

Force Base and code named the Dakota Challenge, measured the readiness rate of one B-1B bomber wing when provided fully with the necessary spare parts, maintenance equipment, support crews, and logistics equipment. The Dakota Challenge found that a fully funded B-1B wing could maintain an unprecedented 84 percent mission capable rate. In addition, improvements were seen in other readiness indicators, including the 12-hour fix rate—a measure of how often a malfunctioning aircraft can be repaired and returned to the air within one half day.

By meeting a number of different challenges, the B-1B has earned justifiably the designation as the workhorse of the heavy bomber fleet.

Based on the analysis of the IDA report, the B-1B should assume a prominent role in our Nation's defense. The study recognizes that maintaining the B-1B as the workhorse of the heavy bomber fleet would yield the highest return on our defense investment and render the most cost-effective contribution to our Nation's heavy bomber requirements. With continued investments in weapons upgrades, I believe the B-1B will be an outstanding and effective conventional heavy bomber capable of projecting America's air power into the next century.

Mr. President, over the next several decades, the United States increasingly will be forced to respond rapidly and decisively to regional security threats around the globe. Holding 36 world records for speed, payload, and distance, the B-1B is uniquely suited to meeting our Nation's present and future defense challenges. In this period of budget constraints, I urge my colleagues to consider carefully the recommendations in the IDA Heavy Bomber Study before casting their vote on any defense measures affecting our heavy bomber force structure.

WAS CONGRESS IRRESPONSIBLE? THE VOTERS HAVE SAID YES

Mr. HELMS. Mr. President, before contemplating today's bad news about the Federal debt, let us do that little pop quiz once more. You remember—one question, one answer:

Question: How many million dollars are in \$1 trillion? While you are arriving at an answer, bear in mind that it was the U.S. Congress that ran up the Federal debt that now exceeds \$4.8 trillion.

To be exact, as of the close of business Tuesday, May 9, the exact Federal debt—down to the penny—stood at \$4,853,699,696,611.41. This means that every man, woman, and child in America now owes \$18,424.73 computed on a per capita basis.

Mr. President, back to the pop quiz: How many million in a trillion? There are a million million in a trillion.

HONORING MARGARET STANFILL FOR BRAVERY AND SERVICE DURING WORLD WAR II

Mr. ASHCROFT. Mr. President, I rise today to salute a Missourian who has distinguished herself for her bravery while in service to her country, Margaret Stanfill of Hayti, MO. As a nurse serving in the U.S. Army Nurses Corps during the Second World War, Margaret served her country with unprecedented bravery and dedication while participating in some of the greatest Allied successes of the war.

Margaret Stanfill was documented as the first American nurse to arrive on the beaches of Normandy during the Allies' D-day invasion of France on June 6, 1944. The wire service accounts of the invasion reported that the first nurses to arrive by barge, "waded ashore while battle-weary soldiers blinked in astonishment." The nurses, led by Margaret Stanfill and clothed in two layers of men's uniforms with steel helmets, went to work immediately setting up dressing stations in pup tents and ministering to the wounded. Many of the wounded were paratroopers injured as part of the initial assault. I rise today to salute Margaret's bravery and leadership, not only at Normandy, but throughout her life.

Margaret Stanfill grew up in Hayti, in the bootheel of Southeastern Missouri near the Tennessee border, graduating from Hayti high school in 1938. While in high school Margaret was a 4-year member of the basketball team, serving 1 year as team captain. She was also a 4-year member of the Hayti high school tennis team and was county high school's girls singles champion. After graduation, Margaret entered nurses training at the Baptist Hospital in Memphis, TN, graduating from there in 1940. After a year in private nursing, Margaret felt the call of service and entered the U.S. Army Nurses Corps, training at Camp Tyson.

Margaret arrived in England for additional training on August 1, 1942. By November of that year, she was among the first nurses to arrive on shore during the Allied invasion to liberate North Africa. The scenes of Margaret and her surgical operating unit being carried ashore from barges on the shoulders of their male colleagues appeared in news reels shown around the world. Her unit followed the Allied advance through North Africa into Sicily, where Margaret followed the infantry onto European soil at the invasion of Italy before returning to England for further training preceding the D-day Invasion.

Margaret Stanfill returned from the war and married Wick P. Moore, an Army captain she served with during the North Africa campaign. They settled down in Texas and had three children, two sons and a daughter. I once again salute Margaret Stanfill Moore for her service and bravery in playing a role in some of the most crucial events in the history of our Nation and our world. Her love of freedom and willing-

ness to give of herself and her talents for her country sets an example of service of which all of us can be proud.

