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House of Representatives

The House was not in session today. Its next meeting will be held on Monday, June 24, 1996, at 2 p.m.

Senate

FRIDAY, JUNE 21, 1996

The Senate met at 9:30 a.m., and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

The eyes of the Lord run to and fro throughout the whole earth, to show Himself strong on behalf of those whose heart is loyal to Him.—II Chronicles 16:9.

Almighty God, we want to be Your loyal people who receive Your strength. You know what is ahead of us today and will provide us with exactly what we need in each hour, each circumstance. We rejoice in the knowledge that You will neither be surprised by what happens nor incapable of sustaining us in our challenges. You will show us the way all through this day. Therefore, we resist the temptation to be anxious and worry. Instead we accept Your wisdom for our decisions, Your love for our relationships, Your hope for our discouraging times, replenished energy for our exhausted times, and renewed vision for our uncertain times. We dedicate this day to You. Protect us from the pride that refuses to admit our need, not only to walk more closely with You, but to be open to Your encouragement through others. May we all live this day as a never to be repeated opportunity to glorify You by serving our Nation. In our Lord's name. Amen.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The able acting majority leader is recognized, the distinguished Senator from Georgia.

SCHEDULE

Mr. COVERDELL. Mr. President, today, the Senate will be in session for a period of morning business only. No rollcall votes will occur during today's session. When the Senate completes its business today, it will stand in recess until Monday. No rollcall votes will occur during Monday's session. However, the Senate will be debating the campaign finance reform bill. A cloture motion was filed on that bill yesterday and, under the order, that rollcall vote will occur at 2:15 on Tuesday, June 25.

The Senate will also resume the defense authorization bill next week. Therefore, all Senators can anticipate rollcall votes throughout next week.

Mr. President, it is my understanding that the period from 9:30 until 11 o'clock is dedicated to morning business, which I will control, or those that I would designate.

MORNING BUSINESS

The PRESIDING OFFICER (Mr. STEVENS). Under the previous order, there will now be a period for the transaction of morning business. The first 90 minutes are under the control of the Senator from Georgia.

Mr. COVERDELL. Mr. President, I will yield 5 minutes to my colleague, the Senator from Illinois.

The PRESIDING OFFICER. The Senator from Illinois is recognized for 5 minutes.

OWNERSHIP OF RADIO STATIONS

Mr. SIMON. Mr. President, back when we had the telecommunications bill up, I had an amendment that would have permitted some enlargement of ownership in radio stations, but kept a cap on. The bill we passed took the cap off completely. In this morning's newspapers, on the front page of the New York Times and Washington Post, are stories about Westinghouse buying a huge chunk of American radio. The business section of the New York Times says: ''Westinghouse would own 32 percent of top markets.''

That is not a healthy thing. I would like to read the honor roll. I say to my colleagues on the other side, I regret there are only two Republicans listed here, because we end up in partisan mode so often in this body, and I am sure this is one of those cases where others might have voted with us if that had not happened. But those who voted for limitation, and not taking the cap away are: Senator DANIEL AKAKA; Senator JOE BIDEN; Senator JEFF BINGAMAN; Senator BARBARA BOXER; Senator BILL BRADLEY; Senator DALE BUMPERS; Senator ROBERT BYRD; Senator KENT CONRAD; Senator MIKE DEWINE; Senator CHRIS DODD; Senator BYRON DORGAN; Senator RUSS FEINGOLD; Senator DIANNE FEINSTEIN; Senator TOM HARKIN; Senator JESSE HELMS, who has some background in this business of radio; Senator BENNETT JOHNSTON; Senator TED KENNEDY; Senator JOHN KERRY; Senator BOB KERREY; Senator FRANK LAUTENBERG; Senator PAT LEAHY; Senator CARL LEVIN; Senator

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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JOE LIEBERMAN; Senator BARBARA MIKULSKI; Senator PAT MOYNIHAN; Senator PATTY MURRAY; Senator CLAIBORNE PELL; Senator DAVID PRYOR; Senator HARRY REID; Senator CHUCK ROBB; Senator JAY ROCKEFELLER; Senator PAUL SARBANES, and Senator PAUL WELLSTONE. Voting ''present'' was Senator NANCY KASSEBAUM.

That was a great mistake, lifting that cap off completely. Now, we are in a situation where one corporation, or even one individual, theoretically, could control radio in this country. I think it is not a healthy thing. I do not know what happens, but I hope that in the next session of Congress—and I recognize it will not happen in this session—there will be some kind of a cap put on. I do not think it would be a healthy thing if one corporation, for example, in Alaska, or Georgia, or Washington, or Delaware, or Illinois, held all the radio stations. I think this tendency toward concentration of ownership is not a good thing for our country, and I simply want to commend my colleagues—particularly, Senators MIKE DEWINE and JESSE HELMS, who went away from the party lines to vote for that amendment. I commend them, particularly.

I thank my colleague from Georgia for yielding the time.

HEALTH CARE REFORM

Mr. COVERDELL. Mr. President, we are now in the 61st day of the objection of Senator KENNEDY to the appointment of Senate conferees for health care reform—a commonsense health care reform issue. It raises the question, why ought not everyday citizens be given the opportunity to share in the massive benefits that this health care reform proposal would bring to America? Why would they be denied this? What does the bill do, and why can we not get on with it and get this job done? I know every American across the country is asking that question.

Under this legislation, for the first time, working Americans will be able to leave their jobs without having to worry about losing their health insurance due to a preexisting condition. The question to Senator KENNEDY is: Why not get on with this and just do it? We have been talking about it now for years. It makes health care coverage more available and affordable for small businesses and the self-employed. Why not just get this done? Let us move on with this.

It allows tax deductions for long-term health care needs, nursing home coverage, home health care coverage, and allows terminally ill patients and their families to receive tax-free accelerated death benefits from their insurance companies. That allows a family in a time of enormous crisis an option to help deal with that crisis. Why not just do it? Let us get this done.

We have been badgering around here now 61 days trying to get conferees appointed so that we can move on with the business of helping the American family in the critical health insurance market.

Here is the point. It creates a medical savings account program—the House version does, the Senate did not; there are many, many Senators who want to agree with the House—effective next January, according to the compromise proposal people are trying to work out, for self-employed and those who work for small businesses with 50 or fewer people. I have heard several versions of this. I know it is a moving target. But medical savings accounts are a creature of the market that many, many people want to take advantage of.

This is the principal reason, although there are others, apparently, that Senator KENNEDY has raised ongoing objections to. The bill fights fraud and abuse with new and tough provisions in the health care market.

So here we go. We make it possible for families to take insurance benefits and endless job lock, where somebody might get a chance to have a new job but they cannot move because they are afraid they will lose their insurance. This corrects that. Let us just do it.

It makes health care coverage more available and affordable to small businesses and the self-employed. This is something America needs. Let us just do it.

It allows tax deductions for long-term health care needs. It lets people in a time of tragedy accelerate benefits. It creates, yes, a new medical savings account, which is a version where the ensured has an opportunity to lower their costs, and they actually became paying consumers in the marketplace. It fights fraud and abuse.

We should do these things for the country. By the time we get back, we will have waited 63 days just to appoint conferees.

So America is sitting out here waiting and waiting, and families are suffering and suffering and suffering because the Congress will not get on and pass this meaningful reform.

Who supports this commonsense health reform approach? It is a wide range of support. The American Hospital Association, Farmers Health Alliance, National Association of Manufacturers, National Federation of Independent Businesses, National Association for the Self-employed, Alliance for Affordable Health Care, American Small Business Association, as well as many others, have endorsed this commonsense approach to making the health insurance market a friendlier place, an easier place for America's families and America's businesses. And they are all put on hold because the Senator from Massachusetts and the White House are objecting to an open market and a new product for the market called medical savings accounts.

Mr. President, the Senator from Massachusetts, Senator KENNEDY, has had a lot of things to say about these medical savings accounts. There is an article in Investors Business Daily written by John C. Goodman, who says this:

> Medical savings accounts give people a new way to pay for health care. The option is a high deductible health insurance paired with a personal savings account. The individual uses his or her account to pay for routine and preventive medical care while the policy pays for major expenses. Individuals who have money left over in the MSA at the end of the year can withdraw it, or roll it over to grow with interest.

This is a great idea. This is a way in which many Americans have saved thousands of dollars in automobile insurance. They bought policies where they have high deductibles so they pay lower premiums, and they are in a sense self-insuring and paying for small costs themselves so that they can lower their overall cost. So the idea has been brought over to the health insurance market.

