the border area, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. BINGAMAN. Mr. President, today I am introducing a bill with Senators MCCAIN, FEINSTEIN, and CORNYN entitled the Border Health Security Act of 2003. This bill addresses the tremendous health problems confronting our Nation's southwestern border.

The United States-Mexico border region is defined in the U.S.-Mexico Border Health Commission authorizing

legislation as the area of land 100 kilometers, or 62.5 miles, north and south of the international boundary. It stretches 2,000 miles from California, through Arizona and New Mexico to the southern tip of Texas and is estimated to have a population of 12 million residents.

The border region comprises two sovereign nations, 25 Native American tribes, and four States in the United States and six States in Mexico.

Why should we provide some focus to this geographic region? The situation along the border is among the most dire in the country. In the past, we have recognized problems with other regions, through the Denali, Delta, and Appalachian commissions, and have provided targeted funding to those areas. The U.S.-Mexico Border Health Commission, legislation I sponsored with Senators MCCAIN, SIMON and HUTCHISON, was created for the same reasons and annually receives about \$4 million in funding that is matched by \$1 million from the Mexican government for administrative purposes to improve international cooperation and agreements to tackle health problems in the region. However, we need to take the next step and provide resources to address the problems.

In the border region, three of the ten poorest counties in the United States are located in the border area, 21 of the counties have been designated as economically distressed, approximately 430,000 people live in 1,200 colonias in Texas and New Mexico, which are unincorporated communities that are characterized by substandard housing, unsafe public drinking water, and wastewater systems, very high unemployment, and the lower per capita income as a region in the Nation.

The result is a health system that confronts tremendous health problems with little or no resources. Although it is difficult to access the health needs along the border since data is more often collected on a statewide basis, we do know that diabetes, cancer, infectious disease such as tuberculosis, and health disease rates are far greater than the national average but the residents in the area have the highest uninsured rates in the country.

In fact, the States of Texas, New Mexico, and California rank as the States with the three worst uninsured rates in the country to begin with. Arizona is not much better and ranks 46th in the Nation, just ahead of Louisiana and Oklahoma. The uninsured rates of these States are: 23.5 percent in Texas, 20.7 percent in New Mexico, 19.5 percent in California, and 18.3 percent in Arizona.

However, the figures along the border are even worse, as the rates of uninsured are higher still than that in the four States overall. Uninsured rates in many border counties are estimated to be above 30 percent and as high as 50 percent in certain communities.

As the U.S.-Mexico Border Commission notes, "The border is characterized by weaknesses in the border health

systems and infrastructure, lack of public financial resources, poor distribution of physicians and other health professionals and hospitals. Moreover, the low rates of health insurance coverage and low incomes puts access to health services out of reach for many border residents and thus keeps the border communities at risk."

The U.S.-Mexico Border Commission has identified and approved of an agenda through its "Health Border 2010" initiative, which seeks to, among other things: reduce by 25 percent the population lacking access to a primary provider; reduce the female breast cancer death rate by 20 percent; reduce the cervical cancer death rate by 30 percent; reduce deaths due to diabetes by 10 percent; reduce hospitalizations due to diabetes by 25 percent; reduce the incidence of HIV cases by 50 percent; reduce the incidence of tuberculosis cases by 50 percent; reduce the incidence of hepatitis A and B cases by 50 percent; reduce the infant mortality rate by 15 percent; and increase initiation of prenatal care in the first trimester by 85 percent.

However, the U.S.-Mexico Border Commission lacks the resources that are needed to address those important goals. The bipartisan legislation I am introducing today with Senators MCCAIN, FEINSTEIN, and CORNYN would address that problem by reauthorizing the U.S.-Mexico Border Health Commission at \$10 million and authorizing another \$200 million in funding to improve the infrastructure, access, and the delivery of health care services along the entire U.S.-Mexico border.

These grants would be flexible and allow the individual communities to establish their own priorities with which to spend these funds for the following range of purposes: maternal and child health, primary care and preventive health, public health and public health infrastructure, health promotion, oral health, behavioral and mental health, substance abuse, health conditions that have a high prevalence in the border region, medical and health services research, community health worker or promotoras, health care infrastructure, including planning and construction grants, health disparities, environmental health, health education, and outreach and enrollment services with respect to Medicaid and the State Children's Health Insurance Program, CHIP.

We would certainly expect those grants would be used for the purpose of striving to achieve the measurable goals established by the "Health Border 2010" initiative.

In addition, the bill contains authorization for \$25 million for funding to border communities to improve the infrastructure, preparedness, and education of health professionals along the U.S.-Mexico border with respect to bioterrorism. This includes the establishment of a health alert network to identify and communicate information quickly to health providers about emerging health care threats.

On October 15, 2001, just one month after the September 11, 2001, attack on our Nation, Secretary Thompson spoke to the U.S.-Mexico Border Health Commission and urged them to put together an application for \$25 million for bioterrorism and preparedness. The Commission has done so but has not seen targeted funding despite the vulnerability that border communities have with respect to a bioterrorism attack. Our legislation addresses the vulnerability of communities along the border and targets funding to those communities specifically to improve infrastructure, training, and preparedness.

I ask unanimous consent to include articles from the El Paso Times and the Los Angeles Times from October 2001 with respect to those meetings and hope the Secretary will be an advocate with us in the passage of this legislation.

