

is proposed as an amendment to the Constitution of the United States, which shall be valid to all intents and purposes as part of the Constitution when ratified by the legislatures of three-fourths of the several States within seven years after the date of its submission by the Congress:

“ARTICLE—

“Marriage in the United States shall consist only of the union of a man and a woman. Neither this Constitution, nor the Constitution of any State, nor State or Federal law, shall be construed to require that marital status or the legal incidents thereof be conferred upon unmarried couples or groups.”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 275—TO AFFIRM THE DEFENSE OF MARRIAGE ACT

Mr. NICKLES (for himself, Mr. BROWNBACK, Mr. SESSIONS, Mr. BUNNING, Mr. CORNYN, Mr. SANTORUM, and Mr. ALLARD) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 275

Whereas, marriage is a fundamental social institution that has been tested and reaffirmed over thousands of years;

Whereas, historically marriage has been reflected in our law and the law of all jurisdictions in the United States as the union of a man and a woman, and the everyday meaning of marriage and the legal meaning of marriage has always been defined as the legal union of a man and a woman as husband and wife;

Whereas, families consisting of the legal union of one man and one woman for the purpose of bearing and raising children remains the basic unit of our civil society;

Whereas, in *Goodridge v. Department of Public Health*, the Supreme Judicial Court of Massachusetts ruled 4 to 3 that the Constitution of the State of Massachusetts prohibits the denial of the issuance of marriage licenses to same-sex couples;

Whereas, the power to regulate marriage lies with the legislature and not with the judiciary and the Constitution of the State of Massachusetts specifically states that the judiciary “shall never exercise the legislative and executive powers, or either of them: to the end it may be a government of laws and not of men”; and

Whereas, in 1996, Congress overwhelmingly passed, and President Bill Clinton signed, the Defense of Marriage Act under which Congress exercised its rights under the effects clause of section 1 of Article IV of the United States Constitution: Now, therefore, be it

*Resolved*, That it is the Sense of the Senate—

(1) Congress should take whatever steps necessary to affirm the fact that marriage in the United States shall consist only of the union of one man and one woman;

(2)(A) same-sex marriage is not a right, fundamental or otherwise, recognized in this country; and

(B) neither the United States Constitution nor any Federal law shall be construed to require that marital status or legal incidents thereof be conferred upon unmarried couples or groups; and

(3) the Defense of Marriage Act is a proper and constitutional exercise of Congress's powers under the effects clause of section 1 of Article IV and that no State, territory, or possession of the United States, or Indian

tribe, shall be required to give effect to any public act, record, or judicial proceeding of any other State, territory, possession, or tribe respecting a relationship between persons of the same sex that is treated as a marriage under the laws of such State, territory, possession, or tribe, or a right or claim arising from such relationship.

SENATE RESOLUTION 276—EXPRESSING THE SENSE OF THE SENATE REGARDING FIGHTING TERROR AND EMBRACING EFFORTS TO ACHIEVE ISRAELI-PALESTINIAN PEACE

Mrs. FEINSTEIN (for herself, Mr. CHAFEE, Mr. NELSON of Florida, Mr. LEAHY, and Mr. LAUTENBERG) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 276

Whereas ending the violence and terror that have devastated Israel, the West Bank, and Gaza since September 2000 is in the vital interests of the United States, Israel, and the Palestinians;

Whereas ongoing Israeli-Palestinian conflict strengthens extremists and opponents of peace throughout the region, including those who seek to undermine efforts by the United States to stabilize Iraq and those who want to see conflict spread to other nations in the region;

Whereas more than 3 years of violence, terror, and escalating military engagement have demonstrated that military means alone will not solve the Israeli-Palestinian conflict;

Whereas despite mutual mistrust, anger, and pain, courageous and credible Israelis and Palestinians have come together in a private capacity to develop serious model peace initiatives, like the People's Voice Initiative, One Voice, and the Geneva Accord;

Whereas those initiatives, and other similar private efforts, are founded on the determination of Israelis and Palestinians to put an end to decades of confrontation and conflict and to live in peaceful coexistence, mutual dignity, and security, based on a just, lasting, and comprehensive peace and achieving historic reconciliation;