Some 2,000 employers have adopted some version of an MSA already. Senator KENNEDY from Massachusetts says that MSA's are only for the healthy. The Rand analysis says no. It says no, that that allegation from the Senator from Massachusetts is not correct.

Rand researchers conclude that MSA's would be attractive to those who expect to face high health care costs. That is because potential out-of-pocket expenses under traditional health insurance, which requires deductibles plus copayments, are higher than under MSA plans.

Senator KENNEDY says MSA's are only for the wealthy. There are just reams of research that say that is not the case. We have example after example, person after person, school bus drivers, secretaries in a library, in MSA plans. These are not wealthy people. And they are coming to the Congress and saying, ''Give us these options, make MSA's copartners in the health insurance market so that our costs are deductible.''

Mr. President, I am going to yield at this point after this opening statement. I am going to yield to the Senator from Washington, who I appreciate very much being here this morning.

Mr. GORTON addressed the Chair.

The PRESIDING OFFICER. How much time is yielded to the Senator from Washington?

Mr. COVERDELL. I yield up to 10 minutes.

The PRESIDING OFFICER. The Senator from Washington is recognized for up to 10 minutes.

Mr. GORTON. Mr. President, I am convinced that the Senator from Georgia is correct in his analysis in what he has told us here in the Senate. We have now waited for more than 2 months facing a filibuster even of a procedural motion formally to appoint a conference committee to settle a set of vitally important health care issues for the people of the United States.

Mr. President, there is little controversy over the desirability of portability of health care insurance, over

certain restrictions on health care limitations because of preexisting conditions and a number of other features of the bill that passed the Senate. But the senior Senator from Massachusetts is so vehemently opposed to a concept called medical savings accounts that he and those who support it will not even permit a debate in the Senate, a vote in the Senate, on the issue.

The Senator from Georgia pointed out that this is not a new concept. It is very much like the automobile insurance that all of us purchase in which we can make a set of value judgments and choices. Do we want to pay a high premium and have even minor damage to our automobiles paid for by the insurance companies, or are we willing to accept a high deductible up to an amount which we feel we can afford to pay ourselves in return for a much lower premium for an automobile insurance policy that will take care of the situation if our car is totaled or badly damaged?

A medical savings account is essentially the same thing except because we place such a high value on health care insurance that we will offer certain tax advantages to that high deductible health care insurance, saying that people can save an amount of money up to that deductible on a tax-free basis to pay for the everyday health care insurance costs out of it and end up having the money itself if they do not actually use it and, at the same time, have a catastrophic health care plan which will keep families from bankrupting, or from tremendous financial distress in the case of major health care needs.

One of the reasons that many people lack health care insurance today is the fact that they are in States or communities with community ratings, which means that young people with young families are required to pay far more for standard health care insurance policies than they are likely to use. And so they choose to have no insurance at all, running a very real risk in the process. As a consequence, if this proposal works, more people will have health care insurance against a catastrophic event in their lives than have it today.

Perhaps the true objection of the senior Senator from Massachusetts is that as more people are insured against health care disasters in a free and voluntary system, there will be less demand for the nationalized health care system that he so vehemently supported in the last Congress and which failed when the American people decided that they did not want the Government of the United States to be running their health care.

Personally, I think that may be the real objection, because it appears to me that there can almost be no other, to at least an experiment involving those who are self-employed or those who are employed by small businesses, many of which do not provide health care for their employees at the present time. If we go into this experiment and if this experiment works, more companies will provide health care for all of their employees on this catastrophic basis because it will cost them less. More employees will be encouraged to say more of us who are all consumers of health care will pay more attention to what it costs and we may end up with a far more efficient system than we have today.

Right now, we are not only being denied that experiment, we are being denied even those other elements on which there is full agreement because one group of Members of this body says, no, this is such a terrible idea; it is so dangerous to let people make their own choices that we will stop the whole thing, the entire health care reform in order to prevent this from taking place.

I appreciate the opportunity to speak on this issue and seek the attention of the Senator from Georgia, who was kind enough to lend me this time, to ask him as a leader in this effort whether or not he agrees with these sentiments. Does the Senator from Georgia not agree that perhaps the central real objection here is an objection to allowing people a greater degree of choice over how they fund their health care, a greater degree of choice over ways in which insurance may be provided, a greater degree of attention to costs, simply a greater degree of control over their own lives?

Mr. COVERDELL. I think the Senator from Washington has very eloquently described this condition and the source of the disagreement because, after all, it was the senior Senator from Massachusetts and his colleagues who came forward with an all-inclusive Federal takeover of medicine, and the medical savings account is the antithesis of it because there is a freedom there, the freedom to the buyer of the insurance. There is an access in the system and, indeed, it will reduce dramatically the number of people who do not have insurance.

I tell you a clue, a clue to the objective on the other side is that in the negotiation as to whether to allow the experiment, one suggestion was that the only business that could buy an MSA was one that already had a low deductible plan now. So it was actually constructed, the suggestion is constructed to prevent small businesses that have no insurance from exercising the MSA option.

Mr. GORTON. To try to see to it that we did not have more people covered by health care insurance.

Mr. COVERDELL. Correct.

Mr. GORTON. But have a statistic that you could go out and argue we need a national system, we need a national health care system because there are millions of people who are uninsured, rather than reduce that number by this new and constructive experiment.

Mr. COVERDELL. First of all, those who oppose it have articulated their opposition and I think with specious arguments. Second, they want caps on it, they want parameters all around it, so you can draw the conclusion that the effort is to prevent people from getting to this kind of coverage.

Mr. GORTON. I have only one more comment and I wonder if the Senator from Georgia agrees with this proposition. Does he not believe, as I do, that if this bill were to come back to the Senate with this modest experiment on medical savings accounts included, it would have a significant majority of the votes of the Members of this body, Democrats as well as Republicans, and would easily go to the President, and that one of the reasons for this filibuster is to prevent that majority view from prevailing and to prevent the embarrassment of the President either having to veto this proposal as he has threatened to do or actually to back off and sign it?

Mr. COVERDELL. I think we can safely draw that conclusion.

Mr. GORTON. I thank the Senator from Georgia for yielding me this time.

Mr. COVERDELL. I thank the Senator from Washington. I think he has made a very, as I said, eloquent statement with regard to this debate.

I now yield up to 10 minutes to the distinguished Senator from Delaware.

The PRESIDING OFFICER. The Senator from Delaware is recognized for up to 10 minutes.

Mr. ROTH. Mr. President, as my distinguished colleagues have already pointed out, we have been waiting for nearly 2 months to move forward on critical health insurance reform legislation. The holdup, we are told by the White House and some of our colleagues on the other side of the aisle, is this provision to create a tax-free medical savings account as a health insurance option for Americans.

Tax-free medical savings accounts are something Americans want, although you would never know it from the hyperbole being used by some of my colleagues on the other side of the aisle. A poll released this month shows that 77 percent of working Americans would start a medical savings account if MSA's were available to them. Americans who have MSA's like them, and Americans who do not have MSA's want them.

MSA's exist now. They have been tested by thousands of companies with great success. What we want for MSA's is equal tax treatment with other types of employer-provided health insurance for the self-employed, the ability to contribute to a medical savings account and receive a 100-percent deduction for their contribution up to $2,000. This provision would end the current Tax Code discrimination against MSA's by ending the taxation on MSA deposits.

Republicans in the House and Senate have been willing to compromise on MSA's. We have addressed many of the administration's and Senator KENNEDY's concerns about MSA's. We have

put forward proposals that are small, small enough to be considered as demonstration projects. This was one of the often-stated criteria of the White House and some of our Democrat friends. The American Hospital Association this week endorsed our compromise. Both of the latest compromises extending MSA's to companies with either 50 or 100 or fewer employees would extend this tax free status to the segment of the work force that has the highest number of uninsured employees—small businesses.

MSA's are of such importance in our effort to address our health concerns that on September 8, 1992, several of my distinguished colleagues signed a letter calling for the introduction of MSA's as part of their bill.

Let me quote a portion of that letter.

> Unlike many standard third-party health coverage plans, medical cost savings accounts would give consumers an incentive to monitor spending carefully because to do otherwise would be wasting their own money. Once a Medical Savings Account is established for an employee, it is fully portable. Money in the account can be used to continue insurance while an employee is between jobs or on strike. Recent studies show that at least 50 percent of the uninsured are uninsured for four months or less. . . . Today, even commonly required small dollar deductibles (typically $250 to $500) create a hardship for the financially stressed individual or family seeking regular, preventative care services. With Medical Savings Accounts, however, that same individual or family would have this critical money in their account to pay for the needed services.