There being no objection, the articles were ordered to be printed in the RECORD, as follows:

[From the El Paso Times, Oct. 16, 2001]

HEALTH SECRETARY TO FIGHT FOR BORDER FUNDS

(By Tammy Fonce-Olivas)

U.S. Health and Human Services Secretary Tommy Thompson wants to arm the border with \$25 million to combat illnesses.

"Diseases don't stop at the border," said Thompson, who was in El Paso on Monday. "We need to work in a collaborative fashion to improve the health of the border neighborhood. It's our neighborhood."

He talked about the additional funds he is seeking for border health initiatives while chairing the fourth binational meeting of the U.S.-Mexico Border Health Commission.

Thompson was joined by Julio Frenk Mora, Mexico's Secretary of Health.

Thompson said he didn't know if he would get the \$25 million from Congress but vowed to make a strong effort to get more funding for programs to improve access to public health for those living along the border and bolstering border health research.

Frenk Mora also said he will be fighting for more money to support border health programs. Frenk is a co-chairman of the commission.

The group is composed of 26 public-health leaders from both sides of the U.S.-Mexico border, who are devoted to fighting health problems, such as tuberculosis, AIDS and diabetes.

Dr. Laurence Nickey, El Paso's former city-county health director and member of the commission, said he wants to see more funding concentrated on diabetes.

He said diabetes is diagnosed in one of five Hispanics on the border by the age of 45. He expects this statistic to become worse unless more work is done in this area.

Frenk Mora said Mexico understands the importance of public health and will do its share to improve the health and wellness of people residing along the border.

Mayor Ray Caballero, who attended the meeting, said one of El Paso's biggest problems is a lack of health-care providers.

"We are not able to attract or retain enough physicians," he said.

Thompson announced after the meeting that the University of Texas Health Sciences Center in San Antonio has been awarded a \$250,000 grant to establish a Regional Center for Health Workforce Studies.

WORKSHOP

Today will be the final session of the U.S.-Mexico Binational Tuberculosis Workshop at the Hilton Camino Real.

Among today's discussions will be a binational information system, as well as talks on consensus building.

[From the Los Angeles Times, Oct. 17, 2001]

U.S., MEXICO TEAM UP ON HEALTH CARE

(By James F. Smith)

The United States and Mexico took some imaginative steps this week to combat health problems that plague border communities and migrant workers, including tuberculosis, diabetes and AIDS.

Meeting in El Paso and neighboring Ciudad Juarez, Mexico, health experts from the two nations agreed on a 10-year agenda for improving care for the 11.5 million people living along the nearly 2,000-mile border.

Mexico also launched a program that promises a new approach to treating migrants' health problems. Formally unveiled in Ciudad Juarez on Sunday, the "Go Healthy, Return Healthy" initiative seeks to help Mexico migrants in their hometowns, along the routes they travel and during their stays in the United States.

Elsewhere, California and Mexico kicked off the program by staging their first joint "health week." California is conducting a flurry of activities through Friday for migrants in the state, including vaccinations, checkups and information campaigns. The California Endowment is devoting part of a \$50-million agricultural health grant to the initiative.

The mere fact that U.S. Health and Human Services Secretary Tommy G. Thompson showed up for the U.S.-Mexico Border Health Commission meeting here Monday—despite an international anthrax scare—delighted the Mexicans, who have worried that U.S. relations with their nation would become a low priority for the Bush administration following the Sept. 11 terrorist attacks.

Officials from both nations emphasized that the border health problems are real and immediate threats, killing many thousands of people each year.

"We should not let the anthrax scare kidnap our entire health agenda," said Mexican Health Secretary Julio Frenk. "There are a lot of other very important issues of much higher risk to our populations."

Thompson, meanwhile, offered a challenge to the U.S. delegation to the year-old Border Health Commission: He'll try to come up with an additional \$25 million for health projects along the frontier if they can come up with specific, effective ways to spend the money.

A commission study issued Monday detailed the serious health challenges on the border, compounded by population growth of 28% on the U.S. side and 39% on the Mexican side during the 1990s, about twice the national growth rate in each country.

The study found that rates of communicable diseases such as tuberculosis, HIV/AIDS and hepatitis A are higher in the border region than nationally for both countries. Cancer, asthma and diabetes rates also are higher along the border.

"The high level of border crossings between the U.S. and Mexico complicates the development of strategies to address the spread of infectious diseases," the report says, heightening the need for coordinated policies.

While the commission debated overall strategies, a workshop of about 100 experts on tuberculosis met to map out innovative cross-border approaches to tracking and caring for patients. The interruption of tuberculosis treatment is highly dangerous for patients because it can lead to resistance to

medication. Yet such breaks in treatment occur frequently when ailing migrants cross illegally into the United States.

The workshop focused on development of a binational tuberculosis card that would allow patients to continue treatment on either side of the border with confidentiality. The card would not only ensure continuity in treatment but allow both countries to improve their database of tuberculosis cases.

Dr. Lincoln Chen, a public health expert from the Rockefeller Foundation, said such initiatives make the border region "the cutting edge of health in the 21st century . . . This is the front line of global health."

Thompson and Frenk visited sites that symbolize the emerging cooperation, from the La Fe health clinic in south El Paso, which treats many Latino AIDS patients, to a U.S. Food and Drug Administration inspection operation. In September, the two governments agreed to expand efforts to ensure the safety of meat, poultry and egg products that are shipped across the border in immense volumes.

