(C) a permanent and verifiable end to the ongoing proliferation by state and non-state owned entities and individuals in the People's Republic of China of munitions, materials, and military equipment and the trade in such items involving countries, such as Burma and Sudan, whose armies have played a role in the perpetration of violations of human rights and of humanitarian law against members of ethnic and religious minorities;

(D) improvement in the administration and enforcement of export controls in the People's Republic of China; and

(E) an end to the ongoing proliferation by state and non-state owned entities and individuals in the People's Republic of China of technology related to conventional weapons, weapons of mass destruction, and ballistic missiles.

AUTHORIZATION TO SIGN LEGISLATION

Mr. FRIST. Mr. President, I ask unanimous consent that during this adjournment of the Senate, the majority leader, the assistant majority leader, and the senior Senator from Virginia be authorized to sign duly enrolled bills or joint resolutions.

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

APPOINTMENT

THE PRESIDING OFFICER. The Chair, on behalf of the President pro tempore, pursuant to Public Law 96–388, as amended by Public Law 97–84 and Public Law 106–292, appoints the following Senators to the United States Holocaust Memorial Council:

The Senator from Wisconsin, Mr. Feingold, and the Senator from New Jersey, Mr. Lautenberg.

TERRI SCHIAVO

Mr. FRIST. Mr. President, in closing tonight, I will take a few final moments to speak on an issue that I opened with early this morning, about 14 hours ago, an issue which Senators MARTINEZ and SANTORUM were on the floor speaking to about 45 minutes ago. It has to do with the Terri Schiavo case in Florida.

I close this evening speaking more as a physician than as a U.S. Senator and speak to my involvement as a physician and as a Senator and as leader in the Senate in what has been a fascinating course of events for us over the last 48 hours, a saga which has not ended but one which we took major steps toward tonight in seeing that this woman is not starved to death tomorrow beginning at 1 o'clock, about 13 hours from now.

When I first heard about the situation facing Terri Schiavo, I immediately wanted to know more about the case from a medical standpoint. I asked myself, just looking at the newspaper reports, is Terri clearly in this diagnosis called persistent vegetative state. I was interested in it in part because it is a very difficult diagnosis to make and I have been in a situation such as this many, many times before as a transplant surgeon.

When we do heart transplants and lung transplants—and they are done routinely and were done routinely at the transplant center that I directed at Vanderbilt—in each and every case when you do a heart transplant or a lung transplant or a heart-lung transplant, the transplanted organs come from someone who is brain dead and death is clearly defined with a series of standardized clinical exams over a period of time, as well as diagnostic tests.

Even brain death is a difficult diagnosis to make, and short of brain death, there are stages of incapacitation that go from coma to this persistent vegetative state to a minimally conscious state. They are tough diagnoses to make. You can make brain death with certainty, but short of that it is a difficult diagnosis and one that takes a series of evaluations over a period of time because of fluctuating consciousness.

So I was a little bit surprised to hear a decision had been made to starve to death a woman based on a clinical exam that took place over a very short period of time by a neurologist who was called in to make the diagnosis rather than over a longer period of time. It is almost unheard of. So that raised the first question in my mind.

I asked myself, does Terri clearly have no hope of being rehabilitated or improved in any way? If you are in a true persistent vegetative state, that may be the case. But, again, it is a very tough diagnosis to make and only by putting forth that rehabilitative therapy and following over time do you know if somebody is going to improve. At least from the reporting, that has not been the case.

Then I asked myself, because we have living wills now and we have written directives which are very commonplace now, but 10 years ago they were not that common and, to be honest with you, a lot of 20- and 30-year-olds do not think about their own mortality and do not offer those written directives. They did not 10 years ago. Now they do with increasing frequency. I encourage people to do that.

So, I asked, did they have a written directive? And the answer was no. And did she have a clear-cut oral directive? And the answer was no.

So my curiosity piqued as I asked to see all of the court affidavits. I received those court affidavits and had the opportunity to read through those over the last 48 hours. My curiosity was piqued even further because of what seemed to be unusual about the case, and so I called one of the neurologists who did evaluate her and evaluated her more extensively than what at least was alleged other neurologists had. And he told me very directly that she is not in a persistent vegetative state. I said, well, give me a spectrum from this neurologist who examined her. To be fair, he examined her about 2 years ago and, to the best of my knowledge, no neurologist has been able to examine her. I am not positive about that, but that is what I have been told in recent times. But at that exam, clearly she was not in a persistent vegetative state, and of 100 patients this neurologist would take care of, she was not at the far end of being an extreme patient in terms of her disability. He described it as if there were 100 patients, she might have been the 70th but not the 80th or 90th or 100th.

So I was really curious that a neurologist who has spent time with her says she is not in a persistent vegetative state but they will begin starving her to death tomorrow at 1 o'clock because of what another neurologist said.

I met with her family and her son. Her son says she has a severe disability. A lot of people have severe disabilities, such as cerebral palsy and receptive aphasia, but her brother said that she responds to her parents and to him. That is not somebody in persistent vegetative state.

I then met in person with the chairman of the Judiciary Committee 2 days ago in Florida to discuss the case. He told me that they had exhausted all options in the State of Florida to reverse what was going to be inevitable tomorrow, Friday, the 18th of March; and that is, that feedings and hydration were going to stop, that everything had been exhausted.

He said the courts have been exhausted, and that all of the court decisions and the court cases had not been based on the facts because the facts were very limited and were the conclusions of one judge and two neurologists, and that was it, and that there were, in terms of the affidavits—I will get the exact number that I read—there were something like 34 affidavits from other doctors, who said that she could be improved with rehabilitation.

So then it came to, what do you do? Here is the U.S. Senate that normally does not and should not get involved in all of these private-action cases. It is not our primary responsibility here in the U.S. Senate. But with an exhaustion of a State legislature, an exhaustion of the court system in a State—yet all of this is based on what one judge had decided on what, at least initially, to me, looks like wrong data, incomplete data. But somebody is being condemned to death—somebody who is alive; there is no question she is alive—is being condemned to death.

It takes an action to pull out a feeding tube. It takes an action to stop feeding. The inaction of feeding becomes an action. And thus, as I started talking about it this morning, the question was, what do we do? Bills had been put forth broadly on the floor, and Senator MARTINEZ had very effective legislation, but it had to do with the habeas corpus, a very large issue that we have not had hearings on and debated.

So what we decided to do was to fashion a bill that was very narrow, aimed