Mr. President, these are important arguments that were made for MSA's over 3 years ago. They are equally—if not more—important today. And that letter was signed by Senators BREAUX, Boren, DASCHLE, LUGAR, COATS, and NUNN—a formidable bipartisan coalition of Senators taking a necessary stand on a critical issue.

Medical savings accounts promote portability. It's that simple. After a few years of relatively low health expenses, the excess funds in an MSA can be available for an unexpectedly high health care cost. Those funds can be available for health care during times of unemployment, and they can provide extended coverage for long-term needs. These, of course, are critical issues when it comes to portability.

The MSA is an attractive alternative for families. It gives the American family the greatest flexibility in choosing its own health care provider. With MSA's, you, the patient, are able to select the doctor or provider you desire, without interference by the bureaucracy. And this can be very important to people, especially when confronted with serious illness or disability.

MSA's provide flexibility for families to purchase insurance in the event the family loses its job or if it wants to buy long-term health insurance. Under our legislation taxpayers will be able to use money in their medical savings accounts without penalty to make COBRA payments—to continue their catastrophic health insurance policy in the event they lose their jobs.

MSA's allow funds from the account to be used to purchase long-term care insurance. Thus, MSA's help provide nursing home care, which, in turn, helps relieve those costs borne by Medicaid.

MSA's will go a long way toward containing health care costs. They will encourage consumers to shop wisely, to reject unnecessary treatment and conserve scarce medical resources. Why? Because with MSA's it's the consumer and not some third party who pays the bills.

Medical savings accounts will offer millions of employees and self-employed individuals an affordable health care option. A high-deductible insurance policy coupled with an MSA is less expensive than traditional insurance.

The American Academy of Actuaries reports that MSA's will be attractive to small businesses and their employees as well as to self-employed Americans. Many of these individuals do not have health coverage, and MSA's have the potential to increase health insurance coverage among this group.

Medical savings accounts are proven. They have been used, and they have been used successfully by hundreds of companies all across America. These companies have found that by empowering their employees to take charge of their own care, spending costs have declined.

Unfortunately, the companies currently using MSA's are limited because our tax laws basically penalize employees who choose to be covered by MSA's. Under current law, at the end of the year, employees have to include the full amount of the money deposited into his or her MSA in their taxable income. This is absurd. These people are being hit for being responsible, for being self-reliant, for taking charge of their own health care needs.

This must be corrected, Mr. President. In a campaign of disinformation the administration claims that MSA's will be a tax break for the rich. This is not true. Companies that provide MSA's find them to be very popular among their low- and middle-income employees. In fact, the Joint Committee on Taxation reports that 78 percent of MSA users will have incomes of less than $75,000.

As Congressmen TORRICELLI and JACOBS wrote in a letter to the President, dated April 17:

> You also should know that the current contract of the United Mine workers provides its members with MSA's. We do not believe the UMW qualifies as healthier and wealthier than the general population—a charge leveled by uninformed MSA opponents.

The administration predicts that MSA's will discourage preventive care. In fact, Mr. President, many companies with MSA's find the opposite to be true. Medical savings accounts encourage people to get preventative care because they have money in their account to pay for this care. It is interesting to note that many traditional low deductible insurance policies do not cover preventative care.

The administration asserts that MSA's will be attractive to the young and, healthy, leaving the less healthy to pay higher insurance premiums. Unfortunately for the administration, this again is not true. The hundreds of companies that offer MSA's to their employees find them to be attractive to workers of all health status. This is because an MSA provides first dollar coverage for many medical expenses not otherwise covered by traditional low-deductible health insurance.

Mr. President, it is interesting to note that 12 States and at least 1 city have passed medical savings account legislation and dozens more are moving to pass similar legislation. It is the Federal Government that must now move ahead with this idea.

Again, the need to move ahead is nothing new. Three years ago, Senators DASCHLE, BREAUX, BOREN, AND NUNN joined Senators LUGAR and COATS to pass what they firmly believed was a much needed program. Today that program is needed—now more than ever.

I urge my Democratic colleagues to end their blockade of health insurance reform, and work with us to make affordable health insurance a reality for more Americans.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. COVERDELL. Mr. President, I thank the Senator from Delaware for his very authoritative remarks on this MSA account and on health care reform in general. We appreciate his dedication to this work. I yield up to 10 minutes to the Senator from Tennessee.

The PRESIDING OFFICER. The Senator from Tennessee is recognized for up to 10 minutes.

PRIVILEGE OF THE FLOOR

Mr. FRIST. Mr. President, I ask unanimous consent that a legislative fellow on my staff, Dr. Jonelle Rowe, be granted the privilege of the floor for today.

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

Mr. FRIST. Mr. President, I join my colleagues today to expand a bit upon the Health Insurance Reform Act, where it stands today, but focusing on the area under discussion—which is currently, in essence, being filibustered—and that is the medical savings account issue. On both sides of the aisle it is apparent that, for the first time, at least since I have been here over the last 2 years, we are very close to passing a health insurance bill that is market based, that is incremental, and that reaches out to many people who do not have health insurance today, directly and indirectly. But even more important, I think, and more specifically, this bill addresses the issues of portability and preexisting illness for people who do have health insurance today and who are in group plans; portability being if you

are in a group plan now and you have insurance, and either you lose your job or you go from one job to another job, you can take that plan with you.

It is not quite that easy, but you will have access to a health care plan when you switch jobs or if you lose your job, and that is the portability concept. The preexisting concept being, if you have heart disease and have had a heart attack, you can still get insurance if you go from one job to another.

The Senate has debated again and again, before I was in this body, these issues, really for the past 6 years. There is general agreement on these two particular issues.

But today that bill, which is a positive bill, the Kassebaum-Kennedy bill, is being held up by this filibuster on medical savings accounts.

We hear a lot about medical savings accounts, and it is important that, on both sides of the aisle, people understand what they are.

It is very, very simple. A medical savings account is a high-deductible, say $2,000, catastrophic insurance plan. So, if you have medical expenses that are greater than, for example, $2,000, your catastrophic insurance plan would kick in and you would have coverage for your health care expenses.

That high-deductible catastrophic plan is coupled with a tax deductible personal savings account, in which you would take, for example, $2,000 a year over which you have some sort of tax relief, and that is placed in a personal medical savings account.

It is out of that personal medical savings account, a little bit like a medical IRA, that you can draw to pay for your routine medical expenses, whether it is going to the dentist or paying for prescriptions or paying for that annual checkup or paying for that treatment of heart disease, whatever it is. The point is, you have access to that money and you use that money, you have control over that money. It empowers the individual.

I say that as background, because the issues that are debated on this floor again and again are: Will it save money? Will there be just healthy people coming in or will it be just the sickest people coming in? What will it do to the insurance industry?

There was a wonderful article that the Senator from Georgia referred to earlier that was published just this past week in the Journal of the American Medical Association. That article was this past week. The article itself is called ''Can Medical Savings Accounts for the Nonelderly Reduce Health Care Costs?'' At this juncture, Mr. President, I ask unanimous consent that an excerpt from the study be printed in the RECORD.

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

[From the Journal of the American Medical Association, June 1996]

CAN MEDICAL SAVINGS ACCOUNTS FOR THE NONELDERLY REDUCE HEALTH CARE COSTS?

(By Emmett B. Keller, Ph.D.; Jesse D. Malkin; Dana P. Goldman, Ph.D.; Joan L. Buchanan, Ph.D.)

Objective.—To understand how medical savings account (MSA) legislation for the nonelderly would affect health care costs.

Design.—Economic policy evaluation based on the RAND Health Expenditures Simulation Model.

Setting.—National probability sample of nonelderly noninstitutionalized households.

Participants.—Persons in 23,157 sampled households from the 1993 Current Population Survey.

Interventions.—Medical savings account legislation would allow all Americans who are covered only by a catastrophic health care plan to set up a tax-exempt account that they can use to pay medical bills not covered by their health insurance. The interventions we evaluate differ in the deductibles of the catastrophic plan and in whether the employee or employer funds the MSA.

Main Outcome Measures.—Changes in national health expenditures and net social benefits of health care.