In California, meanwhile, seven counties that are home to large numbers of migrant workers took part in the health week with Mexico. Jose Ignacio Santos, head of child health in Mexico and director of the "Go Health, Return Healthy" program, said the initiative brings to the U.S. some of the techniques that have made Mexico's public health system highly regarded. Those included very public community outreach activities, which have helped achieve a 98% immunization rate.

In Mexico, the thrice-yearly National Public Health Weeks—such as one that began Sunday—bring vaccinations to the homes of millions of people. More than 11 million injections will be given in Mexico this week for childhood diseases, in programs supported by nearly 180,000 volunteers.

Similar efforts are being carried out this week in the seven California counties, with a focus on messages about cervical and breast cancer, immunizations and diabetes. The goal is to reach some of the more than 3 million Mexicans living and working in the state, especially the 1 million agricultural laborers.

Frenk, the health secretary, said that in the past, Mexico did not clearly understand the differences between treating stable and migrant populations. The new program acknowledges that migrants carry health problems with them as they leave home—and bring back ailments such as AIDS when they return from the United States.

Now officials are developing preventive programs in 502 towns in the 10 Mexican states that produce the most migrants, including Jalisco and Guanajuato.

The effort will also respond to the seasonal moves of the workers. For example, it calls for information and immunization campaigns in August and September, when migrants often leave home to work during the harvest season. It prepares for treating the workers when they return home at year's end or Easter.

Frenk said the new model demands a high level of coordination with U.S. authorities. And it will require new levels of trust from illegal migrants that the health information won't be used against them, he said.

"The ideal would be a well-coordinated system in which we could say to the U.S. authorities: 'There goes a migrant who has tuberculosis. Care for him,'" he said. "Some day not too far in the future, there will be electronic clinical histories on a card with an intelligent chip, and the person will carry it. But this will require much trust on the part of illegal migrants."

Mr. BINGAMAN. Mr. President, our relationship with Mexico, like that

with Canada, is a special one. Those countries are our closest neighbors, and yet, we often and wrongly neglect our neighbor to the South and the much needed economic development needed in the region. Mexico is the United States' second largest trading partner and the border is recognized as one of the busiest ports of entry in the world. And yet, the region is often neglected.

As the U.S.-Mexico Border Health Commission points out, "Without increases and sustained federal, state and local governmental and private funding for health programs, infrastructure and education, the border populations will continue to lag behind the United States in these areas." If the border were its own state, according to data from the Health Resources and Services Administration, it would: rank last in access to health care; second in death rates due to hepatitis; third in deaths related to diabetes; last in per capita income; first in the number of school children living in poverty; and, first in the numbers of the uninsured.

I would like to thank Senator MCCAIN, who was the original cosponsor of the U.S.-Mexico Border Health Commission legislation, Public Law 103-400, that we passed in 1994 and is the lead cosponsor of this legislation as well, for his outstanding leadership on border issues throughout his career. I would also thank Senators FEINSTEIN and CORNYN for working with us on this important legislation and Senator HUTCHISON for her constant support for the appropriations of the U.S.-Mexico Border Commission upon the signed agreement between the United States and Mexico, which was signed by President Clinton on July 14, 2000.

I urge the adoption of this bipartisan legislation by this Congress.

I ask unanimous consent that a fact sheet and the text of the bill be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

FACT SHEET—BORDER HEALTH SECURITY ACT  
OF 2003

Senators Jeff Bingaman, D-NM, John McCain, R-AZ, Dianne Feinstein, D-CA, and John Cornyn, R-TX, are preparing to introduce the "Border Health Security Act of 2003." The legislation seeks to improve the infrastructure, access, and delivery of health care services to residents along the U.S.-Mexico border.

The legislation would achieve these goals by:

Improving Border Health Services: Provides for \$200 million in funding to States, local governments, tribal governments, institutions of higher education, nonprofit health organizations, or community health centers along the U.S.-Mexico border to improve infrastructure, access, and the delivery of health care services.

These grants are flexible and would allow the community to establish its own priorities with which to spend these funds for the following range of purposes: maternal and child health, primary care and preventative health, public health and public health infrastructure, health promotion, oral health, behavioral and mental health, substance abuse,

health conditions that have a high prevalence in the border region, medical and health services research, community health workers or promotoras, health care infrastructure, including planning and construction grants, health disparities, environmental health, health education, and outreach and enrollment services with respect to Medicaid and the State Children's Health Insurance Program, CHIP.

Providing Border Bioterrorism Preparedness Grants: Provides for \$25 million in funding to States and local governments or public health departments to improve the infrastructure, preparedness, and education of health professionals along the U.S.-Mexico border with respect to bioterrorism. This includes the establishment of a health alert network to identify and communicate information quickly to health providers about emerging health care threats.

Reauthorizing the U.S.-Mexico Border Health Commission: Provides for the reauthorization of the U.S.-Mexico Border Health Commission at \$10 million annually.

S. 1447

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Border Health Security Act of 2003".

**SEC. 2. DEFINITIONS.**

In this Act:

(1) **BORDER AREA.**—The term "border area" has the meaning given the term "United States-Mexico Border Area" in section 8 of the United States-Mexico Border Health Commission Act (22 U.S.C. 290n-6).

(2) **SECRETARY.**—The term "Secretary" means the Secretary of Health and Human Services.

