Mr. DURBIN. I thank the Chair for that information.

Four years ago, we had a Government shutdown. Congress failed so miserably in its responsibilities to fund the agencies of Government, we actually shut down agencies. We sent Federal employees home. They were paid later on even for the time they missed. We barred the door when they wanted to come back to work, and the Republican leaders in Congress said: We're going to prove a point.

They certainly did. They proved they could not pass the spending bills on time; they could not maintain the orderly flow of Government services to the people of America. That was 4 years ago.

You would think that over time the Republican leadership in the House and Senate would have learned from that experience. Last year, we had a little different experience. In the closing minutes of the session, we were presented with a 4,000-page budget bill, an appropriations bill, which literally no Member of Congress was able to read, and we were told: Take it or leave it. We either pass this and go home or sit around here for weeks, if not months.

The bill passed. A lot of us, with regret, voted for it saying: What is the alternative?

This year, we are going into a new phase, a new chapter in the Republican congressional leadership when it comes to budgetary responsibility. October 1—this week on Friday—is the new fiscal year. It is, in fact, Republican Responsibility Day. As leaders in Congress, they are responsible for passing spending bills or at least charting out a course so we can see an orderly process to result in spending and budget bills that do serve America.

As I stand here today, we do not have it. We will pass a continuing resolution which says we will continue Government for another 3 weeks, with no end in sight. Neither the leaders on Capitol Hill nor anyone on the Republican side have suggested how we are going to end this.

Instead, to quote a friend of mine with whom I served in the House, Congressman DAVE OBEY of Wisconsin, we hear the Republican leadership posing for holy pictures as they stand and say: We will not breach the caps on spending which led to the balanced budget. And we certainly will never touch the Social Security trust fund.

The facts do not back that up. What we find is they have broken the caps already. They have already reached deep into the Social Security trust fund to fund their favorite projects, and we still have no end in sight.

It is one thing to beat your chest and say you are going to stand up for certain principles, but it is hollow rhetoric when you cannot produce the spending bills.

You heard the Senator from Washington and the Senator from California. Imagine, if you will, in this time of prosperity, when the Republicans have said we are so awash in money in Washington that we can offer a $792 billion tax cut—and thank goodness the President did not sign that and explained it to the American people—at the same time the Republicans are calling for a massive tax cut, primarily for wealthy people, they cannot fund education, sending 29,000 teachers home.

Imagine families across America that get a note from the school saying: Mrs. Smith will not be here next year. She may not be here next month because Congress failed to continue a program to provide teachers in our school, teachers to make sure that class sizes are smaller.

Is that what this is all about, that we have gone on for month after weary month with all of this rhetoric in Washington, and at the end of the day we are going to send 29,000 teachers home and say to the schools: You have no choice but to increase the enrollment in each one of your classrooms.

That is as good as we can do for all the billions of dollars that we have to spend. I don't think so. I certainly hope the Republican leadership will sit down with the Democrats and the President and work out something that is good for the Nation and good for families across our country that are concerned about quality schools and quality health care.

I visited St. Francis Hospital in Peoria, IL, yesterday, a wonderful hospital that has faced Medicare cuts that, frankly, threaten this teaching hospital, this safety-net hospital, another item we have to address and should address before we go home.

I didn't run for the House and for the Senate to come here and punch the clock on my pension. I came here to work on the issues that are important to people in Illinois and across the Nation. To date, this Congress has failed miserably when it comes to addressing those issues, whether it is education or health care, the basic things we expect.

We had the Columbine School massacre a few months ago; it shocked the Nation. We passed a juvenile justice bill because Vice President GORE came and broke the tie. We said we need sensible gun control, background checks, to make sure fugitives, felons, and stalkers don't get their hands on guns. We passed that bill over to the House, and it disappeared, never seen again.

We are now in another school year. We still want safe schools. We still want sensible gun control. This Congress has failed miserably when it comes to bringing that issue through, passing a law, and sending it to the President. It hasn't happened.

Time and again we have made the speeches; we have punched the clock; we have gone home without meeting our responsibilities. If last year's Congress was a do-nothing Congress, this Congress has done less, less to meet the challenges the American people have given to us, challenges which include a responsible budget, education, and health care, challenges which include, of course, a Patients' Bill of Rights so those who have health insurance through managed care companies have a decision made by a doctor and not by an insurance bureaucrat.

