

on a bipartisan basis. I intend to do all I can to see that this year's final appropriations bill, and future appropriations bills, maintain our commitment to the extraordinary work of the nation's community health centers.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, this side has no objection to the amendment. In fact, we wholeheartedly support the amendment. I compliment the Senator from Missouri for his leadership, and I also compliment Senator HOLLINGS on this issue.

Community health centers are really the last sort of backstop for so many people in this country who don't have health insurance—44 million people in America don't have health insurance. Mainly, these are the ones who, right now, for their health needs really need the community health centers. We have about seven in our State of Iowa. We are opening another one this summer. About 66,000 people are served per year in the State of Iowa by our community health centers.

The really good thing—and the Senator from Missouri knows it—about community health centers is they are engaged in preventive health care, keeping people healthy in the first place, not just coming in when they are sick. They do a lot of outreach work with low-income people. They help with their diets, lifestyles, and with the medicines they need to keep them healthy. That is one of the great services they provide.

We increased the funding for community health centers over last year by \$100 million. This would add another \$50 million on to it. The need is actually even more than that, but as the Senator from Missouri knows, we have all these things we need to balance in the bill. This is a welcome addition to our community health centers.

Again, I compliment the Senator from Missouri for his leadership. We happily accept the amendment.

The PRESIDING OFFICER. Is there further debate on the amendment?

The question is on agreeing to the amendment.

The amendment (No. 3602) was agreed to.

Mr. BOND. Mr. President, I move to reconsider the vote.

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

The motion to lay on the table was agreed to.

Mr. HARKIN. Mr. President, I will soon suggest the absence of a quorum. I want Senators to know that we are open for business and for taking amendments. Senator SPECTER and I are willing to sit here and take amendments this morning. If Senators have amendments and they are around, please come. As you can see, the floor is wide open. You won't have a waiting line and you can speak for as long as you want. This is the time to come and offer amendments on this bill.

With that, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. L. CHAFEE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. L. CHAFEE. Mr. President, I ask unanimous consent to speak as in morning business.

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

THE MEDICARE OUTPATIENT DRUG ACT

Mr. L. CHAFEE. Mr. President, as many of you know, I joined Senators GRAHAM, ROBB, BRYAN, and others in introducing S. 2758, the Medicare Outpatient Drug Act of 2000 this past Tuesday.

While I strongly support S. 2758 and urge my colleagues to support it, I was very troubled by the process in this Chamber last night. We talk a good game about wanting to pass legislation on a bipartisan basis. In fact, at a Centrist Coalition meeting earlier this week, many Senators from both sides of the aisle—led by the minority leader—were talking about how the two parties should be working together to produce a prescription drug bill for our Nation's seniors.

However, the prescription drug amendment that we debated and voted on last night proved otherwise. It suggested that all the talk about bipartisanship is merely a facade. It was clear from the procedural wrangling that led to the vote on the Robb amendment that there is no intention by the Democratic leadership to work together to fashion a bipartisan compromise on a Medicare prescription drug bill.

In fact, it is my understanding that minority leader told others not to let me—one of the author's of this bill—know about this motion ahead of time. That doesn't sound very bipartisan to me.

Sadly, the amendment last night really undermines our ability to work toward a compromise to add a prescription drug benefit to Medicare. If we were really interested in producing a bipartisan bill that could be signed into law, we would be working together on a proposal rather than filing motions such as the one last night, which was destined to go down to partisan defeat.

I had high hopes when I stood with Senators GRAHAM, ROBB, BRYAN, and others on Tuesday and we announced the introduction of our Medicare Outpatient Drug Act. I had hopes that we would be able to work this bill through the legislative process, give this bill an airing at the Finance Committee, and work with Republicans and Democrats alike to fine-tune it into a product that the President could sign into law.

I think most of us here would agree it is time to update the Medicare pro-

gram to include a prescription drug benefit. I hear about this issue back in Rhode Island more than any other issue. The senior population in Rhode Island is the second largest in the Nation—second only to Florida. The seniors in my State constantly approach me about the high cost of their prescription drug bills. I expect most of us hear more about this issue from our constituents than any other.

However, filing procedural motions that are doomed to failure is not the way to achieve this important goal. I am afraid that some on the opposite side of the aisle aren't really interested in passing a Medicare prescription drug bill this year—they would rather that we do nothing and use this issue to try to defeat some of us in the fall.