**SEC. 3. BORDER HEALTH GRANTS.**

(a) **ELIGIBLE ENTITY DEFINED.**—In this section, the term "eligible entity" means a State, public institution of higher education, local government, tribal government, nonprofit health organization, or community health center receiving assistance under section 330 of the Public Health Service Act (42 U.S.C. 254b), that is located in the border area.

(b) **AUTHORIZATION.**—From funds appropriated under subsection (f), the Secretary, acting through the United States members of the United States-Mexico Border Health Commission, shall award grants to eligible entities to address priorities and recommendations to improve the health of border area residents that are established by—

(1) the United States members of the United States-Mexico Border Health Commission;

(2) the State border health offices; and

(3) the Secretary.

(c) **APPLICATION.**—An eligible entity that desires a grant under subsection (b) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(d) **USE OF FUNDS.**—An eligible entity that receives a grant under subsection (b) shall use the grant funds for—

(1) programs relating to—

(A) maternal and child health;

(B) primary care and preventative health;

(C) public health and public health infrastructure;

(D) health promotion;

(E) oral health;

(F) behavioral and mental health;

(G) substance abuse;

(H) health conditions that have a high prevalence in the border area;

(I) medical and health services research;

(J) workforce training and development;  
(K) community health workers or promotoras;

(L) health care infrastructure problems in the border area (including planning and construction grants);

(M) health disparities in the border area;

(N) environmental health;

(O) health education; and

(P) outreach and enrollment services with respect to Federal programs (including programs authorized under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 and 1397aa)); and

(2) other programs determined appropriate by the Secretary.

(e) SUPPLEMENT, NOT SUPPLANT.—Amounts provided to an eligible entity awarded a grant under subsection (b) shall be used to supplement and not supplant other funds available to the eligible entity to carry out the activities described in subsection (d).

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$200,000,000 for fiscal year 2004, and such sums as may be necessary for each succeeding fiscal year.

#### SEC. 4. BORDER BIOTERRORISM PREPAREDNESS GRANTS.

(a) ELIGIBLE ENTITY DEFINED.—In this section, the term “eligible entity” means a State, local government, tribal government, or public health entity.

(b) AUTHORIZATION.—From funds appropriated under subsection (e), the Secretary shall award grants to eligible entities for bioterrorism preparedness in the border area.

(c) APPLICATION.—An eligible entity that desires a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(d) USES OF FUNDS.—An eligible entity that receives a grant under subsection (b) shall use the grant funds to—

(1) develop and implement bioterror preparedness plans and readiness assessments and purchase items necessary for such plans;

(2) coordinate bioterrorism and emergency preparedness planning in the region;

(3) improve infrastructure, including syndrome surveillance and laboratory capacity;

(4) create a health alert network, including risk communication and information dissemination;

(5) educate and train clinicians, epidemiologists, laboratories, and emergency personnel; and

(6) carry out such other activities identified by the Secretary, the United States-Mexico Border Health Commission, State and local public health offices, and border health offices.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$25,000,000 for fiscal year 2004 and such sums as may be necessary for each succeeding fiscal year.

#### SEC. 5. UNITED STATES-MEXICO BORDER HEALTH COMMISSION ACT AMENDMENTS.

The United States-Mexico Border Health Commission Act (22 U.S.C. 290n et seq.) is amended by adding at the end the following:

##### “SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

“There is authorized to be appropriated to carry out this Act \$10,000,000 for fiscal year 2004 and such sums as may be necessary for each succeeding fiscal year.”

#### SEC. 6. COORDINATION OF HEALTH SERVICES AND SURVEILLANCE.

The Secretary may coordinate with the Secretary of Homeland Security in establishing a health alert system that—

(1) alerts clinicians and public health officials of emerging disease clusters and syndromes along the border area; and

(2) is alerted to signs of health threats or bioterrorism along the border area.

Mr. MCCAIN. Mr. President, recognizing that the communities along our Nation’s border are literally our front line of defense, it is in the interest of our national security to ensure that these areas are well equipped to respond to health emergencies and potential bioterror attacks. To address the critical needs of this vulnerable region, I am pleased to once again join my good friends from New Mexico, Senator BINGAMAN, along with Senator FEINSTEIN and Senator CORNYN, in introducing the Border Health Security Act of 2003.

Ten years ago, Senator BINGAMAN and I introduced a bill which we believed represented a first step toward addressing the many health challenges confronting the U.S.-Mexico border region as it faced growing population and an expanding industrial base. The United States-Mexico Border Health Commission Act authorized the President to enter into a bilateral agreement with Mexico and establish a binational commission on border health, and was signed into law in the fall of 1994.

Six years later the U.S. Secretary of Health and Human Services and the Secretary of Health of Mexico signed an agreement creating the United States-Mexico Border Health Commission. Although still in its infancy, the Commission serves to draw attention to the unique needs of the border region, while improving and protecting the health and well-being of the residents on both sides of the border.

The bill we are introducing today builds upon the effort we began 10 years ago. This legislation authorizes two new grant programs targeting health care and bioterror preparedness in the border area in addition to funding for the Commission.

The first grant program we establish, the Border Health Grants, will be competitively awarded to programs that improve health care infrastructure or address the unique health care needs of the border region. Eligible programs could address health disparities, public health, maternal and child health, and conditions with a high prevalence in the border area. Acknowledging our national vulnerability in the wake of September 11 attacks and the need to ensure that bioterror efforts are specifically focused on the border region, our bill establishes bioterror preparedness grants for activities including coordination of bioterror and emergency preparedness, improvements in infrastructure, and education and training.