Results.—If all insured nonelderly Americans switched to MSAs, their health care expenditures would decline by between 0% and 13%, depending on how the MSAs are designed. However, not all nonelderly Americans would choose MSAs; taking into account selection patterns, health spending would change by +1% to −2%.

Conclusions.—Medical savings account legislation would have little impact on health care costs of Americans with employer-provided insurance. However, depending on the size of the catastrophic limit, waste from the excessive use of generously insured care could be reduced, and MSAs would be attractive to both sick and healthy people.

Mr. FRIST. Mr. President, it is a fascinating article, and I had the opportunity to meet here in Washington with the principal author on this particular study, Dr. Emmett Keeler. We had a chance to talk about the study. I do think Members on both sides of the aisle should read it. In the conclusions, in the abstract, it goes on, but the last sentence basically says:

> Depending on the size of the catastrophic limit, waste from the excessive use of generously insured care could be reduced, and MSAs would be attractive to both sick and healthy people.

I just quote from the conclusions. I do encourage my colleagues to read this study. The cost issue talked about is a great model. It is developed from a policy standpoint projecting ahead. I think that is terribly important to do.

I do think we need to come back and say, fundamentally, that we are not going to be able to answer whether it is going to cost a little bit more or a little bit less with the data that is out there today. Therefore, I would like to turn to what nobody talks about—the policy people do not talk about, the think tanks do not talk about. I have not heard it yet in the debate over the last 18 months on this Senate floor. I have not heard it among the think tanks in Washington. I have not heard it talked about among the economists. And that is the perspective of where health care is delivered, and that is at the physician-patient level. It simply has not been talked about yet.

The debate here 3 years ago, or 4 years ago, when we were debating the one-size-fits-all Clinton health care plan, failed in this regard as well. There were about 500 people involved, much of it was behind closed doors. The public did not have input in those discussions, and real-life people and physicians were not even in the room, people who are involved in that doctor-patient interaction everyday.

Why is it important to look at that level? And this is the key point that people miss or do not talk about, and that is because it is at that level that behavior is actually changed, the behavior of the patient who comes in who is suddenly empowered to ask certain questions. Why? Because they are spending their own money. Not like today, in most cases, where the insurance company is paying for it or the public dole is paying for it, or Medicare is paying for it or Government is paying for it. It changes the dynamics of that relationship because we have empowered that individual who is coming in, knowing they are going to be drawing money from their personal savings accounts in order to buy health care, to buy health care services.

Let me give you my own experience as a physician who has been involved in the field of medicine for the last 20 years before coming to this body. And it is this: When somebody comes into that office and they have chest pain and they are spending their own money and not spending the insurance company's money or spending the Government's money, they ask three questions. Those three questions are asked very directly, looking you in the eye. Basically, they are:

''What are your credentials, Dr. FRIST?''

Second: ''How much do you charge?''

Why do they ask that? Because they are going to be paying for it out of their own personal savings account.

And third: ''What kind of results do you have?'' ''Are the results good or bad?'' ''How do you compare to other people?''

Why? Because that individual coming into the office is empowered for the first time because it is their money they are spending.

How are these questions really asked? People will come in, with regard to credentials, and they will look at your wall to see where you graduated from school. All of us, when we go into a doctor's office, see the diplomas, but they go beyond that:

''Where did you do your internship?''

''Where did you do your residency training?''

''Do you participate in writing peer review articles in your journals?''

''Do you participate in your professional societies?''

''Are you board certified?''

Those are the sort of questions that are asked, once you empower somebody who comes into your office.

What is the end effect of that? The effect of that to me as a physician, when people ask me those questions, is to do what? Is to take off a week, a year and do that continuing education course. If I do not have my boards, it is for me to go back and pass my boards or get board certified, because they are asking me that question. If enough people ask me that question, I know they are going to be going to the board-certified surgeon rather than the nonboard-certified surgeon.

That is the power of having an individual—many individuals—come into your office and ask you what your credentials are.

No. 2, that person is going to come in, because that money is coming out of their personal savings account, which, if they are not going to spend it, rolls over to the next year by the bill we are proposing, they are going to ask, ''How much do you charge?''

I guess it was 4 weeks ago I went camping with my son, and we did not have a flashlight. So I went down to a store here locally and looked at the flashlights. There were $25 flashlights that had emergency lights, buttons you could push, actually had a horn on it, down to the little $3 flashlight, down to the $1 little pen light. I asked, ''How much do you charge? What do you get for that?''

In truth, that is what we are doing when a patient comes in and they say, ''How much do you charge to do a heart transplant?'' You would think people ask that all the time. It really was not until about 1988, maybe 1987, that the first patient, having been doing heart transplants since the early eighties, came into my office and said, ''Dr. Frist, how much is this heart transplant going to cost me?''

Why do most people not ask? Because Medicare will pay for it, Medicaid would pay for it, large insurance companies will pay for it. They knew they never would have to pay for it.

This fellow came into my office. ''Why do you ask,'' because I did not know exactly how much a heart transplant cost. Nobody ever asked me.

Here, I was doing as many heart transplants as anybody in the State of Tennessee. But nobody ever asked me. I said, ''Why do you ask?'' He said, ''Because I'm going to have to pay for it. I do not have any insurance. I'm not 65 years of age, so Medicare is not going to kick in. And I'm not poor enough for Medicaid to kick in. It is coming out of my pocket.''

What was my response? My response was, ''I don't know exactly how much it is. I know how much my surgical fees are, but I don't know how much the hospital charges, I don't know how much the pathologist charges or the rehabilitation specialist or the physical therapist. But I'll find out.''

So what did I do? I went back, pulled everybody into a room—transplantation is fairly complex. It involves lots of people. For the first time—I was the director of this transplant center—for the first time we had all these physicians in the room deciding how much a heart transplant should cost, based on the services they deliver; where in the past people just got the bills, passed them to the insurance company, paid, with no questions asked, or sent them to the Federal Government, and there were no questions asked.

My point is, if you have one person coming in, asking the right questions, it changes my behavior, but also the behavior of the whole transplant center, of all the physicians that had, for the first time, gotten in the room.

The third question that people ask, beyond how much you charge, is, what is your outcome? Because people want to know the value. Just like when I went to buy those flashlights, do I want a flashlight that will work for 1 year, 5 years, 1 month, 3 months? You ask the question. For the first time, if somebody is paying for it themselves, they will say, ''What are your results?'' not ''Am I going to live or die,'' but ''How do you compare to''—I was in Tennessee—''How do you compare to Alabama or Georgia or Baltimore, other transplant programs? What is your outcome? When do people go back to work? What is your rate of infections? What is the rate of rejection over the period of the first month?'' People just do not typically ask those questions. But the empowered patient does.

And what do I have to do? All of a sudden, I say, people are going to be looking at me and comparing my quality of care, my standards—I think my infection rate is the best in the country, but I do not know. Nobody has ever asked me or forced me to report that data. You do not have to report that data. But with that one person asking me, I start collecting, all of a sudden, that data.

So do my colleagues in Georgia and Alabama. We start comparing each other. Why? Because that patient that is looking for a heart transplant, that is going to change their life, is going to go shopping around. If he is going to be paying $100 or $150 or $1,500 he is going to be shopping around. How is it going to change—this is my point—my behavior, the health care industry behavior? What does it do? It is going to cost me more because I have to hire a nurse to help me collect that data. I have to put it in a computer. I might have to put it in a computer, but it improves the quality of care broadly.

The point of all this is, that medical savings accounts, to work, you do not have to have 20 percent of the American population come into the medical savings accounts to have a huge impact on the value of health care. You do not have to have 10 percent take advantage of it or 5 percent or 1 percent.

The real beauty of it is that one person coming into my office and asking the right questions—what are your credentials? How much do you charge? What are your outcomes?—changes my behavior in the way I treat that individual, but also the way I treat all of the other 95 percent of the people in the health care system, because I go back and get continuing education, I start recording my data that can be compared to other people. I have an incentive to do what? Deliver a higher quality of care to all Americans because we have empowered those individuals through medical savings accounts.

