

John Roberts, and Associate Justice of the Supreme Court, Samuel Alito; reauthorization of the USA PATRIOT Act; the Bankruptcy Reform bill; and the Class Action Reform legislation.

I frequently called upon Bruce to counsel me on difficult matters involving ethics. In recent years, stem cell research has required a careful study of complex issues relating to ethics, law, science, economics, intellectual property, politics and religion.

Bruce Artim accompanied me every step in my journey to understand and formulate policy on stem cell research. He worked closely with key Senate staffers, such as David Bowen of Senator KENNEDY's staff, and Sudip Parikh of Senator SPECTER's staff.

He helped me and other Senators and House members draft the critical pieces of legislation that are at the center of national debate.

I could list so many laws to which Bruce contributed—the cord blood bank law, modifications to FDA export law we enacted not once, but twice, Federal Tort Claims Act coverage for Community Health Center workers, the bioterrorism legislation, and of course, patent law and especially drug patent law.

As Bruce leaves, there are many voids we struggle to fill. There is so much we will miss about Bruce. He was undoubtedly the most accomplished Hill expert on the Drug Price Competition and Patent Term Expiration Act, better known as Waxman-Hatch or Hatch-Waxman.

We will miss his pink bicycle down in the Hart garage, the many jokes left on the cutting room floor, and a never-ending supply of neckties which supplied so many Hill gentlemen in a time of need.

I have always appreciated Bruce's wise counsel, his deep commitment to the Senate and his ability to make everyone laugh even during extremely tense legislative negotiations. He made a tremendous contribution to the Senate, and I know that he will do the same for his new employer, Eli Lilly and Company.

Mr. President, Bruce will be missed. He was not only a congressional staffer, he was a true friend. So as the 109th Congress draws to a close, I hope my colleagues will join me in expressing appreciation to Bruce Artim for his loyalty and his significant contributions he has made to the Senate over his record 11 years; a record Bruce would be pleased to note now exceeds that of Doug Guerdat.

I hope my colleagues will join me in saluting Bruce's 25 years as a public servant and wishing him all of the best in the future.●

OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 2006

● Mr. HATCH. I rise today to congratulate my Senate colleagues on the passage of a tremendously important piece of legislation, the Office of National Drug Control Policy Reauthorization Act of 2006, H.R. 6344. This act contains

numerous provisions whose implementations are vital, and would provide specific goals and measurement standards to evaluate the effectiveness of our national drug control policy.

I want to highlight a specific provision of this bill that, when enacted, will benefit thousands of Americans who are struggling with addiction to drugs. As our country seeks to develop better treatments for drug abuse, countless Americans continue to fall prey to illicit drugs. As their lives are torn apart by these addictions, many find the strength to call out to doctors for help. Unfortunately, some of these calls for help go unanswered due to limitations placed on physicians with regard to their treatment options.

In 2000, I worked with Senators LEVIN and BIDEN to pass the Drug Addiction and Treatment Act. This groundbreaking legislation allowed certified physicians to prescribe appropriate medication to patients suffering from drug addiction. Under this law, physicians are prescribing the drug buprenorphine to patients fighting their addiction to heroin and other opiates. The results have been tremendous, and countless lives have been saved by breaking the addiction cycle.

However, current law caps the number of patients a qualified physician can treat with this medication at 30. Unfortunately, many doctors are at their cap and are forced to turn patients away due to this artificial limitation.

I have spoken with numerous doctors who have relayed amazing stories of patients turning their lives around by using this medication and participating in treatment. These patients have gone on to return to the workforce and continue their lives as productive citizens, free of the scourge of drug abuse.

This bipartisan provision included in this bill would expand the number of patients whom qualified doctors are allowed to treat. Passage of this legislation will provide immediate assistance to countless Americans who are fighting for their lives.