The communities along our Nation’s southern border typically have high rates of uninsured and underinsured individuals, unemployment, and poverty. This region also has higher rates of infections and chronic diseases, often exacerbated by migrant populations. Compounding these problems is the lack of health care facilities and qualified health care professionals. Accord-

ing to the U.S.-Mexico Border Health Commission, if the border area were a state, it would rank last in access in health care, second in death rates due to hepatitis, third in deaths related to diabetes, first in number of TB cases and last in per capita income.

I have long supported legislative initiatives aimed at improving the security and quality of life in our border area. This bill is a part of that ongoing effort. As our Nation enters a new era of heightened national alert, it is incumbent upon us to ensure our border area—our front line of defense—is strengthened and protected.

By Ms. MURKOWSKI:

S. 1448. A bill to provide for the construction of the Yupik Alaskan/Central Kuskokwim Energy Project, and for other purposes; to the Committee on Energy and Natural Resources.

Ms. MURKOWSKI. Mr. President today I introduce a very important piece of legislation, the Calista Energy and Economic Revitalization Act. This legislation will create a profound and positive effect on one of the most impoverished parts of my State, the Upper Kuskokwim region by providing major boost to the economy of this area. It will also provide affordable energy to this region, which pays some of the highest energy costs in the country.

My legislation will authorize a grant and loan guarantee program to permit the construction of a vitally important intertie from the Upper Kuskokwim region to Bethel, Alaska. This project will provide low cost energy to revitalize this region much as the Tennessee Valley and Bonneville Power projects revitalized the South and Northwest, respectively.

Alaska was just a territory when these visionary projects were conceived and constructed. It is now time for the State of Alaska to join in the national commitment and partnership for economic vitality.

The Upper Kuskokwim region has been inhabited by the Yupik Eskimo for thousands of years and they have developed a unique lifestyle which allows them to thrive in a harsh and formidable climate.

On December 18, 1971, Congress enacted the Alaska Native Claims Settlement Act, ANCSA, in recognition and settlement of the aboriginal claims of the Yupik Eskimo people in the Upper Kuskokwim regions. Pursuant to ANCSA the Calista Corporation was formed by the Yupik Eskimo people to represent their needs and interests in implementation of ANCSA.

The Calista Corporation has selected as part of its land entitlement under ANCSA the Donlin Creek area of the Upper Kuskokwim region. As owner of the Donlin Creek area, Calista has made a discovery of international significance of gold and other minerals which will aid the country and the Yupik Eskimo people if that area is developed. I can assure you, that there is

wide spread support among the local Yupik population that their lands be developed.

The Donlin Creek area is currently isolated and unconnected by road or utility services to the rest of the State of Alaska and the Nation. It is fair and equitable that the Congress enacts legislation to aid and assist the Yupik Eskimo people, through the Calista Corporation, in developing this energy project referenced in my bill. The goal of this project is to provide reasonable and adequate utility service to the local people and to serve to the development of the minerals in the Donlin Creek area.

The Upper Kuskokwim region contains numerous Yupik Eskimo villages which are also isolated from the rest of the State and the Nation. According to government reports, the unemployment rate in the region is about 25 percent but the actual joblessness rate is much higher. The government reports stop counting people as unemployed after that have not had a job after several years. There is currently little or no opportunity for year round non-governmental employment in this region.

For example, one of the few opportunities to participate in the cash economy available in the region comes from fishing, but fishing income has plunged by about 50 percent from nearly \$12,000 to about \$5,000 annually. Because of this drastic decline in fishing income and a general lack of available private sector jobs, Federal and State transfer payments make up 33 percent of income in the Bethel U.S. Census District area and nearly 45 percent of the Wade Hampton U.S. Census District in the Upper Kuskokwim region near the Donlin Creek site.

Passage of this legislation will provide a sound economic opportunity for the Yupik Eskimo and other residents of the region and give them an opportunity to enjoy a better quality of life. Calista is committed to turning this project into the private sector engine for this part of Alaska. If successful, Federal transfer payments will be reduced and local residents will have the ability to support themselves and their families with solid, well paying private sector jobs.

Utility costs are now more than 10 times the national average. By providing a year round employment base and more equitable and affordable access to utility services, this project will improve the lives of all residents of the region.

I am excited about this bill and will work hard to achieve its passage. It is my hope to have a hearing on this bill very soon and seek its passage in the Energy and Natural Resources Committee and the full Senate before the end of the year. I urge my colleagues to support this legislation.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1448

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Calista Energy and Economic Revitalization Act".

**SEC. 2. FINDINGS.**

Congress finds that—

(1) the Yupik Eskimo people have—  
(A) inhabited the Upper Kuskokwim region for thousands of years; and

(B) developed a unique lifestyle that allows the people to thrive in a harsh and formidable climate;

(2) on December 18, 1971, Congress enacted the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) in recognition and settlement of the aboriginal claims of the Yupik Eskimo people in the Upper Kuskokwim regions;

(3) under that Act—

(A) the Calista Regional Corporation was formed by the Yupik Eskimo people to represent the needs and interests of the Yupik Eskimo people in implementing the Act; and

(B) the Corporation has selected as part of the land entitlement the Donlin Creek area of the Upper Kuskokwim region;

(4) as owner of the Donlin Creek area, Calista Regional Corporation has made a discovery of international significance of gold and other minerals that would aid the Yupik Eskimo people if developed;