The PRESIDING OFFICER. The time of the Senator has expired.

Under the previous order, the time until 11 a.m. shall be in the control of the Senator from Maine, Ms. SNOWE, or her designee.

Ms. SNOWE. Mr. President, I yield 5 minutes of my time to the distinguished Senator from Arizona, Mr. KYL, at the conclusion of my 25 minutes.

I further ask unanimous consent that following the expiration of my control of the time, Senator ROBERTS be recognized for up to 15 minutes.

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

Ms. SNOWE. Will the Chair inform me when I have consumed 10 minutes?

The PRESIDING OFFICER. The Chair will do so.

SENIORS PRESCRIPTION INSURANCE COVERAGE EQUITY ACT

Ms. SNOWE. Mr. President, I rise today, along with my distinguished colleague from Oregon, Senator WYDEN, to discuss legislation we introduced in July concerning prescription drug coverage. The legislation is known as the Seniors Prescription Insurance Coverage Equity Act, or SPICE.

We have come to the floor to address a number of questions that have been raised with respect to our legislation. We want to answer some of those questions so the Members of this body can be informed in terms of what our legislation is all about on this most critical issue.

I am also pleased to announce Representatives ROUKEMA and PALLONE have introduced a companion bill to our legislation in the House of Representatives.

I have always believed, as being part of the elective process, we have an obligation to serve the people by addressing the problems that are the most immediate and most critical. We are not here solely for the purpose of creating issues so our parties can run on those issues in the next election. Yet it seems all too often now Congress is only focusing on the difference between the two parties, the difference between Congress and the President, instead of focusing on how we can achieve a consensus on the most significant issues facing this country, where we can make a meaningful difference in the lives of our constituents. The people of this country rightfully expect us to legislate good public policy on those issues, to address problems facing this country.

Yet, time and again, it seems the more critical issues we face in Congress and in this country are the ones that are the most polarized. Time and time

again, we fail to achieve a consensus on the key issues. The most notable, recently, of course, is the tax cut bill. While we might all have differences in terms of what kind of tax cut bill we should have or how much, there was no difference of opinion with the President or with Congress in terms of having a tax cut but, rather, what the size of that tax cut package should be. People say to me: Where is it going from here? I say: That is a good question.

Inevitably, there will be another train wreck, and it doesn't have to be so. We ought to be able to demonstrate to the American people we are very serious about creating solutions, rather than issues, as a platform and a basis for the next election, which, by the way, is more than a year away. It is almost as if compromise has become a lost art.

So here we are in September, approaching October, closer and closer to adjournment, and the only thing that will be falling faster than the leaves will be our legislative agenda and the public's faith. America expects us to build bridges and not to draw lines. So often bipartisanship has become a joke. It may well be within the beltway, but I can tell my colleagues, in the real world, it is no laughing matter.

That is why Senator WYDEN and I are taking the floor, not only to discuss our legislation but to urge the Members of the Senate and of the Congress, and the President, to come together on this most vital of issues to our Nation's citizens. That is why we are here, because we have introduced a bill that puts the interests of the American people over the best interests of politics, a bill that gives us a chance to show America's seniors and the American people that, yes, we can come together on an issue of great significance to our constituency.

I believe that how a society treats its seniors speaks volumes. What does it say that while America is 4 or 5 months shy of its longest expansion ever in the history of this country, while this Nation enjoys an era of unprecedented wealth and prosperity and growth, a third of Medicare recipients still have no insurance coverage whatsoever on one of their most basic health needs, prescription drug coverage? What does it say, when seniors are cutting prescription medications out of their budgets and their lives simply because they cannot make ends meet; they cannot afford to pay for them?

What does it say when the New England Journal of Medicine reports that poor elderly persons without Medicaid coverage spend about 50 percent of their total income on out-of-pocket health care costs such as Medicare premiums and prescription drugs? It says: Wait until next year.

Wait until next year? That may be good and may be acceptable in the world of sports and elections, but it is not acceptable when it comes to America's seniors and a matter of life and death. For them the status quo is a bitter pill to swallow.

Our plan—the only bipartisan one, I might add, in the Senate—represents a straightforward, comprehensive, responsible approach. It will appeal to anyone who wants seniors to have coverage, to have choice, to pay for it in a responsible fashion, to get it done this year, regardless of whether or not we have Medicare reform.