Let's not hold the 39 million Medicare recipients in this country hostage to partisan politics.

I believe the legislation I introduced with Senators GRAHAM, ROBB, BRYAN, and others is one of the most responsible and comprehensive drug bills in Congress. And, more important, it would help relieve seniors of the growing burden of high prescription drug bills.

However, while I support this legislation and regretfully voted in support of the Robb amendment last night because I am committed to passing a good prescription drug bill to help our Nation's seniors, I do not believe the exercise last night was constructive. Sadly, it was quite the opposite.

I thank the Chair.

Mr. DORGAN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. HARKIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

THE DEPARTMENTS OF LABOR, HEALTH, AND HUMAN SERVICES AND RELATED AGENCIES APPROPRIATIONS, 2001—Continued

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, I am going to be offering an amendment to the pending appropriations bill that I want to talk about this morning.

I commend the chairman, Senator SPECTER, and the ranking member, Senator HARKIN, for their work to increase funding for the National Institutes of Health. As all of us know, Congress is on track toward doubling the funding for important health research and investigation through the NIH. That is critically important to this country.

I am one of those who has been supportive of doubling the funding for the National Institutes of Health. The NIH is trying to unlock the mystery of many of the diseases that ravage the

bodies of people who are suffering from Parkinson's disease, cancer, heart disease, and so many other diseases that afflict the American people and people around the globe. The type of research that is taking place at the National Institutes of Health is exciting and vibrant and paying big dividends.

I thought I would mention, as I start, something I saw one day at the NIH called the healing garden. This was an exhibit out at the NIH campus where they had a series of plants growing in this aquarium-like device called the healing garden. I asked the folks at NIH for an explanation, and they told me about it.

They said a lot of people think modern medicines, especially the medicines that are developed through research at NIH to respond to the challenges of treating diseases, come from chemicals. But they told me that a lot of medicines come from natural substances we find all over the Earth. They were displaying some of those substances in this healing garden.

I want to describe a couple of the things they were displaying because it is interesting. NIH is gathering from around the world 50,000 to 60,000 different species of plants, shrubs, and trees and testing and evaluating what kind of properties they have to heal and treat diseases.

The common aspirin comes from the bark of a willow tree. The Chinese knew that a couple of thousand years ago. If they had a headache, they would chew the bark of a willow tree. In modern medicine, aspirin is a chemical modification of that active ingredient derived from willow tree bark. Now aspirin is produced chemically, but the bark of the willow tree was the derivative.

The java devil pepper was in the healing garden. Drugs used to treat hypertension, or high blood pressure, which were used formerly as a tranquilizer, come from the java devil pepper. Who would have guessed this connection if not for the research by the scientists who discovered it?

Agents that fight tumors, leukemias or lymphomas, come from the plant called the mayapple.

The rose periwinkle produces drugs used as anticancer agents primarily in treating Hodgkin's disease and a variety of lymphomas and leukemias.

Foxglove is used in the medications digitalis and digitoxin, which are used to treat congestive heart failure and other cardiac disorders.

Of course, we all know about aloe, an active ingredient, of course, in skin care preparations.

It is interesting that, as funding has increased for studying plants and animals, scientists at the NIH are finding quite remarkable things. Deep in the Amazon rain forest lives a frog that has a deadly toxin on its skin. They believe that from studying the toxin of that frog, they can create a painkiller that is 200 times more powerful than morphine and not addictive. Think of

that: 200 times more powerful than morphine and not addictive.

There is another frog which is very rare that has a toxin on its skin that is so deadly that a drop of it on the skin of a human being causes the heart to stop.

The scientists asked the question: If there is something this powerful that it causes a human heart to stop, can we unleash the power of that toxin to do something positive?

That is the kind of evaluation and study that is occurring at the NIH routinely.

As we double the funding for the National Institutes of Health, there are all of these wonderful scientists and researchers doing this massive amount of research—research to decode the human genome, research to grow new heart valves around parts of the heart muscle that are clogged, deep brain research to uncover the secrets of Parkinson's disease.

As all of this research occurs through the doubling of funding at NIH, we should say thanks to Senator HARKIN and Senator SPECTER for their leadership and commitment over several years to move this Congress to invest in these efforts that are so important to this country's future.