(5) there is widespread support among the local Yupik population for development of the Donlin Creek area;

(6) the Donlin Creek area is currently isolated and unconnected by road or utility services to the rest of the State of Alaska;

(7) the Upper Kuskokwim region contains many Yupik Eskimo villages that are not connected to the rest of the State of Alaska;

(8) the unemployment rate in the region is almost 25 percent, and there is currently little or no opportunity for year-round non-governmental employment;

(9) it is fair and equitable that Congress enact legislation to aid and assist the Yupik Eskimo people, through the Calista Regional Corporation, in providing reasonable and adequate utility services to the area; and

(10) Congress should act to provide a sound economic opportunity for the Yupik Eskimo and other residents of the region to enjoy an improved quality of life by providing a year round employment base.

**SEC. 3. CALISTA ENERGY PROJECT AUTHORIZATION.**

(a) FINANCIAL ASSISTANCE.—The Secretary of Energy shall, subject to any terms and conditions that the Secretary determines to be appropriate, provide the Calista Regional Corporation grants and loan guarantees to assist in the construction of the Calista Energy Project as generally identified in the document entitled "Calista Region Energy Needs Study" and dated July 1, 2002.

(b) FEDERAL SHARE.—The Federal share of the cost of construction of the Calista Energy Project shall be not more than 80 percent.

(c) LIMITATION.—The total amount of financial assistance that the Secretary may provide under subsection (a) is—

- (1) \$100,000,000 for grants; and
- (2) \$50,000,000 for loan guarantees.

**SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

There are authorized to be appropriated such sums as are necessary to carry out this Act.

By Mr. CRAPO (for himself and Mrs. LINCOLN):

S. 1449. A bill to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to prepare and conduct hazardous fuels reduction projects on National Forest System land and Bureau of Land Management land that are aimed at protecting communities, watersheds, and certain other at-risk land from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health on public and private land, including catastrophic wildfire, to increase research on forest health and forest-damaging agents, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. CRAPO. Mr. President, Idaho faces grim news this morning as the deaths of two young wildland firefighters are reported. They were killed late Tuesday afternoon while fighting the Cramer fire in the Salmon-Challis National Forest west of the town of Salmon near the confluence of the middle fork of the Salmon River and the main Salmon. These men are heroes of battle, just as the men and women fighting overseas. They fought a faceless, terrifying enemy with bravery, heroism, and selfless dedication to the families and communities of central Idaho. Their sacrifice will be remembered for years to come as their names are added to the list of those fallen in service to their country in the capacity of wildland firefighters. I pray that those who continue to fight fires in Idaho and across the West this summer remain out of harm's way as they perform their valiant and critical work to preserve homes, property, and life.

The tragedy is that two more people have died. We hope it is not followed by more as we enter another fire season. The truth is that our forests are overgrown, dead and dying, and this kind of tragedy was inevitable. Legislation that I supported in the past would have made a difference. Had it been enacted last year or the year before, these senseless deaths could very well have been avoided. Idaho's wildfire season is just getting into its full swing, and we are asking our wildland firefighters in Idaho and throughout the rest of the Nation to do a dangerous job. We in Congress owe it to them and to the family members of those who didn't make it to provide them with the tools necessary to get the job done as safely and quickly as possible. These deaths are a tragic reminder of the sacrifices and risks wildland firefighters make to ensure the safety of our communities. Congress must act to reduce this threat to our communities and improve the safety of our firefighters. Today, Senator LINCOLN and I are introducing bipartisan legislation to address the forest health crisis facing our nation.

As Chairman and Ranking Member of the Senate Agriculture Committee's Subcommittee on Forestry, Conservation, and Rural Revitalization, Senator LINCOLN and I have learned of the similarities between the problems facing

the ecosystems of eastern and western forests. We know that when Congress acts to address the health of forests in the West—forests that have been devastated by fires that garner national attention—we must also reduce the risks to our forests across the country. The threat is not just to our property and lives, but clean air, clean water, and wildlife habitat. We must take a comprehensive approach to protecting our resources, and Senator LINCOLN and I attempt to do that in this bill.

The America's Healthy Forests Restoration and Research Act builds on the bipartisan legislation that passed the House of Representatives and is now under consideration in the Senate.

Like the House proposal, our bill addresses the "analysis paralysis" that prevents us from taking actions to protect our lands. For lands that are at risk of catastrophic fire or that have been severely damaged by insect or disease infestations or the aftermath of severe weather events, such as windthrow or ice storms, the bill creates an expedited process to allow for treatment. For these specific projects on Forest Service or Bureau of Land Management lands—with the exception of lands that are wilderness areas or Wilderness Study Areas—the bill provides for time limits on appeals, reforms the appeals process, and provides guidance to the courts.

The per-acre costs of fuel reduction projects is higher and the amount of time to consider a project is longer with each alternative the agencies are required to consider. Each of these alternatives requires a complete and thorough environmental analysis. By selecting projects through the collaborative process and requiring an in-depth analysis of the environmental impacts of the specific project, we can ensure that the impacts of the project are addressed, without the analysis paralysis caused by the examination of additional alternatives—especially when projects are most often appealed based on failure to complete adequate analysis on alternatives rather than the substance of the project.