Whereas those initiatives demonstrate that both Israelis and Palestinians have a partner for peace, that both peoples want to end the current vicious stalemate, and that both peoples are prepared to make necessary compromises in order to achieve peace;

Whereas each of the private initiatives addresses the fundamental requirements of both peoples, including preservation of the Jewish, democratic nature of Israel with secure and defensible borders and the creation of a viable Palestinian state; and

Whereas such peace initiatives demonstrate that there are solutions to the conflict and present precious opportunities to end the violence and restart fruitful peace negotiations: Now, therefore, be it

*Resolved*, That the Senate—

(1) applauds the courage and vision of Israelis and Palestinians who are working together to conceive pragmatic, serious plans for achieving peace;

(2) calls on Israeli and Palestinian leaders to capitalize on the opportunity offered by these peace initiatives; and

(3) urges the President of the United States to encourage and embrace all serious efforts to move away from violent military stalemate toward achieving Israeli-Palestinian peace.

SENATE RESOLUTION 277—TENDERING THE SINCERE THANKS OF THE SENATE TO THE STAFFS OF THE OFFICES OF THE LEGISLATIVE COUNSEL OF THE SENATE AND THE HOUSE OF REPRESENTATIVES FOR THEIR DEDICATION AND SERVICE TO THE LEGISLATIVE PROCESS

Mr. FRIST (for himself, Mr. GRASSLEY, Mr. HATCH, Mr. BREAUX, Mr. BAUCUS, and Mr. NICKLES) submitted the following resolution; which was considered and agreed to:

S. RES. 277

Whereas the Offices of the Legislative Counsel of the Senate and the House of Representatives have demonstrated great expertise, dedication, professionalism, and integrity in faithfully discharging the duties and responsibilities of their positions;

Whereas legislative drafting is a lengthy, arduous, and demanding process requiring a keen intellect, thorough knowledge, stern constitution, and remarkable patience;

Whereas the staff of the Senate and House Offices of the Legislative Counsel, in particular, Ruth Ann Ernst, John Goetcheus, Peter Goodloe, Edward G. Grossman, Pierre Poisson, and James G. Scott, have performed above and beyond the call of duty in drafting the Medicare Prescription Drug, Improvement, and Modernization Act of 2003; and

Whereas the Senate and House Offices of the Legislative Counsel have met the legislative drafting needs of the Senate and the House of Representatives with unfailing professionalism, exceptional skill, undying dedication, and, above all, patience and good humor as the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 passed through the legislative process: Now, therefore, be it

*Resolved*, That the sincere thanks of the Senate are hereby tendered to the staff of both the Office of the Legislative Counsel of the Senate and the Office of the Legislative Counsel of the House of Representatives for their outstanding work and dedication to the United States Congress and the people of the United States of America.

SENATE RESOLUTION 278—EXPRESSING THE SENSE OF THE SENATE REGARDING THE ANTHRAX AND SMALLPOX VACCINES

Mr. BINGAMAN submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 278

Whereas military personnel are asked to risk and even sacrifice their lives and the well-being of their families in defense of the United States;

Whereas vaccines are an important factor in ensuring force health protection by protecting the military personnel of the United States from both natural health threats and health threats resulting from biological weapons in overseas conflicts;

Whereas vaccines offer significant benefits and protections that must be carefully balanced with the reality that vaccines and drugs generally carry rare but serious adverse events and life-threatening risks;

Whereas in 2002, the insert label for the anthrax vaccine required by the Food and Drug Administration was revised to include approximately 40 serious adverse events with information that “approximately 6 percent of the reported events were listed as serious.”;

Whereas in 2002, the Food and Drug Administration also compelled the manufacturer of the anthrax vaccine to substantially revise the package insert and changed the risk to pregnant women from Category C (a possible risk) to Category D (a known risk) because of "positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans";