It is clear this cap needs to be raised. To make an analogy, a doctor would not turn away a broken arm because he or she had already fixed 30 arms that month! The doctor would not stand for it, and neither would society. The same should be true for physicians treating drug addiction. Given that the destructive effects of drug addiction are so much greater than a broken arm, we should strive to ensure that the healing hands of doctors are not bound by unintended mandates. Doctors should be allowed and encouraged to help as many as possible, and this legislation allows them to treat many drug addicts that are otherwise being turned away. This provision will immediately help countless Americans get the treatment they seek and so desperately need.

I highlight this provision as a sample of the meaningful substance in this measure, and I applaud the efforts of lawmakers in both Chambers of Con-

gress whose tireless efforts produced this bill.●

Mr. LEAHY. Mr. President, I support reauthorization ONDCP and passage of the Office of National Drug Control Policy Reauthorization Act of 2006. This bill recognizes and strengthens the Office of National Drug Control Policy as the lead agency in the fight against illegal drug use. It also includes important modifications and clarifications that will improve the lives of all Americans by reducing the presence of drugs in our society. I am very pleased that five of my recommendations to improve the bill are included in this legislation.

I commend Senator BIDEN, who has long been a leader in the fight against illegal drugs, and Chairman SPECTER, the lead sponsor of this legislation. The authorization for ONDCP expired 3 years ago, and it is long passed time for Congress to act. Illegal drug abuse, drug addiction, and drug-related violence continue to exact an enormous toll on our society. Nationwide, drug abuse kills 52,000 Americans each year, and more than 20,000 Americans will die as a direct consequence of illegal drug use this year alone. Drug abuse costs our society nearly \$116 billion annually. It has strained the capacity of our criminal justice system and our medical facilities and brought violence and tragedy to families, schools, and communities throughout the country.

This bipartisan legislation will reauthorize ONDCP for 5 years and provide ONDCP with the necessary tools and resources to develop a national drug control policy and coordinate and oversee the implementation of that policy.

This legislation includes a number of reforms that provide clarification concerning the most significant objectives and duties of ONDCP. It allows Congress to be vigilant in our oversight by requiring the President to submit to Congress a yearly national drug control strategy, expanding ONDCP's reporting requirements to Congress on numerous areas of ONDCP responsibility; requiring ONDCP to give a full accounting of the budget; and requiring ONDCP to develop a new performance measurement system that includes 2-year and 5-year targets for each of the strategy's objectives.

In addition, this legislation improves essential information sharing by requiring that various Government agencies, including the Attorney General, the Department of Homeland Security, and the Departments of Agriculture and Defense, submit to ONDCP and Congress reports relating to their agencies' drug control efforts.

I want to take a moment and address several specific provisions. First, as a strong supporter of the National Guard, I am pleased that this legislation authorizes \$30 million a year for the Chief of the National Guard to establish five National Guard Counterdrug Schools to train personnel from Federal agencies, State, and local law enforcement agencies, community-

based organizations, and other groups in drug interdiction and demand reduction activities.

I am pleased that this legislation will require greater diligence on methamphetamine. The bill calls for the creation of a National Methamphetamine Information Clearinghouse, an idea which I have long supported, including cosponsoring legislation to set up the clearinghouse. This toll-free number and Web-based source of information will promote sharing of "best practices" regarding law enforcement, prevention, treatment, environmental, social services, and other programs related to combating the scourge of methamphetamine.

I am pleased that this legislation embraces a comprehensive policy that reduces the demand, as well as supply, of drugs. It reduces the demand for drugs by ensuring that programs to expand access to drug treatment are adequately supported in the Federal drug control budget and by providing greater uniformity and accountability in assessing ONDCP's effectiveness in drug treatment programs. On the supply side, the bill takes steps to disrupt markets at home and abroad. It requires ONDCP to develop comprehensive strategies to address the severe threats posed by South American heroine and drug smuggling across the southwest border.

This legislation also includes a good provision by Senators LEVIN and HATCH that amends the Controlled Substances Act to raise the number of opioid addicted patients a physician may accept from 30 to 100. In the last 5 years, the number of heroin-related arrests and the number of people seeking treatment for heroin use in Vermont has more than doubled. This provision will expand treatment options for thousands of patients who have been denied access to critical addiction treatments in Vermont and across the country.