The time for action is now, we should not let fuels reduction projects be delayed or lose their effectiveness through frivolous appeals. By requiring the Forest Service to develop a new process that allows for public collaboration, by requiring substantive comments to the project, and by requiring participation in the process before allowing litigation, the bill ensures that public comment is meaningful and constructive. No longer will these important projects be stopped simply by 33 cents on a postcard.

Our bill also requires that the courts balance the long term effects with the short term effects of a project. This balance of harm should be common sense, but that has not been the case. The courts are reminded they should balance the impact of inaction in their decision making.

This streamlining of the appeals and judicial review process will counter the

growing use of appeals and litigation as delaying and frustrating techniques rather than the constructive recourse they were intended for. Cutting through the bureaucratic red tape and ensuring for robust public participation—as outlined in the widely-supported Western Governors Association's collaborative strategy—is a win-win for our forests and our communities. In addition, by streamlining the process, we get more money on the ground and in action to protect our forests. Appeals, litigation, and extensive analysis of unneeded alternatives mean less money for projects. Some estimate that only sixty percent of funds allocated for fuels reduction actually makes it to the ground. Streamlining the process should result in significantly more resources to address forest health.

I have long been an advocate of better utilization of biomass and small diameter materials. This bill addresses the need for more research and more markets. Our bi-partisan bill provides grants to those who would use biomass for fuel or other beneficial purposes. Instead of leaving fuels in our forests to burn or tossing them in landfills, we can reduce the risks to our environment and create an incentive to use what has traditionally not been cost effective to use. Unlike the house bill, we expand eligible uses beyond just useful fuels. In Idaho, we have companies that can use this material for environmental restoration. We need to do more to create incentives to use this material.

To that end, our bill also includes expanded research into utilization and harvesting of small diameter materials. Light on the land techniques that find more and better uses of biomass and small diameter materials can revitalize our rural communities. Research into the costs and obstacles to using these materials will go a long way toward expanded markets and rural development. The bill also provides direction for technology transfer to get this information from the universities and scientists to the communities and small businesses in rural parts of America.

Our bipartisan bill makes research a central tenet. From research into biomass, forests conditions, upland hardwoods, the measure brings a new focus to forest threats. Our legislation expands the research to allow for landscape level research on forest-damaging agents. Fire, insects and disease, and weather events pose a significant threat to our forest ecosystems. The bill provides for cooperation with colleges and universities in applied research to combat these threats.

The bill also focuses research on preserving upland hardwoods. Not enough is known about preserving and restoring the upland hardwood forests of the South. The creation of an upland hardwood forest research center will go a long way toward finding ways to better protect, rehabilitate, restore, and utilize these important resources.

The proposal includes a watershed program that will help foresters enhance water quality in our forests. As many know, our forests serve as critical watersheds that provide drinking water to our communities. This bill provides for grants to allow for technical assistance, education, and financial assistance to enhance our efforts to ensure clean waters for our communities and wildlife.

A program to maintain forested habitat for threatened and endangered species is also an important part of this legislation. By providing for short and long-term restoration agreements the program offers incentives to maintain and utilize efforts that protect species and prevent others from being listed.

The legislation provides assistance to address the problem of nonnative invasive plants, trees, shrubs, and vines. Across the country, the expansion of nonnative invasive plants has changed ecosystems making them more susceptible to threats that could result in catastrophic fires. Our proposal provides assistance to landowners in addressing these invasives.

Finally, the bill declares that the enhanced community fire protection program is an important program in reducing risks to communities. This program, which we enacted as part of the 2002 Farm Bill, provides assistance to communities in reducing fire threats. Providing funding for this program, coupled with the savings from streamlining the process, will provide for meaningful progress in reducing the wildfire threat.

I agree with Forest Service Chief Dale Bosworth, who says we need to move the focus from what we take to what we leave. As he has identified, too many are looking at this as a zero-sum game. They seek someone to blame for forest health problems or argue that logging is inherently bad. We need to get beyond that fallacious argument and realize that what is important is restoring a healthy ecosystem: an ecosystem that allows for a natural fire regime to exist without threatening our communities and lives.

I hope my colleagues will join me moving beyond the narrow focus that currently passes for forest policy, this zero-sum game, and look at the needs of our forest ecosystems. This bill is a bipartisan effort that enhances the House-passed legislation. It sets a mark that the majority of the Senate can and should support.

The skies over Idaho's capitol city, Boise, are smoke-filled this afternoon, and another tiny town on the edge of Idaho's Frank Church River of No Return Wilderness, Atlanta, is threatened as fire encroaches on the homes there. Firefighting resources are stretched to the limit as wildland fires are burning throughout Idaho and the West. Wildfires this year have charred some 1.46 million acres nationwide. The National Interagency Fire Center said there were 49 large fires burning in the West, with more than 350 thousand

areas of active wildfires. Let us in Congress take a stand now to help protect our forests and keep them from going up in smoke every year.

I look forward to working with my colleagues to garner their support for this much-needed, bipartisan legislation, and know that they join me in sending condolences to the families of the two young men who died fighting a fire that may very well have been preventable.

Mrs. LINCOLN. Mr. President, I rise today to join my good friend Senator CRAPO of Idaho in introducing legislation aimed at rehabilitating this Nation's public and private forestlands. Senator CRAPO and I serve as the Chair and Ranking Member of the Agriculture Subcommittee on Forestry, and we have worked together extensively in watching over our Nation's forestlands.