How does it work? Instead of reinventing Medicare, because we know that is complicated and contentious, we created a program that builds on the existing medigap system, using the basis and the model of the Federal Employees Health Benefit Plan, the one that benefits Members of Congress and all Federal employees, and we have choice. So why shouldn't seniors have the same choices that are afforded Members of Congress and Federal employees with respect to their health insurance and to this prescription drug coverage?

All Medicare-eligible individuals will have the option of purchasing this plan. It will be voluntary, a supplemental insurance program. It will be similar to medigap. We create a board that will disseminate the information on the choices available. Not only is this approach better for Medicare beneficiaries, but it keeps the costs down by encouraging competition because we have a potential pool of 39 million Medicare beneficiaries. All seniors will receive some premium support assistance on a sliding scale: 100 percent for those with incomes under 150 percent of the poverty level and under, and then it phases out to 175 percent and above to 25 percent, so at least at a minimum 25 percent premium support, and 100 percent for those under 50 percent of poverty level.

Individuals will pay for the copayments and the deductibles. The policies will be the threshold standard developed by the board, which will include consumers and State representatives, insurance representatives, commissioners, designed with the seniors' needs in mind. There will be a number of choices based on the need and based on encouraging competition among a number of insurance companies across America because of the size of the pool.

The question people ask the most about our plan is, Are you changing seniors' current Medicare program? No. SPICE will not be a part of Medicare. What is more, it is completely optional. Best of all, we pay for it with a reasonable and reliable funding mechanism that would not in any way affect the solvency of Medicare or dip into Social Security surpluses, which is a key issue, both on the Social Security and Medicare question.

Senator WYDEN and I, as members of the Budget Committee, last March offered an amendment to the budget resolution. At that time we had an amendment that allowed for the use of surpluses for the financing of a prescription drug program, predicated on the Senate Finance Committee and the House Ways and Means, to report out a Medicare reform package. This seemed a great way to create an incentive for Medicare reform and also a way of financing a prescription drug program, given that we will have projected surpluses of a trillion dollars over the next 10 years.

But in the event we don't have a reform package—and I hope we do work on it because it is critically important and we should not be deferring this issue, but given the fact that we might not, and given the precarious state of the projected surpluses, Senator WYDEN and I decided to offer another alternative of financing a prescription drug program when the budget came up.

We offered an amendment based on the President's proposal to increase the tobacco tax by 55 cents and also accelerate the scheduled tax increase of 15 cents on tobacco. Even though we were defeated on a budgetary point of order that required 60 votes, we got 54 votes. We had a majority of support for financing a prescription drug program through tobacco tax revenues. It makes good policy sense. Columbia University did a study in 1995, and it showed, in that year alone, smoking-related illnesses cost the Medicare program $25 billion or 14 percent of the total expenditures of the Medicare program. There is no reason whatsoever to think those costs have diminished at all. So we think this is a reasonable, logical way to finance a prescription drug program.

People may have differences and say: We don't want to raise any kind of tax, even if it is a tobacco tax. But I urge my colleagues that there are other alternatives. We have to have funding. It isn't responsible to introduce a prescription drug program and have no financing mechanism. What we don't want to do with the SPICE program is to add layers of bureaucracy. We are minimizing bureaucracy by creating a board that will maximize oversight. But HCFA will not be presenting this program. We will not affect current Medicare benefits, and we won't be affecting the solvency of the program.

I urge the Members of the Senate to give careful consideration to the legislation we are offering. It is critically important. We have the luxury, so to speak, of deferring issues, but our seniors in this country—certainly in the State of Maine—don't have the luxury of deferring their well-being. A third of Medicare enrollees have nothing, not to mention the patchwork quilt involved in the coverage for all the other seniors.

Now, if you think it is acceptable for 15 million enrollees in the Medicare program not to have any coverage whatsoever, then fine. But if you are truly concerned about the fact that 15 million Americans have nothing, then I urge you to consider this legislation.

Some of our opponents have said, well, the lack of prescription drug coverage isn't a crisis; it is a mirage. They

label our bill, and other bills for prescription drug coverage, a ''solution in search of a problem.'' They use words such as ''misguided,'' ''regressive,'' ''unnecessary,'' and ''fictitious.'' They say our claims about seniors having to choose between drug coverage and filling their cupboards are simply not true.