I am also pleased that the bill includes several of my recommended improvements. I continue to support the National Youth Anti-Drug Media Campaign, but I want to make sure that the campaign is run in a way that uses funds efficiently and gets out its antidrug message effectively. I therefore recommended inclusion of comprehensive standards for evaluating what type of media campaigns and information are effective, as well as a prohibition on the expenditure of antidrug media campaign funds for political purposes.

The campaign will be better for these changes, as well as the legislation's additional step of creating an independent agency to conduct annual evaluations of effectiveness. The bill also adopted my recommendation to eliminate two unnecessary provisions which could also hinder international diplomacy and drug control efforts.

I continue to have concerns about the safety and predictability of mycoherbicides against drug crops. While this bill only calls for a scientific study on the use of

mycoherbicides, I am pleased that the bill includes my recommendation to prohibit testing in any foreign countries. I believe this provision will prevent souring diplomatic relations between the United States and countries around the world.

I am disappointed that my recommendations to remedy a few weaknesses in the bill were not adopted. Among other issues, I am concerned by provisions that prohibit the expenditure of more than 5 percent of the Federal funds appropriated for High Intensity Drug Trafficking Area Programs for drug prevention programs and that prohibit the use of any Federal HIDTA funds to establish new or expand existing drug treatment programs. The State, local, and Federal law enforcement officials in the HIDTA Program should have the discretion to use the programs that work best in their areas.

I am also troubled that the Bush administration and the Republican Congress have not sufficiently addressed the international drug trade, particularly the rising instability in opium production in Afghanistan. Three months ago, the United Nations released a report concluding that opium cultivation is surging in the southern region of Afghanistan and warned that the southern region was verging on collapse. Just this past weekend, the Washington Post also reported that opium production in Afghanistan reached a historic high in 2006, despite ongoing eradication efforts. These reports are particularly troubling considering that this administration has increasingly described the drug trade as a problem that rivals the Taliban and threatens to derail the stability and reconstruction of Afghanistan.

While I applaud this bill's inclusion of a provision that requires the ONDCP to submit to Congress a comprehensive strategy that addresses the increased threat from Afghan heroin, I fear that this provision may not go far enough. Afghanistan provides more than 90 percent of the world's heroin. Without seeking accountability from the President, the State Department, and the Attorney General on the rise of Afghan heroin, we cannot sufficiently discharge our duty to address the international supply of heroin.

Nevertheless, I am confident that this legislation will strengthen ONDCP, its component programs, and our national comprehensive antidrug effort. This legislation balances the goals of drug enforcement and prevention, while providing Congress with additional oversight tools. I support its passage.

Mr. LEVIN. Mr. President, according to the Office of National Drug Control Policy, approximately 1 million people in the United States are addicted to heroin; more than 3 million individuals over the age of 12 have used heroin at least once; and an estimated 4.7 million people are dependent on or abusing other opiate drugs, including prescription painkillers according to a 2005 sur-

vey of the Substance Abuse and Mental Health Services Administration.

The Drug Addiction Treatment Act of 2000, DATA, which I authored along with Senators HATCH and BIDEN, makes a dramatic change in the way America fights heroin addiction. DATA permits, for the first time, FDA approved drug treatment medications to be prescribed and dispensed in an office-based setting under strict conditions by specially trained physicians. The medication in question is called buprenorphine—bup. It blocks the craving for heroin. This new law essentially brings the treatment of opiate dependence into the mainstream of medicine. It allows both primary care and addiction specialists to treat patients who want to get rid of their addiction, but are unable to because of distance or their unwillingness to seek medical treatment at centralized methadone clinics, where their appearance amounts to an announcement of their addiction.

This new law has brought tens of thousands of patients into treatment, who would never have sought treatment in methadone programs. Now in its fourth year, DATA has proved highly beneficial. The success of DATA in extending treatment has resulted in waiting lists for treatment with physicians who have signed up to treat addicts. Those physicians are currently limited to 30 patients.