I say all this, because what I want the other side to do—the other side is filibustering this bill of preexisting illness, of portability, using this guise of medical savings accounts. I just ask the other side to do a simple thing. And that is, to forget the policy for awhile, even forget the policy studies and the economic studies, because it is going to be hard to make a decision just on that, but tonight or this afternoon call your physician, call the physician who delivered your child, call the physician who fixed your broken arm, call the physician who treats your heart disease or your family's heart disease, and just ask them a very, very simple question. And that question is, ''By empowering individuals to have some control over their health care dollar''—and that is all medical savings accounts do—''will it change the way you practice medicine? Will it result in a higher quality of medicine? Will it empower that empowered individual to ask you different questions than the person who has no incentive to ask the questions, like 'How much do you charge?' or 'What are your outcomes?' '' And if that physician, if that health care provider, if that nurse comes forward and basically says, ''Yes, it will improve quality, it will improve value,'' then I encourage you to drop this filibuster and endorse medical savings accounts and support this bill.

Thank you, Mr. President. I yield the floor.

Mr. COVERDELL addressed the Chair.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. COVERDELL. I thank the Senator from Tennessee for his remarks. He has introduced a matter into the debate we have not heard before, and that is very basically from the provider standpoint, what happens when the consumer has a role to play for the first time. It was very enlightening. I appreciate the comments from the Senator from Tennessee. I yield up to 10 minutes to the Senator from Ohio.

The PRESIDING OFFICER (Mr. FRIST). The Senator from Ohio is recognized for 10 minutes.

Mr. DEWINE. Mr. President, let me first thank my colleague from Georgia for putting this time together, and also congratulate my colleague from Tennessee. I have heard this MSA discussion many, many times, but I do not think I have ever heard it as eloquently expressed as he has just expressed it.

There is just no substitute for personal experience, and there is no substitute for coming to this floor and knowing what you are talking about. Senator FRIST clearly has demonstrated that he knows what he is talking about. As my colleague from Georgia has said, he has really put a different perspective on this. What empowerment means is, not only are dollars going to go further, but the quality of medical care is going to go up, consumers are going to be able to choose, and there is going to be a reaction on the other side of that table or the other side of that examining room where the doctor may in fact change some of the things that he or she does.

So that was, I think a very, very great testimonial to the power of empowerment, giving people the right to make their own decisions and the reason why, frankly, we need to end this 61-day filibuster that has been occurring on this floor. We need to move this bill forward. We need to get the conferees appointed. So I just urge my colleagues on the other side of the aisle, who have been holding this up, to stop it and let us move forward. Let us get the conferees appointed and let us move forward.

Mr. President, last month the Ohio General Assembly approved legislation to establish medical savings accounts. The Ohio legislation permits Ohio families to make contributions to an MSA, and then deduct the contributions from their State taxes. In effect, the State of Ohio is telling people, ''We want you to save, we want you to save for the future when it comes to your own health care. And we think that you, the Ohio taxpaying family, would do a better job of deciding how to spend your health insurance dollars than the Government bureaucracy would.''

I think it is time here in Congress that we did the same thing, we follow the lead of Ohio and some other States that have passed similar legislation. Mr. President, it is a simple fact of human nature. People will make wiser choices when they are spending their own money. As my colleague from Tennessee said, he gave ample examples of that, real-world examples of how people come in and see the doctor and ask the right questions.

An MSA is basically, Mr. President, an IRA targeted specifically at health care expenses. An MSA gives the health care consumer both the freedom and the incentive to shop intelligently for health care services.

Here is basically how an MSA would work for a typical working American family. The worker's employer puts, let's say, $2,000 a year tax free into the worker's medical savings account. The worker uses that $2,000 to pay for checkups, emergency treatment, and whatever other medical necessities arise during the course of that year. If the worker's family has medical costs above $2,000, catastrophic coverage would pay for it, catastrophic coverage would then kick in. If the family's medical costs are lower than $2,000, the family could keep whatever money is left over. It would be theirs.

This is a major improvement over current standard practice, I believe in a number of ways. First, MSA's offer first-dollar coverage. They pay the first dollar of cost the family incurs, the immediate expenses they face at the doctor's office or at the emergency room.

Under the current system, workers have to pay—the current system today—workers have to pay a high deductible or high copayments for their medical care. The MSA will cover—will cover—that cost for them. To the typical American family, this is very important. There are not too many Americans, Mr. President, who have hundreds of dollars just sitting around in a bank account waiting for a medical emergency.

Washington Post columnist Jim Glassman tells the story of a woman named Penny Blubaugh, who earns $16,000 a year as a secretary in the Danville, OH, school system. Her daughter stepped on a nail in their garage, and Penny took her to the emergency room.

Cost: $375 for the emergency room, $70 for the x rays, for a total cost of $445. That is $445 that Penny did not have. Fortunately, Penny was in an MSA, and MSA paid the bill—no deductible, no copayment. They paid the bill—first dollar coverage. That, Mr. President, is a dramatic concrete benefit to the typical working family that participates in an MSA.

The second benefit to both the individual working family and the country as a whole is the opportunity to save money. If the money in an MSA is left unused, at the end of the year the working family gets to keep it. I can imagine no better incentive for intelligent consumer choices when it comes to health care. A family spending its own money with the prospect of keeping whatever is unspent will mean that money simply is not wasted.

It is simple, common, basic sense. It is also the conclusion of a study that was conducted by the Rand Corp. between 1974 and 1982. Will people make very bad choices, denying themselves essential care to save a few dollars? We do hear that argument being made. The Rand Corp. study found that was not true. People would not do that. People would not act against their own self-interest.

Mr. President, if you give an American family some resources and freedom, they will tend to make the right choices. What we need in American health economics is more people making the right choices. For too long we have limited the freedom of American health care consumers to make these right choices. It should not be a surprise, therefore, that we have rapidly rising health care costs at a time when inflation, in general, is pretty much under control.

A recent Cleveland State University study examined 27 Ohio businesses, each with under 200 employees, that offered MSA's to their employees. The results were remarkable—a triumph of cost containment that demonstrates how promising the MSA alternative really is.

On average, individuals in the MSA plan had lower out-of-pocket health care costs than those who had the more traditional kind of health insurance. The average savings were $317 for individuals who used MSA's and $1,355 for families who used MSA's. The employers saved, too. On average, employers saved 12 percent more than they would have from the traditional plans, had they been in the traditional plan.

That, Mr. President, is the right direction for America. That is why, as of last year, 17 States had passed MSA laws. That is why Ohio moved forward with MSA legislation just this past month. That is why we are here today, pressing for the enactment of this extremely promising approach on the Federal level.

I again urge colleagues who have been blocking this now—we are in our 61st day of a filibuster—to let us move forward, appoint the conferees, let the American people have the benefit of these MSA's, which we clearly think, and the evidence is very strong, will make a difference.

I again thank my colleague from Georgia for setting up this time. I yield the floor.

Mr. COVERDELL. I thank the Senator from Ohio for his statement on this very important matter. I yield up to 10 minutes to the senior Senator from Alaska.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. STEVENS. Mr. President, I was pleased to be here during the period of presentation of the distinguished occupant of the chair. As a physician, the Senator from Tennessee brings a great deal of information to us in a direct way.

I might say, as I begin my comments, starting in 1987 there was a group of us that decided we would meet once a week while the Senate was in session to review the problems of health care and insurance reform. It has been most enlightening to this Senator to be a participant, particularly with regard to these medical savings accounts. When they first came up, I realized what a great thing it would be for my State to have them put into Federal law.

In my State, over 90 percent of the employers are small businesses. Community ratings often give us very high health insurance costs. Many of these small businesses, though they would like to do so, just cannot afford to provide health insurance coverage for their employees. We live on the edge, under very costly circumstances. It is very difficult for these employees to bear the cost of health insurance. Many times they are like that person that the Senator from Tennessee indicated that came to his office: They are without health insurance, and oftentimes face real difficult problems.

I do believe the concept of a catastrophic insurance really fits into the frontier problems, because the situation often develops that our people would like to deal with someone they know, not only as a physician but as an insurance carrier. Catastrophic insurance is available through almost all small insurance firms. It is something you can deal at home with, and have a strong relationship with a person who has sold you the insurance.

For that reason, I am pleased to be a cosponsor of the Kassebaum-Kennedy bill. I think it is high time Congress got around to passing this bill.

I personally do not believe it should be a right of any Senator to object to the appointment of conferees. I think that ought to be a matter of right of the leadership to say when conferees should be appointed, and they should not be subject to any debate. We are being held up now by a debate on whether or not conferees should be appointed. This is probably one of the most important bills we will work on during this Congress. Time is running out.

This objection to allowing medical savings provisions in this bill is what is really holding up the Kassebaum-Kennedy bill. Under a compromise worked out by the House and the Senate, only employers with 50 or fewer workers and those who are self-employed could participate in medical savings accounts. Most employers who have used medical savings accounts that I have heard of know them as the Senator from Tennessee indicated: Medical savings accounts concepts allow people to choose their own doctors, hospitals, and their on form of care. They encourage preventive health care and eliminate out-of-pocket costs.