Whereas in 2002, the General Accounting Office reported "an estimated 84 percent of the personnel who had had anthrax vaccine shots between September 1998 and September 2000 reported having side effects or reactions. This rate is more than double the level cited in the vaccine product insert. Further, about 24 percent of all events were classified as systemic—a level more than a hundred times higher than that estimated in the product insert at the time";

Whereas in June 2003, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention withdrew its support for expanding the smallpox vaccination program for first-responders after finding that 1 in 500 civilians vaccinated for smallpox had a serious vaccine event;

Whereas in 2002, the General Accounting Office found that 69 percent of experienced pilots and aircrew members in the National Guard and the Reserve reported that the anthrax shot was the major influence in their decision to change their military status in 2000, including leaving the military entirely;

Whereas in the war in Iraq that continues as of the date of enactment of this resolution, the British and Australian militaries have conducted voluntary anthrax vaccine programs, and other allies who have been offered the anthrax vaccine have declined;

Whereas in March 2000, the National Institute of Allergy and Infectious Disease reported in the "Jordan Report 20th Anniversary: Accelerated Development of Vaccines 2000" that no data existed to support the effectiveness of the anthrax vaccine against pulmonary (inhalation) anthrax in humans;

Whereas because anthrax can be prevented and treated with antibiotics and other options are either in clinical trials or development, the current anthrax vaccine is not the only choice for force health protection;

Whereas in the 2002 State of the Union address, President Bush placed a national priority on developing a new anthrax vaccine and a newer and safer smallpox vaccine is also in development; and

Whereas the threat of anthrax and smallpox attacks against the deployed troops of the United States has significantly diminished since the overthrow of Saddam Hussein and the disruption of Al Qaeda activity in Afghanistan: Now, therefore, be it

*Resolved*, That it is the sense of the Senate that—

(1) the Secretary of Defense should reconsider the mandatory nature of the anthrax and smallpox vaccine immunization program, pending the development of new and better vaccines that are under development as of the date of enactment of this resolution;

(2) the Secretary of Defense and Board for Correction of Military Records should reconsider adverse actions already taken or intended to be taken against servicemembers for refusing to accept the anthrax or smallpox vaccine;

(3) the Secretary of Defense and the intelligence community should reevaluate the threat of anthrax and smallpox attacks on troops in Iraq and Afghanistan to reflect operational realities as of the date of enactment of this resolution when considering the continuation of a mandatory military vaccination program; and

(4) the Secretary of Veterans Affairs should assess those adverse events being reported with respect to the anthrax and smallpox vaccines, research causal relationships, and estimate a future cost to the Department to treat these conditions.

Mr. BINGAMAN. Mr. President, throughout the conflict in Iraq, our brave soldiers have carried out their duties with strength, with honor, and with courage. They have never faltered in their service to this nation or the world. That is why I am so troubled that some of our servicemembers and their families believe that current Department of Defense policies may be failing them, with grievous consequences.

That is why I rise today to submit a Sense of the Senate Resolution that asks for reconsideration of the policies surrounding the current smallpox and anthrax immunization programs. Specifically it asks the Secretary of Defense to reconsider the mandatory nature of its smallpox and anthrax vaccine immunization programs pending the development of new and better vaccines that are currently under development; reconsider adverse actions taken against servicemembers on the basis of refusal to take the smallpox or anthrax vaccines; and reevaluate, with the intelligence community, the current threat of anthrax and smallpox attacks on our troops, in an effort to reflect current operational realities when considering the continuation of a mandatory vaccination program.

It also urges the Department of Veterans Affairs to assess these adverse events being reported with respect to the smallpox and anthrax vaccines, research causal relationships, and estimate a future cost to the Department of Veterans Affairs to treat these conditions.

Vaccines are an important factor in ensuring protection of our nation's military personnel from health threats—both natural or from biological weapons—in overseas conflicts. However, the current smallpox and anthrax vaccines have real and serious consequences that must be weighed against the potential benefits. This is why the President has made development of a modern anthrax vaccine a national priority in his last two State of the Union addresses and why the Institute of Medicine urged the government to do so in March 2002.