The great success of buprenorphine has been borne out by firsthand accounts by physicians and addiction experts from across the country, as well as the director of the National Institute on Drug Abuse, Dr. Nora Volkow and the director of the Center for Substance Abuse Treatment, Dr. H. Westley Clark, who participated in an August 3, 2006 Senate Symposium on DATA, which I sponsored along with Senator ORRIN HATCH.

The legislation before us, S. 2560, which reauthorizes the Office of National Drug Control Policy, includes an important amendment to DATA that will more than triple the number of patients specially trained physicians may treat in their private offices. The across-the-board 30-patient limitation has resulted in denials of treatment and even deaths of patients who were not able to enter treatment because a physician had reached the 30-patient limit. For many such persons, their hope of treatment is dashed while they wait on a physician's waiting list.

In an effort to remedy this, the Senate Judiciary Committee's modification of DATA in section 1102 of S. 2560 addresses this problem by permitting physicians who have been certified to utilize buprenorphine in their office-based practice for at least one year, to notify the HHS Secretary of their intention to begin treating additional patients, in accordance with section 1102.

The bill with our amendment raises the number of patients who may be treated by an individual physician from 30 patients to 100 patients. This change—increasing the patient limit

from 30 to 100 per physician—is supported by the medical community at large as well as the addiction speciality associations, including: The American Medical Association, the American Osteopathic Association, The American Psychiatric Association, The American Psychological Association, The American Academy of Addiction Medicine, The American Society of Addiction Medicine, The Association of American Medical Colleges, and several large health providers such as Kaiser Permanente.

In addition to establishing a process through which trained physicians can dispense or prescribe buprenorphine, the Drug Addiction Treatment Act of 2000 required the Secretary of HHS to evaluate the impact of office-based buprenorphine treatment. In compliance with this requirement, the Secretary directed the Substance Abuse and Mental Health Services Administration—SAMHSA—to conduct a survey to determine (1) the availability of the office-based treatment, (2) the effectiveness of the office-based treatment, and (3) the potential adverse public health consequences.

The preliminary findings of the HHS evaluation were presented and discussed during the August 3 Senate Symposium which I have previously mentioned. The HHS—SAMHSA evaluation showed that buprenorphine treatment is clinically effective and well-accepted by patients; the program has increased the availability of medication-assisted treatment; adverse effects have been minimal; and that the 30-patient limit established in DATA, as well as cost reimbursement issues decrease potential access to treatment under the program. The experiences articulated by the health care professionals who participated in the August 3rd Senate Symposium are reflective of the findings of the HHS—SAMHSA evaluation, which were presented by CSAT Director Dr. Westley Clark and that were echoed by NIDA Director Dr. Nora Volkow, based on her own expertise and observation of buprenorphine office-based treatment.

It is tragic if the personal and community benefits of this new anti-addiction medication, combined with treatment in the private office of certified physicians are limited because of artificial limits on its use. The legislation before us brings us close to full utilization. I am pleased that the Senate has adopted this life-changing, lifesaving legislation as part of the ONDCP reauthorization bill, as well as the free standing bill, S. 4115, which I introduced along with Senators HATCH, BIDEN and COLLINS.

In closing, I would like to share with my colleagues in the Senate the names of the distinguished physicians, addiction experts and agency officials who participated in the August 3, 2006, Symposium and Press Conference Senator HATCH and I hosted on the success of the Drug Addiction Treatment Act of 2000, and the subsequent FDA ap-