Ask the seniors in my State and all across this country who have written to us and said they are cutting their pills in half, or cutting dosages, or skipping dosages, and not simply filling prescriptions when they get them from the doctor because they are unable to pay for them. That is the bottom line. It will be a big surprise to older Americans if you say it is not a problem.

Mr. President, I yield to my colleague, Senator WYDEN from Oregon, 10 minutes.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, it has been a pleasure to listen to my colleague from Maine. I think she has said it superbly. It has been a pleasure to be working with her over the last few months. The reality is that nothing important in the Congress gets done unless it is bipartisan. It is just that simple.

What Senator SNOWE and I have said repeatedly is that we want to get beyond some of the squabbling that goes on in Washington, DC, and really come together as a Congress, across the political aisle, and get prescription drug coverage added to the Medicare program.

I think it is especially important now to hear from the Nation's senior citizens. For the last few months, we have been hearing from all of these beltway experts. Some of them, as Senator SNOWE mentioned, have actually said seniors don't need these benefits. They say, well, this isn't a very serious problem, in spite of the fact that we have more than 20 percent of the Nation's elderly spending $1,000 a year out of pocket on their prescription medicine. We have some of these self-styled experts in Washington, DC, going to conferences and programs and saying seniors really don't need this coverage.

So what we want to do is take this debate about prescription drug coverage and the need to assist seniors out of the beltway, get it out beyond Washington, DC, and start hearing from seniors and their families.

Maybe some of these experts have good coverage and that is why they don't think it is important to cover the needs of seniors. Maybe they are not talking to their parents. But I can tell you, the seniors who come out to town meetings in Maine and Oregon are saying they can't afford prescription medicine and, very often, they will leave an order that has been phoned in by their physician at a pharmacy because they can't afford to pick it up. They are told to take three pills as part of their program to recover, but they start off taking two; they can't afford that; and then they take one; and eventually they get much sicker and end up needing much more expensive care.

So we want to make sure in the days ahead, in our effort to pass a bipartisan prescription drug bill, that the Senate and the Congress hear from the Nation's older people. We would like to say today that we hope senior citizens and their families across this country who want to see the Congress pass a bipartisan bill to add prescription drug coverage—we hope those seniors and their families, just as this chart next to me indicates, will send copies of their bills to their Senator and their Member of Congress.

Right next to me is a chart showing how simple it is for seniors and their families to make sure their voices aren't drowned out by some of these experts saying we don't need prescription drug coverage as part of Medicare. Just as this chart shows, a simple note to a Member of Congress, a Member of this body, can help us forge a bipartisan coalition and actually get this done. We hope when we hear from seniors and their families, they will support the SPICE legislation. But what is really important is that the Congress hear from those older people and their families.

We think ours is a good bill. For example, under our legislation, seniors will have the bargaining power and the clout in the marketplace the way the big health maintenance organizations have, so we can keep the costs of prescription drugs down.

A lot of our colleagues, both in the Senate and in the House, are touting studies about how seniors spend a lot more when they walk into a pharmacy for their prescription drugs than would a big buyer such as a health maintenance organization. That is true. Seniors get hit by a double whammy: They can't afford prescription drug coverage. Yet when they walk into a pharmacy, they subsidize those big buyers, the purchasers through a health maintenance organization who get a discount.

Well, Senator SNOWE and I think that if a health plan is good enough for Members of Congress and their families and that health plan uses marketplace forces to hold costs down, let's use a model such as that to serve the needs of older people. We are not reinventing the wheel. We are not having the Federal Government take over health care. We are using a system that Members of Congress and their families know well, a system that ensures that seniors will be in a position to hold down the costs of their medicine as well as be able to obtain coverage.

I am very pleased to have a chance to work with Senator SNOWE and to spend a few minutes discussing issues with her. I think the big challenge is to get this issue out of the beltway and to work in a bipartisan fashion. Senator SNOWE and I have been trying to do that in the Budget Committee. There are some who want to make this a political issue for the 2000 campaign. We are not naive. We recognize that.