Medical savings accounts allow people to use their savings to buy other forms of health insurance like nursing home coverage or long-term care. Medical savings accounts allow individuals to control their own health care dollars and to support the free enterprise system.

There is just no question that this is a kind of provision that ought to be in a health care insurance reform bill. It is a very limited one, very limited. It will benefit thousands of Alaskans who change their jobs and lose their jobs, enabling them to maintain vitally important health insurance coverage for themselves and their families.

In my State, Mr. President, 65 percent of our women of childbearing age work out of the home. They are women that, because they go in and out of the work force in order to take time off to bear their children, often end up without insurance coverage during the very period of their life they really need it. This medical savings account concept ought to be involved in this law to help us meet the problems of those women in our work force.

It will also benefit Alaskans who have the so-called preexisting conditions, which in the past have prevented many Alaskans from getting health insurance coverage because they have changed their jobs or they have gone through a period of unemployment. When they go to a new job or they go back to work, they find their health insurance is not available because when they reapply, they now have a preexisting condition which was covered under their prior insurance policy, but they lost coverage. I do not think many people realize how many, many individuals in a State like ours change jobs, work part time, and find themselves without coverage because of this problem of preexisting condition.

The Kassebaum-Kennedy bill is a moderate, sensible approach to improving our health insurance system. Its benefits will be felt by some 25 million Americans in total, according to a report of the GAO.

I cannot believe that this could be a program only for the rich, if it is going to apply to 25 million Americans. I can say, without question, that it will affect hundreds of thousands of Alaskans, despite our small population.

Of particular importance is that this will make health insurance available to Alaskans who are self-employed by making it more affordable, by increasing the deduction for health insurance premiums from the current 30 percent to 80 percent over a 10-year period. I do not think anybody has mentioned that. This will bring about a change. As we all know, currently self-employed people can only deduct 30 percent of their health insurance premiums. This bill before us now will gradually change that so that discrimination against self-employed people, as far as health insurance premiums, is eliminated over a 10-year period.

I might also mention a substantial benefit to Alaskan seniors. Long-term care insurance policies would receive the same tax treatment as traditional health insurance under this bill. Unreimbursed long-term care expenses would be treated as medical expenses for itemized deduction purposes—a change, Mr. President, which will make a substantial change in the ability of people to pay for long-term care, particularly for the children of those people who need long-term care. They are the ones that are paying these expenses.

This legislation will not affect the right of Alaskans to receive health care from chiropractors or alternative medicine people. My office has received a slew of telephone calls from Alaskans who fear this legislation because of the fraud and abuse provisions added through the amendment to title V. They feel that that amendment would stop them from seeing a health provider of their choice, especially under the Medicare Program. I think I should assure Alaskans and all Americans that that is not true. I support the right of Americans and my Alaskan people to seek health care from alternative health providers. This bill will allow Alaskans and all Americans to get health care from the provider of their choice, including alternative medicine and chiropractors licensed by the State.

I believe this legislation will make a vital contribution to the well-being of thousands of our people in my home State, who now have the prospect of losing health care for themselves and their families when there is an interruption in their employment.

I urge the Senate to name conferees and get this bill to conference and to the President as soon as possible. This should not be an election year political issue. This is an issue which should rise above politics. I challenge anyone in the Senate to defend holding up this bill.

Thank you, Mr. President.

Mr. COVERDELL. Mr. President, I thank the Senator from Alaska. I particularly appreciate his knowledge of the parliamentary nature of this body and his expertise. When the Senator from Alaska says we have a bolt out of whack on our policy here, the bolt is probably out of whack. I join the Senator in an effort to get that straight.

Mr. President, the remarks of the Senator from Tennessee reminded me of a friend in the medical practice that I know in Georgia. Several years ago, we were musing, and he talked about a time when the exchange might involve something other than money. Somebody might offer, in some of the rural areas of our State, crops or produce. He said it was always a very serious negotiation, determining what the cost of the medical procedure would be.

Now, you are dealing with a far more sophisticated process. But the Senator from Tennessee makes me remember that. He said that the customer—or the patient—really paid attention when they were about to contract for a medical service. He was convinced that that interaction between the patient and the doctor, and the patient and other medical providers, was the missing element and was a core reason for the geometric escalation in medical costs.

Senator GRAMM from Texas addressed this issue in the health care debate, and he said that if we bought groceries the way we buy medical services, he would eat a whole lot better, and so would his dog.

Mr. President, we have been joined by the Senator from Utah, who chaired the health care task force that the Senator from Alaska was referring to a moment ago.

I yield up to 10 minutes to the Senator from Utah.

The PRESIDING OFFICER. The Senator from Utah is recognized.

Mr. BENNETT. Mr. President, I thank the Senator from Georgia. I am interested that he refers to the Senator from Texas and his comment about groceries, because I have a somewhat similar analogy that I think illustrates the issue we are talking about here.

Come with me in your mind's eye, Mr. President, to a job interview at an imaginary company that operates

under the principle that we use for health insurance in this country today. You are going through the interview, and you have arrived at a salary discussion and arrangement. You know your job duties. Now you say to your prospective employer, ''Tell me about the benefit package that you have.'' Your employer says, ''Well, Mr. FRIST, we have a wonderful clothing care system here at XYZ Industries. You will really like it. Clothing, of course, is absolutely essential to your survival. It goes back as long as civilization because people have had to have clothing to protect them from the elements. We have the greatest clothing program in the world.''

You say, ''Wonderful, I will come to work for XYZ Industries, and under your clothing benefit plan, I will be properly taken care of.'' Then you come to clothe your family and you are told, ''Well, at XYZ, we cover two suits a year and one sport coat.'' You say, ''Well, I would like to buy two sport coats.'' They say, ''No, you cannot have it. Our benefit package only covers two suits and one sport coat. And, by the way, we only provide for black shoes and not brown shoes to go with those suits. Now, under the benefits that are covered by our clothing plan, we will cover walking shoes, but not running shoes. And there is a limit, of course. We have cost containment, as clothing costs have been going through the roof. There is a limit on the number of pairs of socks that will be covered under your clothing plan that we have decided is the appropriate number of socks.'' And you then get a memo through the mail that says, ''Our clothing costs at XYZ industries have gone out of sight, and so we have changed to a clothing maintenance organization, and now we have made a deal with Sears Roebuck. You go down to Sears Roebuck and they will provide all of your clothing.''

You have to go through a clothing counselor, who will meet you when you walk through the door of Sears, and he will size you up and may say, ''Well, before we will replace the suit you are wearing, we will make the decision that it has more wear left in it and, therefore, we will not authorize a new suit until there is more wear and tear in the knees of the suit that you currently have on.''

That is how we will get some cost containment and cost control. I could go on and on. But I think you understand, Mr. President, how absurd this looks to American workers and American wage earners. They would say, ''Please, Senator, eliminate this vision and take us back to the present circumstance where our employer does indeed pay for all of our clothes, but he does it by giving us some money. And we decide how many suits we want. We decide what color shoes we want. We decide whether we want to shop at Sears, or Nordstrom's, or the Gap, or Wal-Mart, or wherever. Leave it up to us to make the choices.''

We do not do that in health care. The health care circumstance is just as I have described it with clothing. No, you cannot decide that you want this kind of treatment because it is not covered under our plan. You cannot decide you want this particular doctor. We have decided that we are going in another direction. What if we did the same thing with health care that we do with clothing, or food, or shelter, or transportation, or any of the other necessities of life, and said, ''You make your own decisions and pay for it with dollars that you have set aside in savings''?

What if we recognized that we have, in fact, destroyed the insurance principle in health care by saying we are not ensuring against risk; we are, in fact, paying for everything?

Let me shift analogies for just a minute. I have said on the floor before in the health care circumstance that I have a homeowner's policy on my home, and it is a wonderful policy. If my house burns down, I get everything I need. The paintings on the wall get replaced. The silver in the drawers in the kitchen gets replaced. The dishes, my clothes—everything that is destroyed in the fire gets replaced. The fire is a catastrophe. I have insurance against catastrophe. But there is nothing in my homeowner's policy that covers the cost of mowing the lawn. There is nothing in my homeowner's policy that covers the cost of repainting the front door when the dog scratches it.