proval of buprenorphine for the treatment of heroin addiction in 2002. Of particular note are Dr. Charles Schuster of Wayne State University, a past Director of NIDA who has conducted clinical trials with buprenorphine and who has been a great resource and guide on this issue from the very beginning and his advice and expertise continues today; and Dr. Herbert Kleeber, Professor of Psychiatry at Columbia University and one of the Nation's foremost experts on drug addiction and treatment, who provided invaluable assistance to me and to Senators HATCH and BIDEN in putting together this new system of office-based treatment utilizing buprenorphine. Dr. Nora Volkow's expertise and tutoring have led us all to a better understanding of the science of addiction. Dr. Volkow is the Director of the National Institute on Drug Abuse—NIDA—where buprenorphine was developed under a Cooperative Research and Development Agreement between NIDA and a private pharmaceutical company; Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment under the Substance Abuse and Mental Health Services Administration. Dr. Clark has contributed great understanding of buprenorphine's therapeutic effects in the treatment of heroin abuse and dependence, and in understanding that drug addiction is a public health problem.

Mr. President, I ask unanimous consent that the following brief remarks of two participants who experienced treatment with buprenorphine, Ms. Tess Walker and Mr. Odis Rivers, and the list of the August 3, 2006 DATA Symposium and Press Conference participants, be printed in the RECORD.

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

SYMPOSIUM

Convened by Senator Orrin Hatch and Senator Carl Levin

PRESENTERS

Dr. Nora Volkow—Director, National Institute on Drug Abuse.

H. Westley Clark, M.D., J.D., MPH—Director, Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration.

Charles R. Schuster, Ph.D.—Distinguished Professor of Psychiatry and Behavioral Neuroscience, Wayne State University School of Medicine.

Jim Finch, M.D.—Family Practice physician from Durham, North Carolina.

Thomas Kosten, M.D.—Baylor College of Medicine, Department of Psychiatry.

Dr. Herbert Kleeber—American Psychiatric Association's Council on Addiction Psychiatry, Professor of Psychiatry and Director, Division of Substance Abuse, Columbia University.

Elinore McCance-Katz, M.D., Ph.D.—Professor of Psychiatry and Medical Director, Virginia Health Practitioners' Intervention Program, Virginia Commonwealth University.

David Fiellin, M.D., ASAM—Yale University School of Medicine, Medical Director, SAMHSA/CSAT Physician Clinical Support System.

Michael Shore, M.D., F.A.P.A.—Psychiatry and Addiction Medicine, Cherry Hill, New Jersey.

Charles O'Brien, M.D., Ph.D.—University of Pennsylvania/VA Medical Center, Psychiatry.

Terry Horton, M.D.—Phoenix House Treatment Program, Medical Director Phoenix House Foundation.

Karen Sees, DO—Fellow, American Osteopathic Academy of Addiction Medicine, Co-director, first AOAAM sponsored training-of-the-trainers for Office Based Opioid Treatment trainers.

Margaret Kotz, DO—Case Western University, Addiction Psychiatry.

Michael Brooks, DO—President of the AOAAM and Director of Psychiatric Services, Brighton Hospital, Brighton, Michigan.

Tess Walker—College Student, Recovering from heroin addiction.

Odis Rivers—Korean Veteran, In Recovery.

MR. ODIS RIVERS, KOREAN VETERAN

Dr. Schuster: I would next like to introduce Mr. Odis Rivers. A while back at Wayne State University we were doing a trial of buprenorphine as a treatment medication for opiate addiction, and Mr. Rivers was one of the volunteer participants in that study.

He was successful in terms of stopping using drugs when he was on buprenorphine, and we were able to extend the period of time that he was on buprenorphine, and subsequently taper him off of it, and I'm proud to say that he still comes past my office regularly and he is still totally drug free. And he's going to briefly tell you about his life.

Mr. Rivers: Hi, how is everybody? You know, I'm going to get straight to the point. I am proud to be up here to talk about buprenorphine, because it has really made a change in my life. You know, being an addict is a terrible, terrible situation, but being clean from buprenorphine, it just changed my life like night and day. I can get along with people I couldn't get along with before, and it's just a miracle.