NONPROFIT HOSPITALS

Mr. SPECTER. Mr. President, many may believe that health care reform is not an issue in the 104th Congress. But I have been advocating reform in one form or another throughout my now 15 years in the Senate, and I continue to do so. I have come to the floor on 14 occasions over just the last 3 years to urge the Senate to address health care reform. On the first day the Congress was in session in 1993 and again on the first day in 1995, I introduced comprehensive health care legislation. The Health Care Assurance Act of 1995, S. 18, which I introduced on January 4 of this year, is comprised of reform initiatives that our health care system needs and can adopt immediately. They are reforms which can both improve access and affordability of coverage and health care delivery and implement systemic changes to bring down the escalating cost of care. Today, I again address my colleagues on the issue of health care access. I want to bring to the Senate's attention a particular component of our health care delivery system which is uniquely poised to provide innovative services which respond to the particular needs of individual communities, but which is in jeopardy—nonprofit hospitals.

In my view it is indispensable that there be comprehensive affordable, accessible health care for all Americans. I believe the essential question is whether we have sufficient resources, that is medical personnel and hospital, laboratory, diagnostic and pharmaceutical facilities to deliver services. I think we do; and nonprofit hospitals are an important resource of innovative, community-based care. Well over 80 percent of the hospitals in this country have been and are nonprofit institutions. Most nonprofits were founded decades ago and arose from religiously or ethnically identified groups and so were dedicated to serving a particular community. Most have adhered to this dedication to community and all of them serve without restriction or preference. There are approximately 80,000 voluntary trustees, leaders in their respective communities giving freely of their time, their energies, and their money to raise the level of health care in those communities. However, I am concerned that recent trends in the health care market, including the growth of large for-profit hospital systems, and the emphasis on costs and profits of many managed care organizations as they become economically dominant, threaten the community health focus of nonprofit hospitals.

We stand at the threshold of dramatic breakthroughs in understanding, preventing, and treating a variety of diseases. Clinical application of the breakthroughs in research will yield wondrous results which will alleviate

human suffering, prolong life, and produce enormous savings in medical costs in the United States. Nonprofit hospitals are essential to the application of these breakthroughs for the prevention and treatment of disease. The community outreach programs typical of nonprofit hospitals demonstrate their dedication to the needs of their particular communities. They are uniquely attuned to the most fiscally and personally debilitating diseases of a community and therefore provide the services for treatment and prevention most demanded in the community. Prevention is the most successful method of containing the costs associated with disease as it is the first step toward controlling disease. But the health care system today appears to be making it more difficult for the nonprofit community hospital to be dedicated to prevention and accessible treatment for the survival of patients.

While the demand to be competitive is increasing, hospitals' resources are dwindling. Changes in the health care system have reduced hospital occupancy, and have therefore reduced revenue. The Washington Post reported on March 14, 1995, that hospitals have quadrupled the number of out-patient surgical procedures and same-day procedures now exceed the number requiring overnight stays. Health care experts cite technological advances as well as cost-cutting efforts by insurance companies as two key factors which have encouraged the growth in outpatient services. For-profit hospitals tend to exclude those from coverage and service who cannot afford to pay and minimize nonrevenue generating outreach programs.

On the other hand, nonprofits are committed to their missions to provide high-quality service, thus increasing expense, but not necessarily increasing revenue. The limited revenues which once could be used for outreach and prevention are being reallocated to meet today's specialized care needs, and at the same time hospitals are being forced to compete with one another to maintain their existence.

As we continue to discuss the reform of our health care system, we must reconcile the two forces which drive provision of hospital care today, that is profitability and quality. Hospitals should be able to continue to operate as a community resource, to provide preventive medicine, not only curative medicine. As I have said, prevention is the most economical cure for what ails our health care system, that is escalating costs for short- and long-term treatment. Prevention and early detection are the most successful methods of controlling costs associated with disease as they are the first steps toward preventing the inevitable need for costly treatment incurred by disease.

In S. 18 I have taken such steps through streamlining the statutory provisions related to the right to decline treatment, increasing Federal support for clinical trials at the Na-

tional Institutes of Health, and increasing public health programs at the State and local levels. I look forward to working and reconciling the competing forces in our health care system today to ensure the continuation of community-based and -focused prevention and treatment services, such as those historically provided by nonprofit hospitals.

CHINA'S OBLITERATION OF TIBET

Mr. LEAHY. Mr. President, 7 years ago I visited Tibet, a land of striking beauty whose people are among the most inspiring and interesting I have ever had the privilege to meet. Most of the photographs of Tibet, I had seen before my visit, were of the jagged Himalayan Mountains, Buddhist monks, and a sleepy, poor country of subsistence farmers and their herds of yaks. There is another Tibet, which many people may not be aware of.