What are the consequences of a policy that makes it mandatory that military personnel get the anthrax and smallpox vaccines? First, there are a growing number of adverse events reported in conjunction with these two vaccines, which is in sharp contrast to other vaccines. Second, there is a morale problem in the military associated with the mandatory nature of requiring military personnel to take these shots that has a serious negative impact on the recruitment and retention of our military personnel. Third, the long-term consequences of the vaccine programs for the health and well-being

of our military personnel and our veterans is in question and should be addressed.

Ensuring the health and well-being of our military personnel before, during and after serving our country should always be a top priority of our nation.

The major potential benefit of any vaccine would be force protection. Unfortunately, there are major questions that arise with this argument concerning the anthrax and smallpox vaccines. First, even if there was a threat, such a threat against our troops in the conflicts in Iraq and Afghanistan has been significantly diminished. Second, there are other mechanisms to address any potential exposure, including post-exposure vaccination and antibiotics. This was the effective treatment used in the Senate after the anthrax exposure in 2001. Third, we do not even know if the anthrax vaccine works at all on inhalation anthrax or weaponized anthrax, so the vaccine may be completely ineffective anyway.

For our brave men and women serving in harm's way, all too often the first threat they face is not when their boots hit the ground in Baghdad, Iraq, or Kandahar, Afghanistan—the first threat many servicemembers believe they face may be in line at the home station when they receive their anthrax and smallpox vaccinations.

There is a growing number of disturbing reports about how some of our servicemembers have contracted health problems shortly after receiving the anthrax and smallpox vaccines. These illnesses include mysterious pneumonia-like illnesses, heart problems, blood clots, and other medical conditions that have stricken otherwise young, healthy, and strong military personnel. It has even resulted in death.

This is not entirely surprising, in light of the fact that the Food and Drug Administration, or FDA, has identified a number of adverse reactions associated with these two vaccines. With respect to the anthrax vaccine alone, in 2002 the FDA required the anthrax vaccine product label be revised and it now includes approximately 40 serious adverse events. As it reads, "Approximately 6% of the reported events were listed as serious. Serious adverse events include those that result in death, hospitalization, permanent disability or are life-threatening." The FDA also raised the rate of systemic reactions by up to 175 times over the previous 1999 product label, from 0.2 percent to 5-35 percent.

Meanwhile, in light of adverse events that exceed those for other vaccines and other concerns about the smallpox vaccine, both the Institute of Medicine and the Advisory Committee on Immunization Practices recently issued recommendations calling for a pause in the Federal Government's smallpox vaccination program.

Meanwhile, both CBS News and UPI have identified a growing number of deaths and severe illnesses that they

claim point to the anthrax and smallpox vaccines. These include the deaths of Army SP4 Joshua Neusche, Army SGT Michael Tosto, LTC Anthony Sherman, Army SP4 Rachel Lacy, Army SP4 Zeferino Colunga, Army SP4 Cory Hubbell, Army SP4 Levi Kinchen, Army SSG Richard Eaton, Jr., Army PVT Matthew Bush, Army SSG David Loyd, and Army SP4 William Jeffries. Eight of these 11 Army personnel were under the age of 25.

As Dr. Jeffrey Sartin, and infectious disease doctor at the Gundersen Clinic in La Crosse, WI, said, "I would say that the number of cases among young healthy troops would seem to be unusual."

The numbers of those with adverse health events is significantly higher. There have been around 700 adverse events reported in just the first 6 months of this year and this is as part of a reporting system that has been found to significantly under-report adverse events.

In addition, there are the reports of problems at both Ft. Stewart and Ft. Knox with respect to sick and injured soldiers who have been waiting weeks and sometimes months for medical treatment. Senators LEAHY and BOND should be commended for drawing attention to those problems and getting the military to move to address it. What remains disturbing is that many of those who are ill and on "medical hold" were never deployed. At Ft. Stewart, Senators BOND and LEAHY found that one-third of the 650 soldiers awaiting medical care and follow-up evaluations were not physically qualified for deployment and therefore never deployed overseas.