Like my sister, I had one sister, she's a Sheriff, I have another sister, she's a doctor in California, and due to my addiction, I could hardly get along with either one of them. But since my experience with buprenorphine I get along just fine with both of them, and all of my friends and everything, you know, as a matter of fact, I have a lot of new friends because I've changed so much. I don't take buprenorphine in any kind of way or anything and so life is just wonderful and grand, and I have to give that thanks to the medication buprenorphine. Because it just helped me so tremendously in my life. And so I would like to see everybody that needs an opportunity, get an opportunity to use this medication, because it does work, and I'm a living witness that it does.

I'd like to say thank you for listening to me. Thank you very much.

MS. TESS WALKER, COLLEGE STUDENT

My name is Tess Walker and I'm 24 years old, and I'm about to graduate from Berkeley School of Music. I grew up in Cambridge, Massachusetts and went to school there, and was sort of going to school and doing well and had an after-school job and graduated when I was 17, and when I was 18 I started using heroin. And it seems like a very big leap, but at the time, it didn't.

I was using heroin for three and a half years, and basically doing nothing but, it was pretty much a day in, day out thing. I was living with my mother. After awhile things were really bad.

I was trying to get clean, and going into detoxes, methadone detoxes for five days at a time and coming out and going out and going back in and coming out, and during this period of time, which was probably a

year and a half, two years into my using, my mother got in touch with a physician named Dr. Daniel Alfred in Boston. He was involved in the research with buprenorphine, and he basically convinced her that she shouldn't throw me out of the house—so thanks, Dr. Alfred—and about a treatment that he was working on, but it wasn't available yet.

And I continued sort of on the path that I was on until I had expended methadone detoxes ten times. And I want to focus when I'm talking to you on that, the last experience that I had with methadone detox.

I went in and took my first dose, and five days later I took my last dose, and on that day left and I went to New York to my friend's farm, because I knew that it was going to get bad eventually and I was at the end of my rope and I wanted it to end. When I got to New York things got really bad, and I wound up being in a situation where it was like—drugs, death.

I think about myself now and who I am now, and thinking about being in a situation in which that's a viable option at all is really scary.

I drove back to Boston at probably about 100 miles per hour and got back to the city and got my drugs and went back home and I was just completely at the end of my rope, my mother was probably more at the end of hers, and she called up Dr. Alfred—this was years after all of the process and everything and the methadone and nothing working and trying and trying and trying—and he basically told her that, buprenorphine had been approved, and that I could come in on that Monday.

We had so much hope at that point, and we went in and he explained the process to us, and it kind of seemed really unbelievable to me at the time. I went home with buprenorphine and started taking my dose and there was a moment where, I'm sorry, where sitting at my kitchen table in Boston when I felt normal for the first time in three and a half years. And I've been clean for almost three and a half years now, and it changed my life. It was—after going through years of trying and failing and trying and failing, to have something—a drug that did not feel like a drug and make me feel like a human being again, and to have people around you who are treating you that way, was amazing.

I went back into college after I was six months clean, I've been on the Dean's List ever since. I'm graduating in the spring, I've been recording music and playing music and all of my family is back in my life and it's an amazing thing. And I've learned a lot standing back here today and I think that it's a massively important thing for buprenorphine to be in any community, especially in communities where you wouldn't expect that this is a huge issue, because it is. And for me to go from a nice high school in Cambridge with amazing love and a huge support system to the places that I went to, I mean, it can happen to anyone. And this is working, it's really working. So I hope that I've given you something to think about and thank you so much for letting me come and speak here. Because this is a really major thing, and I think that everyone needs to be aware that there's an alternative to five days in methadone detox out there, and that it works. Thank you so much.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

HONORING SENATORIAL SERVICE

• Mr. DODD. Mr. President, I rise today unable to find the words I need

to express just what it has been like to go to work every day with a real, live Greek philosopher.

Of course, I mean PAUL SARBANES—who is the longest-serving Senator in the history of the State of Maryland; who has been among the wisest members to sit in this body; who is serving out his last week here with us. I have come to the floor today to say goodbye; and as I do, I remember one of my favorite Greek stories—which, in a bit of a roundabout way, reminds me of PAUL.