Do you know how much my homeowner's policy would cost if I had to file an insurance claim every time I wanted the lawn cut? ''How do you pay, Senator BENNETT, for the cost of mowing the lawn and painting the front door?'' I have a savings account, and I pay American money to the son of my next door neighbor to come over and mow the lawn. And insurance is reserved for catastrophe.

I am insured against catastrophe, and my insurance policy is very, very reasonable. Why are we not smart enough to do that with health care, and say, all right, the little things that we handle in health care we pay for out of savings, and we have insurance to cover the catastrophic circumstances?

I have talked to insurance people. I have said, what is the number that we need as a deductible in order to make this kind of a system work? We have heard, for medical savings accounts, the figure of $3,000. The insurance people say the difference between a $1,500 deductible and a $3,000 deductible is de minimis. It really does not make that much difference. If you had a $1,500 deductible, you are only saving pennies, if you go to a $3,000 deductible.

I then went to the leading hospital in Salt Lake City. I said, ''What would happen if every bill that was less than $1,500 was paid for in cash?'' They kind of blinked at me because they assumed that everything that comes in gets paid for by filing an insurance claim. They said, ''Senator, 80 percent of our emergency room admissions come to less than $1,500.'' I said, ''How much administrative savings would you have if you didn't have to process insurance claims for that 80 percent of your business?'' They said, ''Good heavens, it would save us enormously.''

We have a control group that we can refer to, Mr. President, that demonstrates the wisdom of paying for things with cash as opposed to filing insurance claims for a flu shot, filing insurance claims for an office visit, filing an insurance claim for everything that comes along. You may have heard of it. I hope more people have heard of it. The Shriners Hospital system. The Shriners are a fraternal organization that raises money that it spends to take care of children who cannot pay. The only requirement for you to get into a Shriners Hospital is that you do not have the capacity to pay for the treatment. That is it. You have to be sick, of course. But if you are sick, and you do not have the capacity to pay for your treatment, you can get into a Shriners Hospital.

Here are the numbers from the Shriners Hospital in Salt Lake City, UT: 4 percent of their budget goes for administration; 96 percent goes for health care. Why? Because they do not deal with a single insurance company, and they do not deal with a single Government agency. They do not have to fill out any forms or screen anybody for eligibility beyond convincing themselves that these people cannot pay.

What is the cost of treatment in the Shriners Hospital? Here is the number: $95 a day. I have said this, somehow you are missing a decimal point. It has to be $950 a day. That is what it cost in a modern hospital: $95 a day because they do not have any of these administrative costs. It does not pass the Bob Newhart test.

I ask unanimous consent that I might have another 3 minutes to explain the Bob Newhart test.

Mr. COVERDELL. Mr. President, I yield the Senator from Utah 3 minutes.

Mr. BENNETT. Here is the Bob Newhart test. Have you ever heard Bob Newhart discuss, as if he had no previous experience at all, the smoking of tobacco with Sir Walter Raleigh?

Bob Newhart is on the phone, and he is saying, ''Let me get this straight, Walt. This is a weed, right? This has no food value, and you want to bring it over here? Tell me, Walt, what do you do? You roll it up? And, yeah, OK, Walt. Now you stick it in your ear. Right? No, no. You stick it in your mouth? Come on, Walt. What do you do with it? You roll this weed up and stick it in your mouth? Yeah, Walt. You set fire to it, and you start breathing the fumes?''

Bob Newhart has made a great comedy career out of doing that kind of analysis of the stupidities of the things that we do in our lives. Our medical system of insurance does not pass the Bob Newhart test.

I have tried to put it in that context by saying this is what would happen if

we bought clothing the way we buy health care, if we had to file an insurance claim for the cost of mowing the lawn, and everybody laughs. But that is where we are, and the people who are opposing medical savings accounts are the people who do not realize the absurdity of the present circumstance, who have gotten themselves in the mindset that since we have done it this way, this is the way it always has to be. If you can only step back and look at it honestly, you realize how many problems you solve if you say that health insurance should be like car insurance and homeowners insurance and flood insurance and earthquake insurance and tornado insurance. Health insurance should insure us against a catastrophe, just as we use money to make the decision whether we want brown shoes or black shoes, just as we use money to make our own decisions on whether we want to replace the suit or wear a sport coat. We should use money to say, ''I am going to get a flu shot; I am going to take care of this hangnail; I am not going to file an insurance claim with all of the administrative costs connected with that.''

It is just plain common sense, and it more than passes the Bob Newhart test.

I thank the Chair. I yield the floor.

Mr. COVERDELL. Mr. President, I thank the Senator from Utah not only for these remarks but for the extended effort that he has made on the issue of reform for our health care system. The Senator from Utah has dedicated many, many hours to that.

We have been joined by the Senator from Iowa, and in a few moments we are going to hear from him on this vital question. I do want to point out in the national journal Congressional Daily this morning it says, ''A group of moderate to conservative House Democrats Thursday sent a letter to President Clinton urging him to accept some form of compromise on medical savings accounts in health insurance reform legislation.'' The letter was authored by Representative GARY CONDIT, Democrat of California, and it asks the President to sign off on the evolving Republican compromise already accepted by Senate Labor and Human Resources chairwoman, Senator KASSEBAUM of Kansas.

Mr. President, I am going to ask unanimous consent the time under our control be expanded by up to 5 minutes.

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

Mr. COVERDELL. I now yield to the Senator from Iowa for up to 10 minutes.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

(Mr. COVERDELL assumed the chair.)

Mr. GRASSLEY. Mr. President, I congratulate each of my colleagues under the leadership of the Senator from Georgia for discussing this very important issue of making sure that we get health insurance reform legislation through, that this reform legislation operates in a way so it minimizes Federal Government bureaucracy interference in the marketplace and in the doctor-patient relationship, and that we eventually reduce the cost of health care.

I think every one of these are motives for this legislation, in addition to creating a situation where people who can afford health insurance and are denied health insurance because of preexisting conditions will be able to have that guarantee of health insurance and its renewability, and also for the individuals who find it difficult in bargaining with the insurance companies for an affordable package, and also for small businesses that have a difficult time doing that, that we allow these people to come together in health insurance purchasing cooperatives to be able to do this. So I thank the Senator from Georgia for promoting this discussion at this particular time.

Regardless of all the good aspects of this bill, there is one aspect holding it up, and it is an aspect of the bill that I very much support, and that is the drive for the medical savings accounts. When I say it is a drive for medical savings accounts, it is not a drive within Congress for medical savings accounts. Medical savings accounts are an established fact of the delivery of health care in America because they have been proven out there in the private sector, but they do not have the advantages that other types of health insurance or vehicles for paying for health care have like their tax deductibility.

So if we are going to promote medical savings accounts which are proven worthy and effective in the private sector already, then they ought to have the same tax treatment that a lot of other instruments we have used for a half century have had in order to give people effective health coverage. And so this debate is about medical savings accounts. All the other good things in this bill are kind of forgotten. All the attention is on medical savings accounts, I think for one simple reason, and that one simple reason is that there are people in Washington who still believe that Washington knows best, and they do not want a system of medical savings accounts where the individual is going to make the decision of spending money on health care. They only think it can be a big insurance company or some Washington bureaucrat that can make this judgment for the individual. The success of medical savings accounts proves that tradition wrong, the tradition that Washington knows best. And so we need this legislation. It should not be held up.

Mr. President, the American people are waiting for final action on the Kennedy-Kassebaum health insurance reform legislation. They have been waiting 2 full months.

The American people want this legislation enacted because they understand that it promises portability of health insurance. They want it enacted because they understand that it would limit the practice of denying health insurance coverage to people because of preexisting conditions.

This legislation passed the House on March 28. It passed the Senate on April 23. We should have sent it to the President weeks ago, Mr. President. Why have we not?

We have not because some obstinate Senators of the other party refuse to allow the conference between the House and the Senate to proceed. They refuse to allow it to proceed because they oppose the medical savings accounts provisions. They refuse to allow it to proceed despite concessions on the MSA provisions by the Republican leadership. They refuse to allow it to proceed because the President will not tell them he wants to sign it with an MSA provision in it.