At Ft. Knox, according to a UPI story, 369 of the 422 soldiers at Ft. Knox did not deploy to Operation Iraqi Freedom because of their illnesses. This includes, according to the story, "strange clusters of heart problems and breathing problems, as did soldiers at Ft. Stewart and other locations." These are health problems that are often cited as adverse events accompanying the anthrax and smallpox vaccines. Once again, there is a surprising number of such cases in what are otherwise a strong, healthy, and young group of people.

We certainly do not know whether these cases have been caused by the anthrax or smallpox vaccines at this point. In fact, these personnel desperately await any medical treatment and that must be addressed. While the military works to address that problem, they should also reconsider the mandatory nature of the anthrax and smallpox vaccines, as they may be contributing heavily to the problem.

In the case of Army SP4 Rachel Lacy, who loved her country and volunteered to deploy to the Persian Gulf, she was ordered to take the anthrax vaccine and did so without objection. Within days, she started to suffer pneumonia and flu-like symptoms. Within weeks, she was dead. The coroner listed

"post-vaccine" problems on the death certificate for Rachel Lacy and said, "it's just very suspicious in my mind . . . that she's healthy, gets the vaccinations and then dies a couple weeks later."

The Army is, according to published reports, conducting an investigation of the 100 or more soldiers that have gotten pneumonia in Iraq and southwestern Asia. Of those 100, 2 have died and another 13 have had to be put on respirators.

According to a story published in both the New York Times and Washington Post on November 19, 2003, as part of that investigation, the Advisory Committee on Immunization Practices and the Armed Services Epidemiology Board said the evidence "strongly favors" the belief that vaccines led to the death of Rachel Lacy. It was an important admission and yet the military immediately said its vaccination policies would "not be changed."

Rachel's father, Moses Lacy, has asked, "Let's stop this, re-evaluate what we're doing, re-evaluate the risks." That is a reasonable request and our nation's servicemembers and families deserve it. We owe it to the Lacy family and to all our military personnel and their families.

As a result of the concerns of servicemembers and their families that these vaccines are having on their health and well-being, it must also be noted that the anthrax and smallpox vaccines are having serious consequences for our nation's military readiness. In September 2002, the General Accounting Office reported that 69 percent of trained and experienced pilots and aircrew members in the Guard and Reserve reported that the anthrax shot was the major influence in their decision to change their military status in 2002, including leaving the military entirely.

Responding to the serious recruitment and retention problems caused by the mandatory anthrax vaccine policy, in February 2000, my colleague and then Presidential candidate JOHN MCCAIN called for a moratorium of this policy. Unfortunately, the safety concerns Senator MCCAIN noted then have not been resolved. The military continues to deny problems with the vaccine while simultaneously operating a clinic at Walter Reed Army Medical Center to treat the illnesses caused by the vaccine.

Instead of reconsidering its policy, the DOD has, instead, aggressively moved against those who have refused the vaccines. After his testimony before the House Government Reform Committee, Major Sonnie Bates, the highest ranking officer to refuse the anthrax vaccination, was charged under article 15 of the Uniform Code of Military Justice and the Department of Defense moved to court-martial him. After accusations of reprisal came from the Congress, the Department of Defense backed down and discharged Major Bates.

There is also the case of Air Force Captain John Buck, M.D. He was court-martialed for refusing the anthrax vaccine in a trial in which the judge refused to allow the jury to hear the doctor's views on its safety and efficacy. After he was convicted, fined \$21,000, and denied a promotion he had earned, Dr. Buck deployed to the Indian Ocean after September 11th to support U.S. military operations in Afghanistan. He was awarded a medal for his service in support of Operation Enduring Freedom and subsequently given an honorable discharge.

In fact, the military has court-martialed soldiers throughout the military for refusing the anthrax vaccine, including a case this spring in New York of Private Rhonda Hazley who refused the vaccine because she was breast-feeding her child. One of the things this resolution asks is for the Department of Defense to reconsider adverse actions taken against servicemembers on the basis of refusal to take the smallpox or anthrax vaccines. The court-martialing of a woman that refused these vaccines because she was breast-feeding is particularly disturbing.