When the Athenians set up the first democracy and declared that every citizen could go and vote in the Assembly, they ran into just one problem—no one wanted to go. It turned out that the Athenians were also the first to discover voter apathy: It turned out that most of the citizens would much rather spend time buying and selling in the Marketplace than arguing politics in the Assembly.

So the leaders came up with a plan. They hired the two burliest men they could find and gave them a long rope clipped in fresh red paint. And then the two burly men would stand on opposite sides of the market square and shout "Everybody out." And after about a minute, they would each grab an end of the rope that was dripping with paint and walk down the square; and anybody who didn't get out of there in time had to go around for the rest of the day with his shirt ruined.

I said that story reminds me a bit of Senator SARBANES. Not because his clothing has been anything but impeccable and stain-free—but because it points out just how remarkable his 40-year career in public life has been. The truth is that people have been finding ways to avoid the responsibility of governing since governing was invented. So when we have the luck to find a man willing to give not just an afternoon's service to his country, but a whole life—and when he turns out to be a man of uncommon intelligence and humility—we know what a treasure we have stumbled on.

We can think back to those Athenians dawdling in the marketplace and ask ourselves: didn't they know? Didn't they know they were in "Ancient Greece," for crying out loud? Didn't they know they were supposed to be in the cradle of democracy? Didn't they know we'd be talking about them a couple of millennia later on the floor of the U.S. Senate?

But of course, they had no idea, and we can't blame them—they had lives to live. Compared to the getting and spending, the errands and talk that go on in the market square, the work of governing can seem like a book of the driest prose. The print is tiny and the lines are closely spaced.

It takes an uncommon mind to appreciate the value, the necessity, of what's in that book—but PAUL SARBANES has had one all his life. He showed it when he won a Rhodes Scholarship and went on to graduate first in

his class at Oxford. He showed it when he was elected to the Maryland House of Delegates back in 1966, and then through 3 terms in the House and 5 in the Senate, through a career one newspaper called "electorally invincible." And he showed it as one of the most quietly influential members of this body, a listener in a town full of talkers, a living example of the maxim, "It's amazing what you can accomplish when you don't care who gets the credit."

But I can think of at least one accomplishment for which Senator SARBANES's credit is assured. In 2002, when he was chairman of the Banking Committee, a series of corporate scandals shocked the stock market, sapped trust in our economy, and cost shareholders and workers billions of dollars. But PAUL confronted the crisis of confidence and wrote legislation that helped restore accountability to accounting. Sarbanes-Oxley was greeted as the most fundamental reform of American business since the Great Depression; and I believe it will be PAUL's legacy. I was proud to help him; and I will be even prouder to sit in his chairman's seat on the Banking Committee. PAUL—your work will be mine, I promise.

Of course, Senator SARBANES will be leaving another legacy here in Washington—his son John, who was elected to represent his father's old House district in the 110th Congress. I've never met John Sarbanes, but if the son is anything like the father, 2006 will look a lot like 1970: We'll be able to walk over to the House side and find a bright young man of immigrant heritage at the start of his Washington career, brought up in the tradition of service and full of the quiet virtues.

I don't think politics has changed so much since 1970 that those virtues aren't still in high demand. And come to think of it, politics hasn't changed so much since the days of the rope in the marketplace—with at least one notable exception. We have gotten rid of the rope. In our country, no one forces you to care. No one forces you to vote. No one forces you to serve. If you do those things anyway, it's not a measure of compulsion, but of conviction. And if, like PAUL SARBANES, you had the talent to make a career for yourself anywhere in the world but chose to spend it here, then we owe you our thanks—for your company, for your wisdom, for 40 years well spent in the Assembly.

Goodbye, Senator SARBANES,—and my best wishes for you and your wife Christine for many years to come.●

Mr. President, today I pay tribute to my departing colleagues who have, for a time, lent their talents, their convictions, and their hard work to this distinguished body. I may have had my disagreements with them, but the end of a term is a time for seeing colleagues not simply as politicians, but as partners who have "toiled, and wrought, and thought with me." Each,