Certainly if there were no good ideas to tackle this problem, it would be an issue that would come up in the campaign. However, Senator SNOWE and I think because more than half of the Senate has already voted for the funding plan that we propose, because we are relying on a model we know works for Members of Congress and their families, we shouldn't wait another 2 years for another election to act. We think the time to act is now.

I will address my colleague by way of saying, Senator, what strikes me as missing is the voice of seniors and their families. We have heard from all the experts in Washington, DC. What has been missing is the voices of seniors and their families. I want them to start sending in their bills and telling Members what they think about the crushing costs of prescription medicine.

Perhaps the Senator could comment.

Ms. SNOWE. Will the Senator yield?

Mr. WYDEN. I am happy to yield to the Senator.

Ms. SNOWE. Mr. President, I commend Senator WYDEN for his idea on having seniors in this country send their prescription drug bills to the Members of the Senate and to their Representatives. It is absolutely critical for people to understand the significance of this issue in the daily lives of our seniors.

Doesn't the Senator find it somewhat remarkable there are some in Washington saying there is no crisis among our Nation's seniors when it comes to prescription drug coverage, that this is a fictitious problem? My seniors are telling me: We cannot afford to pay for our prescription drug bills.

I met with a senior recently who said she is reducing the number of pills she takes every day because she cannot afford to fill the entire prescription. So she tries to make it last longer. That is a real story. It is happening all across America.

I find it somewhat amazing people are suggesting it is not a problem. On average, the seniors will spend $642 a year on drugs. That is on average. Prescription drug access in America, for most seniors, is out of reach. I think we have to impress upon Members of this body, Congress, and the President, this is an issue we all need to come together on, to work out now, not 2 years from now.

People say: After the election. The election is a year from November. Then it will be another year, at the minimum, before we can get anything passed. That is 2 years.

The American seniors cannot defer their health, their well-being. In many instances, it is the difference between life and death. Much sicker seniors are being discharged from hospitals today than ever before. That is why prescription medication becomes all the more compelling and urgent in helping our seniors.

Mr. WYDEN. We know new prescriptions are right on the forefront of preventive medicine. What is exciting about the new medicines is they help to lower blood pressure and they can be helpful in dealing with a wide variety of health concerns, including cholesterol and other problems seniors have.

Could the Senator tell Members a little bit about how the model SPICE benefit was devised? It seems to me the Senator is trying to focus on wellness, holding costs down, and making prescriptions affordable.

Ms. SNOWE. The Senator raises an important question about the choices that would be available to seniors by creating this board. We look at the needs of seniors. What are the prescription drugs seniors most use? What is most available? What is out there already for insurance coverage? Where are the gaps? This board will have the ability to devise a number of plans across the board and make it available to seniors. Then they can make decisions as to whether or not that plan is tailored to their needs, similar to what Members of Congress get.

Members of Congress can avail themselves to an array of plans that provide for prescription drug coverage. The seniors in America should have the same choices. We want them to have choices and to avail themselves, as Senator WYDEN indicated, to the state-of-the-art, advanced developments in prescription drugs and medications.

We did not rely on Government programs, a big bureaucracy of price controls in order to achieve prescription drug coverage because there are bills out there in the House and the Senate that will either control the price of drugs or create a huge Government bureaucracy or impinge on the Medicare Program that already has significant financial problems.

Could the Senator tell Members how our bill will help seniors without relying on Government price controls but at the same time giving them the ability to have access to the most advanced prescription drug coverage in America?

Mr. WYDEN. I appreciate my colleague's question. We use marketplace forces. We use a dose of free enterprise, how our Federal employee health plan works.

What troubles me is a lot of those other bills focus on an approach of Government purchasing the medicine, but that will shift the costs onto a lot of other people.

I am very fearful that under some of those approaches, particularly the ones in the House, because Medicare essentially would control prices, they will shift the costs. What will happen is an African American woman who is 27, maybe single with a couple of children, will end up with a higher prescription drug bill because that person will end up seeing the costs shifted when prices are controlled just for the Medicare Program.

I think we ought to use marketplace forces, competitive principles. That is what our legislation does. It will prevent cost shifting and help to hold down costs for all Americans.

I yield the floor.

Ms. SNOWE. Mr. President, I compliment my colleague, Senator WYDEN, for the comments he made. It is critically important to understand the differences in our approach as compared to others for controlling the price of drugs which will have an impact on the developments that have occurred in prescription drugs in America.