It is important to note that the FDA revised the product label for the anthrax vaccine from "a possible risk" to a "known risk" to pregnant women because of "positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans." While Private Hazley was no longer pregnant, the FDA does believe the "pregnancy and lactation are a clinical continuum." Once again, the risks of the vaccine would appear to far outweigh the benefit to a mother and mechanic in the Army.

The DOD's actions in such cases have created a climate of distrust and fear within the ranks of the military. This comply or be discharged or prosecuted policy is of great concern to our brave young men and women in uniform, and in the case of Private Hazley, to her child. Again, due to this policy, many soldiers, sailors, airmen and marines to reevaluate their commitment to the military.

The military has argued that we need a mandatory program with respect to our nation's military personnel as part of ensuring force protection. However, I understand that our allies—both the British and Australians—have not made the anthrax vaccines mandatory in the Iraqi Freedom Operation. As those two nations weighed the potential consequences of requiring all military personnel to get the vaccines versus any potential benefit, they came down on the side of making the vaccine voluntary.

In the case of the British military, more than half the armed forces personnel deployed in the Gulf have refused to be vaccinated against anthrax. The British Ministry of Defense spokesman said that this policy would remain voluntary "in accordance with

long-standing medical practice." Of interest, British army units that would be responsible for dealing with suspect chemical and biological sites are given the smallpox vaccine but still are not required to get the anthrax vaccine.

For those that have agreed to accept the anthrax vaccine among British troops, they are reporting a large number of adverse events. According to a report by the British National Gulf Veterans and Families' Association, they anticipate adverse reaction among "at least 6,000 new cases as a result of the Iraq conflict—about 30 percent of the 22,000 troops who had the anthrax vaccination."

In addition to the policy of our allies that military personnel should be able to make their own decisions regarding the anthrax vaccine, another reason they have made the vaccine voluntary is that we do not even know whether the anthrax vaccine is effective against inhalation or weaponized anthrax.

Furthermore, even if we had truly thought there was strong evidence that the Iraqi government had and was preparing to use biological weapons such as anthrax against the United States military, the report by Weapons Inspector David Kay in September indicates that threat has been found to be lacking or non-existent. There appears to be little evidence available that Al Qaeda or Saddam have the capability to deliver anthrax or smallpox against our troops in Iraq or Afghanistan. Even if there was such a threat, it is likely extremely small at this point. Again, if nothing else, this change in the threat to our troops requires an immediate reevaluation of DOD vaccination policy.

Even if you still think there is some potential benefit of these vaccinations, it must be further weighed against whether there is another mechanism available that would have the same effect. We in the Senate, for example, know very well that the treatment of anthrax exposure via antibiotics works very well. The Senate was faced with the choice of having those exposed undergo a course of antibiotics versus getting the anthrax vaccine and the vast majority of those exposed to anthrax choose to take the antibiotic treatment rather than volunteer to take the anthrax vaccine.

In fact, the current Majority Leader, Senator FRIST, said at the time the anthrax vaccine was offered to Senate employees potentially exposed to anthrax, "I do not recommend widespread inoculation for people with the vaccine in the Hart Building. There are too many side effects and if there is limited chance of exposure the side effects would far outweigh any potential advantage."

Again, in weighing the potential benefit of the vaccine versus the option of antibiotics, the vast majority decided in support of the latter option. Our military personnel certainly deserve the option that many Senate personnel chose for themselves and what it seems the Secretary of Defense chose for him-

self when he acknowledged on October 25, 2001—in the midst of the anthrax attacks—that he was not taking the anthrax vaccine.

When the President was running for our Nation's highest office, he said with respect to questions posed to him in the September 2000 issue of U.S. Medicine, "The Defense Department's Anthrax Immunization Program has raised numerous health concerns and caused fear among the individuals whose lives it touches. I don't feel the current administration's anthrax immunization program has taken into account the effect of this program on the soldiers in our military and their families. Under my administration, soldiers and their families will be taken into consideration."

Some of our nation's servicemembers and their families believe that the current policy of this Administration does not adequately take soldiers and their families into consideration. They believe we are, in fact, failing to ensure the health and well-being of our military personnel and we must do better.