Our bipartisan legislation builds upon the Healthy Forest Restoration Act, which passed the House of Representatives earlier this year. Our bill will ensure that we can address the many problems affecting all of our Nation's forests—both on public and private forestlands, in southern and western forests, and throughout both hardwood and pine ecosystems. Our legislation is intended to be a marker for the direction we believe forest legislation should move in this country.

Both Senator CRAPO and I have been working closely with the Senate Agriculture Committee to ensure that the goals of our legislation are incorporated into the chairman's mark of the Senate's Healthy Forest legislation.

Our legislation is intended to accomplish a few, very specific goals.

First and foremost, we must provide the Forest Service with the tools necessary to immediately address the epidemic of oak decline and mortality in the Ozark highlands of Arkansas and Missouri.

Oak decline is a natural occurrence in older forests or in areas where trees are stressed by conditions such as old age, over population of the forest, poor soil conditions, and the effects of several years of severe drought. And under normal conditions, oak decline is not necessarily fatal to the tree.

However, these conditions have allowed insects such as the red oak borer to flourish throughout the forest and has led to an epidemic of oak mortality throughout our forests.

In fact, many estimates now suggest that potentially up to one million acres of red oaks have been affected in Ozark highlands. And it is important to note that this epidemic has not been long in coming—it was only first discovered in the late 1990s. I am concerned that this epidemic will lead to a complete loss of red oak from the Ozark highlands and cause long-term changes to the health of the forest ecosystem.

It is also important to remember that the epidemic has not been limited

to public lands. Private forest landowners and homeowners throughout the Ozarks face the same problem. The past several years of extremely dry summer conditions have weakened trees throughout the region.

The legislation also contains provisions that are intended to streamline and improve the environmental, administrative, and judicial review process for hazardous fuel reduction projects under this legislation. I join Senator CRAPO in believing that the review process for hazardous fuel reduction projects, while necessary and beneficial, often consumes more time, effort, and resources than the initial intent of the project.

I am also aware that there are ongoing discussions regarding these environmental, administrative, and judicial review issues. I look forward to working with my colleagues on the Agriculture Committee and in the entire Senate to modify and improve the environmental, administrative, and judicial review provisions of this legislation in order to address my colleagues' concerns.

As we have seen with the epidemic of oak mortality in Arkansas, the Forest Service must have the ability to quickly respond to insect infestation in order to protect, preserve, and rehabilitate the entire forest. Streamlining of the environmental, administrative, and judicial review process for hazardous fuel reduction projects will ensure that we can quickly address what ails our forests.

Secondly, our legislation also provides increased funding and direction for forestland research in this country. Our legislation will ensure that our Nation's colleges and universities are able to devote more research into the insects and diseases affecting our forests. We also require that any forestland research be conducted at a scale appropriate to the forest damage, and that it be conducted within the requirements of each individual forest management plan. Our legislation also includes requirements to ensure this research has clearly stated forest restoration objectives and is peer reviewed by scientific experts in forestland health.

Our legislation includes authorization for a new upland hardwood research center designed to study the myriad of insects, disease, and problems affecting our ability to rehabilitate, restore, and utilize our upland hardwood forests. As we have seen, Arkansas was caught almost flatfooted as the epidemic of oak mortality swept through the Ozarks and severely endangered the health of our forests. Establishing this new research center will help ensure that this does not happen again.

The new research center will specifically research the effects of pests and pathogens on upland hardwoods, hardwood stand regeneration and reproductive biology, upland hardwood stand management and forest health, threatened, endangered and sensitive aquatic

and terrestrial fauna, ecological processes and hardwood ecosystem restoration, and education and outreach to nonindustrial private forest landowners and associations.

The establishment of this new research center is necessary to ensure we can quickly identify and respond to the multitude of pests, disease, and other damaging agents that can dramatically affect our beloved forests.

Third, our legislation also includes funding for emergency grants to immediately remove the invasive plants that have become so pervasive throughout this Nation's forests. And when we talk about invasive plant species in the South, we are talking about one thing—Kudzu. Some call it the vine that ate the South. Kudzu was brought into this country several decades ago to be used as cover for bare hillsides and has since spread to cover everything including shrubs, bushes, and entire trees. The grant program included in our legislation will provide the means for landowners to immediately remove kudzu and the myriad other invasive plants that are choking out our forests.

Finally, our legislation also includes widely agreed upon language that would provide for grants to remove non-commercial biomass from our private forested watersheds, and provide for grants to establish private, healthy forest reserves throughout the nation. Many of these important provisions were included in the Senate-passed farm bill last year, but they were not included in the final legislation, unfortunately. Providing grants to remove noncommercial biomass will immediately reduce the amount of fuel on the forest floor and directly reduce the fire danger in our forests and around our communities. Similarly, providing grants to protect our forest watersheds will ensure that we can address our water quality concerns with a voluntary, incentive based approach. And finally, providing funding to establish new healthy forest reserves from willing private landowners will encourage the preservation and rehabilitation of this Nation's forestlands.

Mr. President, I believe that our bipartisan legislation will focus needed attention on a number of extremely critical goals for our national forest policy. One lesson that we have learned over the years is that if we value our forests, if we want to conserve our woodland and resources, if we want to preserve their natural beauty, if we want to ensure that the natural bounty of our forestlands is available to future generations, then it is important that we manage those lands and resources with a careful eye toward their long-term health.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 1327. Mrs. MURRAY proposed an amendment to the bill H.R. 2555, making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2004, and for other purposes.