Most importantly, Senator WYDEN and I have come together on an approach we think is reasonable both from a fiscal standpoint as well as from a policy standpoint. We are allowing competition; we are allowing choice. We don't create a bureaucracy; we don't affect Medicare. We provide a financing mechanism.

It truly is a reasonable solution to a crisis that is facing America's seniors. I encourage my colleagues to take a very close look at this bipartisan proposal, the only one that has been introduced in the Senate, to talk to Members to see if we can come together so we can address this issue this year in this Congress.

I yield the floor.

ORDER OF PROCEDURE

The PRESIDING OFFICER. The Senator from Arizona is now recognized. The Chair will note the time allocated to the Senator from Arizona was to expire at 11 o'clock. The additional time has been taken by unanimous consent that has almost brought us to that time.

Mr. KYL. Mr. President, I ask unanimous consent to complete a statement, which is about 5 minutes.

Mr. BRYAN addressed the Chair.

The PRESIDING OFFICER. Without objection, the Senator is granted 5 minutes. Is there objection?

Mr. BRYAN. May I ask my colleague to yield for a unanimous consent request?

Mr. KYL. Certainly.

Mr. BRYAN. The Senator from Nevada asks unanimous consent that following Senator KYL and following Senator ROBERTS, the Senator from Nevada have 20 minutes to speak.

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

Mr. BRYAN. I thank the Chair.

The PRESIDING OFFICER. The Senator from Arizona is recognized for 5 minutes. Following the Senator from Arizona, the Senator from Kansas will be recognized for 15 minutes. Following that, the Senator from Nevada will be recognized for 20 minutes.

The Senator from Arizona.

JUSTICE SANDRA DAY O'CONNOR

Mr. KYL. Mr. President, Sandra Day O'Connor was born on March 26, 1930, the first of three children of Harry A. Day and Ada Mae Wilkey Day. After attending secondary school in El Paso, she pursued her undergraduate education at Stanford University.

Justice O'Connor initially studied economics at Stanford with the ultimate goal of running her family ranch. She was uninterested in the law until she took a business law class her junior year. She fell in love with law. Justice O'Connor enrolled in Stanford law school, and was able to graduate with her undergraduate and law degrees in 6 years. She excelled in law school, becoming a member of the Stanford Law Review's board of editors and graduating third in her class. While in Stanford Law School, she met her future husband, John Jay O'Connor III, as well as future Chief Justice William Rehnquist.

Upon graduating, the only job offer she received was for a position as a legal secretary. Unable as a female attorney to find employment with a private firm, she became a deputy county attorney in California. Soon after, her husband joined the Judge Advocate General's office for the U.S. Army and was stationed in Germany. Justice O'Connor joined her husband oversees as a civilian lawyer for the Quartermaster Corps.

The young couple returned to the United States in 1957, settling in Phoenix, Arizona. Within 6 years, the O'Connor's had three sons: Scott, Brian, and Jay. In 1958, after the birth of her first child, Justice O'Connor and a friend started their own law firm. Two years later, after the birth of her second child, Justice O'Connor became a full-time mother and immersed herself in volunteer work. She was a volunteer juvenile-court referee, chair of a juvenile home visiting board, and she organized a lawyer-referral service. In 1965, she returned to public service as an assistant state attorney general for Arizona.

In 1969, Justice O'Connor was appointed to a vacated seat in the Arizona Senate by the County Board of Supervisors. She won reelection to the Senate for two successive terms. Not surprisingly, she excelled as a state senator, and in 1972 she was elected majority leader. As would become standard for her, she was the first woman to hold such a senior legislative office anywhere in the United States.

In 1974, Justice O'Connor was elected to the Maricopa County Superior Court, where she served for 5 years. She was later encouraged to run for Governor, but declined. In 1979, Governor Bruce Babbitt's first appointee to the Arizona Court of Appeals was Sandra Day O'Connor.

On August 19, 1981, President Reagan nominated Justice O'Connor to become the 102nd Supreme Court Justice, replacing the retiring Justice Potter Stewart. She was the first woman nominee to the Supreme Court. She was confirmed by a vote of 99 to 0, and took the oath of office on September 25, 1981.

Justice O'Connor's tenure on the Court has been marked by her defense