Before closing, I would like to particularly note the long-standing work by Congressman CHRISTOPHER SHAYS on this issue. In a report issued by the House Committee on Government Reform in April 2000, the report states, "many members of the armed services do not share that faith [that the DOD places in the anthrax vaccine]. They do not believe merely suggestive evidence of vaccine efficacy outweighs their concerns over the lack of evidence of long term vaccine safety. Nor do they trust DOD has learned the lessons of part military medical mistakes: atomic testing, Agent Orange, Persian Gulf war drugs, and vaccines. Heavy handed, one-sided informational materials only fuel suspicions the program understates adverse reaction risks in order to magnify the relative, admittedly marginal, benefits of the vaccine."

Many of the findings by Congressman SHAYS, such as the concerns by military servicemembers are even more valid today with the introduction of the smallpox vaccine to the list of vaccines required by the military.

Consequently, I urge the passage of this Sense of the Senate urging the Department of Defense to reconsider the mandatory nature of its smallpox and anthrax vaccination programs and to minimize the use of these vaccines pending the current development of new and better vaccines.

I also plan to introduce legislation early next year, as the Institute of Medicine recommended back in 1999, to establish a National Center for Military Deployment Health Research. Our nation's servicemembers deserve our best efforts to assure their health and well-being. As the IOM said in making the recommendation to establish a National Center for Military Deployment Health Research, "Veterans' organizations were instrumental in developing the idea for a national center for the study of war-related illness and

postdeployment health issues, and these organizations continue to support the national center concept." We owe this to our nation's servicemembers and veterans and I look forward to working with them over the coming months in the development of that long-needed legislation.

# SENATE CONCURRENT RESOLUTION 86—CONGRATULATING THE PEOPLE AND GOVERNMENT OF THE REPUBLIC OF KAZAKHSTAN ON THE TWELFTH ANNIVERSARY OF THE INDEPENDENCE OF KAZAKHSTAN AND PRAISING THE LONGSTANDING AND GROWING FRIENDSHIP BETWEEN THE UNITED STATES AND KAZAKHSTAN

Ms. LANDRIEU (for herself and Mr. BURNS) submitted the following concurrent resolution; which was referred to the Committee on Foreign Relations:

Whereas, on December 16, 2003, the people of the Republic of Kazakhstan will celebrate 12 years of independence, and on December 25, 2003, the United States and Kazakhstan will mark the 12th anniversary of diplomatic relations between the two countries;

Whereas Kazakhstan in a short period of time has managed to shed totalitarian shackles and become a dynamically developing civil society in which public and private institutions are strong, effective democratic mechanisms and the rule of law are established, and basic human rights are respected;

Whereas Kazakhstan, an open country where citizens of more than 100 ethnic groups enjoy equal rights and opportunities, made a significant contribution to promoting global peace and harmony by hosting in September 2003 the Congress of the World and Traditional Religions, which brought together leaders of world religions seeking to bridge religious differences;

Whereas the Government of Kazakhstan has toughened legislation and taken other concrete steps to prevent human trafficking and end this cruel form of human mistreatment;

Whereas Kazakhstan is confidently moving toward integration with the world economic system by establishing the conditions for developing a true market economy;

Whereas the United States Government, recognizing the economic progress of Kazakhstan, granted to Kazakhstan "market economy status", the first such designation of any country in the Commonwealth of Independent States;

Whereas United States businesses actively participate in the development of one of the world's largest energy resources in Kazakhstan and consider the country to be an alternative and reliable source of energy;

Whereas the application to Kazakhstan of chapter 1 of title IV of the Trade Act of 1974 (commonly referred to as the "Jackson-Vanik amendment") prevents Kazakhstan from achieving permanent normal trade relations status with the United States;

Whereas an independent and democratic Kazakhstan is the cornerstone of peace, stability, and prosperity in the vitally important region of Central Asia;

Whereas Kazakhstan voluntarily disarmed its nuclear arsenal, the world's fourth largest, and joined the Treaty on Reduction and Limitation of Strategic Offensive Arms, with Annexes, Protocols, and Memorandum of Understanding, signed at Moscow on July 31,