

some help in finding the true mechanism to get this legislation through.

What, in the Senator's opinion, might happen to the efforts we made collectively as partners with the States for welfare reform and getting people off the welfare rolls and into the workforce? What might happen to that?

Ms. COLLINS. The Senator from Nebraska has asked a very important question. He was a leader, when he was Governor, in helping people in his State move from welfare to work, to give people the dignity and independence that comes from the ability to earn a living. Those efforts depend on child care. They depend on assistance with transportation. They depend on assistance with education, with expanded Medicare coverage. In order for people to be able to move from welfare to work, we have to have the social supports in place to ease that transition. Those supports would be in jeopardy if we do not provide our States with the assistance we are discussing.

Furthermore, there are States that are scheduled to have an actual decline in the amount of Medicaid match that they receive from the Federal Government. That could not happen at a worse time. It would cause them to slash services even more. We cannot allow that to happen.

This is a temporary problem. We are proposing temporary assistance to our States. The economy is recovering, but the effects still linger. States are still seeing the demand for social services.

I ask, through the Chair, the Senator from Nebraska—yielding some of my time to him—whether he has seen the kinds of problems in his State that we are seeing in Maine where revenues have dropped unexpectedly one more time, causing the legislature and the Governor to confront a pending deficit in a budget that had already been enacted.

Mr. NELSON of Nebraska. Madam President, the State of Nebraska's tax receipts, for the first time—maybe only the second time in history—are below what they have been in the past. We have had downturns in the economy previously, and the tax revenues may have been down, but they would continue to be greater than the previous year. That is no longer the case. You actually do have a downturn in the economy—much of it related to the difficulties in agriculture. But when you see unemployment moving up to the highest level in 15 years, together with tax receipts going down, it doesn't take a mathematician to figure out what will, in fact, continue to happen in the future.

When we require, at the Federal level, certain programs and do not provide all the funding, all we are really doing is underfunding a mandate to the States. Maybe it is an important mandate that we are requiring, but it is also important to not be inconsistent here, to try to further reform welfare with legislation that is going to be coming before this body in a short pe-

riod of time and, at the same time, as we try to have a higher requirement for work, and what have you, to improve the income level of people going from welfare to the workforce. We have to make sure we are consistent and we don't require that on the one hand and not make it impossible when it comes to funding on the other hand.

I thank my colleague from Maine for a very articulate and passionate expression of why it is important that we do this. I hope I have responded to her question.

Ms. COLLINS. I thank the Senator.

Madam President, I will make one final point. This proposal will not only help our States balance their budgets without slashing essential social services such as the Medicaid Program, but it will also provide much-needed help to struggling health care providers such as our rural hospitals, our nursing homes, and our home health agencies. Those health care providers have been struggling with inadequate reimbursements under Medicaid and Medicare. By increasing the Federal share of what is a partnership between the Federal Government and the States to provide health care for our low-income families, we will also be helping to stabilize the health care providers, particularly in rural States such as Nebraska and Maine. So that is another reason you will find that health care providers associations are strongly backing our legislation, as is the National Governors Association.

This is not a partisan issue; it is one where we have come together to provide much-needed relief to our partners, the States. My hope is that we will expeditiously enact our proposal before the July 4 recess.

Mr. NELSON of Nebraska. Madam 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. BYRD. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

#### SUPPLEMENTAL APPROPRIATIONS ACT FOR FISCAL YEAR 2002

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of H.R. 4775, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 4775) making supplemental appropriations for further recovery from and response to terrorist attacks on the United States for fiscal year ending September 30, 2002, and for other purposes.

Pending:

Daschle amendment No. 3764, to extend budget enforcement.

The PRESIDING OFFICER. Under the previous order, there will be 30 minutes of debate to be divided by the chairman and ranking member of the Appropriations Committee.

The Senator from West Virginia.

Mr. BYRD. Madam President, the bill before the Senate is an emergency supplemental bill. It responds to emergency needs for our military. It provides emergency funds for enormous gaps in our homeland security network. It makes investments today to protect the people of this country against attacks tomorrow. We cannot afford continued delay and dragging of feet.

The Nation is unprepared for a biological or chemical attack. Our current public health system is ill funded, fragmented, and unprepared to respond to the threats posed by bioterrorism. We must expand State and local capacity to recognize and to treat deadly pathogens so that we are prepared to deal with weaponized disease.

The anthrax-laced letters that were sent through the mail afforded us just a glimpse of the terror that could result from a more serious biological attack involving smallpox or Ebola. We know Bin Laden loyalists have conducted research on chemical and biological weapons at 40 sites in Afghanistan. We know that more than a dozen nations, including China, Iran, Iraq, Libya, North Korea, Russia, and Syria, can produce biological and chemical weapons. So what are we doing about it? Are we taking action? No. Senators are dragging their feet. The Government's seemingly uncoordinated and chaotic response to the anthrax scare and the public's ensuing panic to anything both powdery and white had overwhelmed our public health systems.

Many of our local health departments were found impotent and ill prepared, lacking such basic forms of communication equipment as computers and fax machines. Astonishingly, according to the former Director of the Centers for Disease Control, only half of the Nation's public health departments have direct, secure Internet access.

State and local health officials will be first on the scene in a biological attack. It is essential that they be capable of quickly identifying a deadly organism and disseminating that information widely and rapidly so that new cases can be caught early and the spread of disease can be stopped. Many local health departments, however, do not possess modern communications systems because of funding constraints.

Simply put, in the event of a chemical or biological attack, our local health care providers are probably better able to get more accurate information and more quickly from CNN than they are from other health care officials. So what are we doing about it?