Now, let me go from that compliment to talking about how this research is dispersed across this country. There is a trend for how this research funding is allocated throughout the country that is very similar to what happens in other areas of the federal Government's research budget. The research that comes through the billions and billions of dollars that we spend—nearly \$20 billion proposed for fiscal year 2001 at the NIH alone—has historically been clustered in a few areas of the country. In most cases, big universities get big grants that make them bigger, and from around those universities, you see the development of businesses springing up from that research. You will see the result of NIH research in a few areas of the country producing very significant opportunities. Then you will see other significant parts of America with almost no research base through the NIH.

Should research be done where it is done best? Yes, of course. But the largest universities in this country, in a handful of States, get most of the research dollars in part because the grants are peer reviewed by people from the same institutions that get the grants in the first place. It becomes a self-fulfilling prophecy.

The chart I have here shows the way NIH funding is currently distribution across the country. If you look at the States in this country shown in the white shaded areas—mostly in the middle of the country—you will see that these States get very little funding for medical research.

The States shown in the blue and red areas—California, Texas, New York, Massachusetts, and so on—are the States that get most of the research grants.

This pie graph here shows what happens as a result of this imbalance. As you can see, three States get 35 percent of all of the medical research funds provided by the NIH. Institutions in three States get over a third of all the Federal dollars on medical research. In fact, one state alone received 15 percent of total NIH funds.

This little white slice shown on the chart represents 21 States that share only 3 percent of the research.

Why does that matter? If you live in one of these States, and you have Parkinson's disease, or you have breast cancer, or you have any one of a number of very serious health problems, and you want to participate in the cutting-edge medical research conducted by the NIH through one of its grantees, you may well have to travel hundreds and hundreds or perhaps thousands of miles to avail yourself of the clinical trials.

Second, there are wonderful institutions in the middle part of America that have the capability to provide unique and beneficial research on a range of issues ranging from cancer, to heart disease, to diabetes, and more through the funds we are providing at NIH. But they do not get the opportunity because the system is stacked against them.

At the NIH, we have a program called IDEa, or the Institutional Development Award program, that is intended to rectify this geographical inequity by helping historically under funded states to build their medical research capacity. IDEa is very similar to the EPSCoR program that exists in other federal agencies.

This program is under funded at NIH. The IDEa program is funded at the level of \$100 million in the House-passed bill, which I think is too low. But it is funded at only \$60 million here. That is an increase from \$40 million to \$60 million, and for that, I appreciate the efforts of Senators SPECTER and. But we ought to at least meet the House level. And we ought to do even more.

My amendment will take our proposed funding to the level of \$100 million in the House bill. Through this amendment, we will simply say that we want to encourage the distribution of research across this country to all of the centers of genius—no matter where they are—that exist.

In States such as North Dakota, Iowa, South Dakota, and up and down the farm belt, we are losing a lot of population. This map shows that. All these red blotches on this map indicate counties that have lost more than 10 percent of their population.

What you see is that the middle part of our country is being systematically depopulated. Why has that happened? Why, when you have so many people living on top of each other in apartment buildings in big cities and fighting through traffic jams just to get to and from work each day, is the middle part of our country being depopulated?

At least part of the answer to that question relates back to what we do at the Federal level. We say that \$20 billion will be made available through the National Institutes of Health to form centers of excellence for scientific research in medicine. We move that money to specific areas of the country where there is already a significant population, and from that springs economic opportunity and biotechnology companies and new jobs. We simply exacerbate all of these problems with the way we spend our money at the Federal Government.

There are centers of genius in the middle part of this country, in Minnesota and North Dakota and South Dakota and Kansas and Oklahoma. There are small centers of excellence that could do wonderful scientific research, but they do not get the funding. Why? Because the biggest States get all the money. Three States get a third of all the money through the NIH.

I am not suggesting that anything illegal is going on. It is just that we have a system that perpetuates itself and creates a circumstance where three States get fully one-third of the billions of dollars we provide for medical research and 21 other States are left to share 3 percent of the medical research. And that predicts and predetermines where the centers of excellence will be in the future.

It also, in my judgment, is unfair to all of those folks who live so far away from the biggest centers, where most of the money is moving to, because it is not going to be very easy for them to be involved in clinical trials for such things as their breast cancer, their lymphoma. They are going to have difficulty getting cutting-edge medical therapies.