It was with great sadness that I and my wife Marcelle saw first hand the effects of China's ruthless, systematic campaign to obliterate Tibetan culture and Tibetan life. We met some of the Tibetans who had suffered under Chinese occupation, and saw the empty palace of the His Holiness the Dalai Lama, who lives in exile in India and who I have had the honor of meeting several times. Since our visit, and despite international condemnation, China's campaign of cultural annihilation has steadily progressed.

A recent article in Newsweek magazine describes the genocide. Tibet is being overrun by the Chinese. According to the article, Lhasa, Tibet's capital, is now at least 50-percent non-Tibetan. Buddhist monasteries have been destroyed, the Tibetan language is suppressed, and Tibet's natural resources have been plundered.

There are 60,000 Chinese troops in Tibet, whose job is to instill fear and quell any dissent. Public gatherings are monitored with video cameras, and protesters are quickly arrested before they attract attention.

Mr. President, Tibet is perhaps the most vivid example of why the Chinese Government is widely regarded as among the world's most flagrant violators of human rights. A decade from now, if current trends continue, the only thing left of Tibetan culture may be a memory. Even today it may be too late to prevent that result, since it would take a major, international campaign to turn back the Chinese tide. I, for one, would welcome such a campaign, because I believe we have a responsibility to try to protect endangered peoples whose existence is threatened with cultural genocide.

I ask unanimous consent that the Newsweek article be printed in the RECORD.

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

[From Newsweek, Apr. 3, 1995]

CHINA INVADES TIBET—AGAIN

(By Melinda Liu)

Chip * * * chip. That's the sound of Tibetan civilization being hacked away. Below Lhasa's imposing Potala Palace, home of the exiled Dalai Lama, Chinese stonemasons chisel granite that will pave a vast new plaza with government monuments. The ancient downtown, some of it dating from the seventh century, has already suffered a terminal face-lift. The 1,000-room Potala is now surrounded by hair-dressing salons, chain-smoking prostitutes and karaoke bars blaring Madonna music. Streets that once housed traditional Tibetan tea shops have given way to rows of greasy Chinese eateries run by recent arrivals from China's interior. Just outside the capital, young Tibetan boys scavenge at a new open dump piled high with trash. "The Chinese keep coming," complains one Lhasa resident, "especially those who can't find jobs anywhere else."

The Chinese are invading Tibet—again. Four decades after the People's Liberation Army seized the kingdom and crushed an uprising by the followers of the Dalai Lama, Beijing has found a more effective method of conquest: money. In 1992 the government lifted controls on Chinese migration to Tibet, then made it worthwhile by offering jobs that paid two or three times the rate of the same work in China's interior. Last year alone Beijing invested some \$270 million in 62 projects—including the plaza near the Potala and a solar-powered radio and TV station that will broadcast Communist Party propaganda in Tibetan. As a result of these inducements, Lhasa's population is now at least 50 percent non-Tibetan, according to Western analysts.

Locals might not mind so much if they thought they were getting more of the economic benefits. Tibet—which means "Western treasure house" in Mandarin—has long been plundered for its gold, timber and other resources and remains unremittably poor. Many Tibetans still live a nomadic hand-to-mouth existence. Working herds of shaggy yaks in the summer and retreating to the capital in the winter to seek alms until the winter snows subside, they earn less than \$100 per year. But now maroon-robed monks compete with Chinese beggars for spare change. Lhasans also grumble that most new entrepreneurial opportunities go to outsiders. Government funds are "inextricably linking Tibet's economy with the rest of China," argues Prof. Melvyn Goldstein, a Tibet scholar at Case Western Reserve University. "This has also resulted in non-Tibetans controlling a large segment of the local economy at all levels, from street-corner bicycle repairmen to electronic-goods-store owners and firms trading with the rest of China."

Gawking nomads: Newcomers have a significant advantage over locals—connections in the Chinese interior. In landlocked Tibet, the best consumer goods were smuggled in from Nepal only a decade ago. Now Chinese Muslim (Hui) peddlers in the vegetable market hawk chicken eggs trucked in from Gansu province, bananas from coastal Guangdong and Lux soap made in Shanghai. Chinese shopkeepers prefer to sell to other Chinese and seem openly disdainful of Tibetans, sometimes grabbing a broom to shoo out gawking nomads who spend too much time fiddling with the merchandise.

The tension inevitably erupts. Recently a local sat down in a Hui restaurant to a meal—and pulled from his plate of dumplings what Xinhua news agency called "a long fingernail." The disgusted diner shouted to his friends, "They're serving human flesh!" After the enraged restaurateur attacked