That ought not be the case. I want to change that. I am hoping, with the cooperation of Senator SPECTER and Senator HARKIN, and with a new determination in the House and the Senate, that we can come to an understanding that, as we double the funding for the NIH, we can also do much better for this program at NIH called IDeA. Again, this program lets us reach out and find ways to use NIH funding all across this country, to get the best of what everyone in this country has to offer, to find all the centers of excellence that exist everywhere, and have them come to bear on research and inquiry. I am convinced that this represents our best chance to try to find ways to cure some of these diseases that ravage people who live in this country and the rest of the world.

We are making a lot of progress. With this amendment, I do not mean in any way to suggest we are not making great strides. Doubling the NIH budget is a terrific thing to do. It will produce enormous rewards for all who live in this country and those who will come after us. But it is also the case that we must do better in the distribution of this research money if we are going to be able to have access to all the best

minds this country has to offer. That is the purpose of my amendment.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SPECTER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. SPECTER. Mr. President, I believe the amendment offered by the distinguished Senator from North Dakota is a meritorious amendment on institutional development within the National Institutes of Health. We have a figure of \$60 million there as part of \$2.7 billion.

The subcommittee and the full committee have been very—aggressive, is the right word—to increase NIH funding. We did it at \$2.7 billion in this bill. We had \$2.2 billion last year, \$2 billion the year before, a billion before that. I agree totally with the thrust of what the Senator wants to accomplish.

When we sit down with the House in conference, there is always a lot of give-and-take with a bill that is at \$104.5 billion. It would be my intention to do what we can to reach the figure of \$100 million, which is what the Senator wants, because I think that is the right figure. What I suggest is that the Senator give Senator HARKIN and me and the other conferees the flexibility to negotiate. There is a lot of give-and-take.

For those watching on C-SPAN, the process is, after we pass our bill, we go to a conference with the House, which has passed a bill. Then we sit down with long sheets and go over all the points and try to reach a compromise. To have that flexibility would be helpful. I know there are a number of programs the Senator from North Dakota would like to stay at the Senate figure, as opposed to the House figure which may be lower. If we could reach that accommodation, I believe we would obtain the objectives which the Senator from North Dakota wants, to give the conferees that flexibility to assert the Senate position on other matters.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, the Senator from Pennsylvania is alluding to the analogy of the legislative process being akin to the making of sausage. Often, neither are a pretty process, so it is better, perhaps, to speak less of it. I say to the Senator from Pennsylvania that I am more concerned about the destination than I am about the route by which we get there.

He has indicated that he supports the \$100 million level in the House bill for the IDeA program. Senator HARKIN has indicated the same. For that reason, I will not proceed with my amendment, with the understanding that their intention will be to reach that level in conference.

My sense is that we are making a lot of progress. Before the Senator was in the Chamber a few moments ago, I said he and Senator HARKIN will have the undying gratitude of the American people for their persistence and relentless work to increase funding at NIH. This is very important, not just for people who live here now but for generations to come.

My concern, as we do that, is to make sure we get the full genius of all the American people working on these scientific inquiries into treating and curing these ravaging diseases. I want more funding in the IDeA program so that smaller States have the opportunity to access these grants and we can put to work their scientists and their medical schools and their communities to meet our nation's medical research goals.

I appreciate my colleague's response. I will not ask for a vote on my amendment. What I will do is ask that we handle it in conference, as the Senator has suggested.

Mr. SPECTER. Mr. President, I thank the Senator from North Dakota for his comments about what Senator HARKIN and I are trying to do—and, really, it is the whole committee and the full Senate. We will, I think, accomplish what he is looking for—the \$100 million—in the final analysis. I think the old saying that you don't want to see either sausage or legislation made may have some merit. I think when we deal with our national health, we are dealing with "prime rib." We will make some tasty morsels here for the benefit of America, I think.

Mr. President, in the absence of any other Senator in the Chamber, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DORGAN. Mr. President, I ask unanimous consent to speak as in morning business for 5 minutes.

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

NO APOLOGY NECESSARY

Mr. DORGAN. Mr. President, earlier this morning a Member of the Senate described the circumstances on the floor of the Senate yesterday with respect to a vote on the issue of a prescription drug benefit for Medicare. Yes, there was a vote on that issue. I want to describe why that motion was offered and the importance of it.

I also want to say that, while I certainly have the greatest respect for my colleague, this was not a circumstance where the minority leader or anyone else intended to surprise anybody. When the minority leader or any other