I say some Senators of the other party because many Members of the other party have supported medical savings accounts. Many still do. Thirty-eight Democrats in the House of Representatives voted for the House health insurance reform bill which included medical savings accounts. I understand the Democratic Representatives BOB TORRICELLI and ANDY JACOBS wrote to the President 6 weeks ago to urge him to support MSA's. In the past, leading members of the other party have spoken favorably of MSA's. Two short years ago, in 1994, Representative GEPHARDT is quoted as saying on CNBC: ''I think its a great option.'' Then, just today according to Congress Daily, a group of moderate-to-conservative Democrats in the House of Representatives sent a letter to President Clinton asking him to sign off on the evolving GOP compromise on MSA's.

I am having a hard time understanding why some Senators are putting up such die-hard opposition to medical savings accounts, Mr. President. And I am having a hard time understanding why the President of the United States will not tell his troops in the Senate that he will sign a bill with an MSA provision in it.

Because they are a good idea. They are basically IRA's. Everybody understands IRA's. Medical savings accounts are IRA's that can only be used to pay for medical care. Individuals who have a medical savings account would also have to purchase conventional health insurance with a high deductible. This high deductible health insurance policy would protect them against truly catastrophic health care costs.

They are a good idea for several reasons:

They should make health care coverage more dependable for those who have them because they are completely portable.

Medical savings accounts are easy to administer compared to conventional insurance or to managed care plans. Therefore, administrative savings will be realized when people use them.

They put the patient back into the health care equation. People with

MSA's would have complete freedom to choose their doctor. Because patients would be spending their own money, doctors would be under pressure to provide economical treatment and to discuss with their patients the costs and the benefits of particular treatments to a greater degree than they do now.

They would level the health insurance playing field by making the tax treatment of health insurance fairer. Now, employers who pay for health insurance for their employees get a tax break for what they spend. The employees get a tax break for what is essentially compensation. But in those businesses which can not afford health insurance, neither the employer nor the employee gets tax help from the Federal Government. The self-employed, who pay for their own health insurance, get no help from the Federal Government.

Medical savings accounts should increase personal savings. The tax benefit associated with Medical savings accounts should be a strong incentive to save.

They will ultimately contribute to retirement savings for many people. In the future, many people would become eligible for Medicare with substantial medical savings account balances. These could be withdrawn for any purpose at age 65.

Finally, they will help cover long-term care expenses because one of the permitted uses will be for the purchase of long-term care insurance.

Mr. President, the Republican congressional leadership has offered the President and the Democrats a compromise. The compromise would limit the opportunity to have an MSA to where the core uninsurance problem is—in the small business community and among the self-employed.

Still, some Senate Democrats refuse to let us send the Kassebaum bill to the President.

They say that the MSA provisions are in the bill only as a pay-off to a single insurance company. This is really one of the most preposterous allegations made in this debate.

A single insurance company? Then why are the MSA provisions supported by the farm community, including the American Farm Bureau Federation, Communicating for Agriculture, the National Wheat Growers, the National Grange, the National Milk Producers Federation, and the National Cattleman's Beef Association?

Why are they supported by the small business community, including the National Federation of Independent Businesses, the Business Coalition for Affordable Health Care which includes the National Association of the Self-Employed, the U.S. Federation of Small Business, the U.S. Business and Industrial Council, the National Food Brokers Association, and many other business groups.

Why are the MSA provisions supported by many physician organizations, led by the American Medical Association? Why are they supported by not just one, but several insurance companies?

A single insurance company? I do not think so, Mr. President. It is clear to anyone who wants to open their eyes. The medical savings account concept, and the specific provisions in the Kassebaum bill, are supported by a broad coalition of Americans.

Those holding up the bill say that MSA's will be used only by the young and the healthy. They say that the sick will prefer regular insurance or HMO's. Maybe they really believe it. But now we have evidence to the contrary from a recent study by the Rand Corp. The Rand study concluded that MSA's could be attractive to both the sick and the healthy.

In fact, the Rand study concluded that MSA's might not reduce health care costs as substantially as MSA proponents have claimed. Why not? Because they probably would be attractive to the sick. Furthermore, those who are sick will probably prefer to have the unrestricted freedom of choice of doctor that would come with an MSA.

If the sick and the poor would use MSA's, it hardly seems likely that MSA's would fragment the insurance pools because of adverse selection, another concern of those opposed to MSA's.

Those holding up the Kassebaum legislation argue that MSA's would appeal only to the wealthy. But Rand concluded that the ''median user would be only slightly wealthier than people in conventional insurance plans and HMOs. * * *'' Furthermore, a recent survey by the Marketing Research Institute of 1,000 workers found that a large majority of lower income workers, if given the choice, would choose MSA's.

What is really going on here, Mr. President, is that the Senators trying to stop medical savings accounts really do not want individual citizens to take charge of their own health care. They do not want the system to be controlled and driven by individual consumers in cooperation with their doctors. They are frightened to death that medical savings accounts will prove so popular with the citizenry that there will be an irresistible demand to make them available to everybody. If that happens, their dream of a nationalized health care system will be impossible to realize.

In any case, Mr. President, it seems to me that we can add medical savings accounts to the things a great many Americans want in the Kassebaum-Kennedy health insurance reform bill. Many other Americans are probably more concerned about the Kassebaum bill's portability provisions. Or about the bill's limits on the ability of insurers to deny coverage to people because of preexisting conditions. These citizens are going to have a very hard time understanding why some Senators, and the President, are denying these reforms because of opposition to the medical savings account compromise the Republican leadership is offering them.

The American people are going to get none of these reforms unless the Senators obstructing the legislation stop playing dog in the manger, and get out of the way so the American people can have the benefits of the legislation. The President needs to tell his troops in the Senate that he wants to see this bill enacted. He should tell his troops to let the conferees be appointed and to accept the MSA compromise he's been offered.

Mr. BROWN addressed the Chair.

The PRESIDING OFFICER. The Senator from Colorado should be advised the next 90 minutes is controlled by the Democrat leader or his designee.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, I ask also since the time has gone over 12 minutes or 13 minutes, let me extend it past the 12:30 hour so there is equal time for both.

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

HEALTH INSURANCE REFORM

Mr. REID. Mr. President, what we have seen take place here in the last hour or 45 minutes is what has been going on in the Senate for the last 8 or 10 months. We cannot do things quite perfect enough. There is always some kind of a problem.

With the balanced budget, we agreed to a balanced budget but there was always a poison pill that was involved. The poison pill with the balanced budget was Medicaid, Medicare, whacking the environment. It was not good enough that the President and Democrats agreed there would be a balanced budget in 7 years using the figures from the CBO. That was not good enough. What they had to do was the majority had to ruin it. They ruined it with their poison pills, with excessive cuts in Medicare and Medicaid.

Welfare reform—remember, we had a welfare reform bill. It passed here in a bipartisan basis. But the majority in the House and Senate decided they wanted to block grant Medicaid. They wanted to cut off a million disabled children from welfare. That made it so we could not pass welfare reform.

Minimum wage, something that is long overdue, about 90 percent of the American public think it is the fair thing to do, to increase the minimum wage, but, no, they have to tie on to that something called the TEAM Act, some kind of small business exemption which is a disguise, that is all it is, to, in effect, gut the minimum wage. Everyone knows the jobs in America are not created by General Motors, Lockheed and the big corporations, but by small businesses. So what is the poison pill that the majority attaches to minimum wage? We will make a small business exemption with the minimum

wage; we will do indirectly what we cannot do directly.

So everything that comes out that is good for the American public, the majority throws in a poison pill. They have done it with their small business exemption with the minimum wage. They have done it with the TEAM Act.

We should be on the floor here, talking about the things that we do on a bipartisan basis. The American public is not concerned about big government or small government, they are concerned about good government. And good government means we must act together.

We could do that with health care reform. Everyone knows that on the Kennedy-Kassebaum bill the senior Senator from Massachusetts represents one constituency, the senior Senator from the State of Kansas represents another constituency, and they got together. People who are senior Members of this body got together and came up with a bill that was not everything that everyone needed, that did not take care of all the problems with health care delivery in this country, but certainly it went a long way to answer two of the major problems that face the American public and that is, what do we do about portability of health insurance and what do we do about preexisting conditions?

The Kennedy-Kassebaum bill took care of that. It basically said we can help get portable insurance. If you have a job and you have insurance and you quit your job, leave your job, you can take your insurance with you. If you have a preexisting condition you can have an insurance company insure you. They cannot refuse you. Everyone in America has had conditions with family, loved ones or neighbors, who have problems with preexisting conditions. It may be a bad back, it may be diabetes—these conditions are such the insurance companies simply turn people down. The Kennedy-Kassebaum bill said no, you cannot do that anymore.

Here we go again, just like as has happened for the past 18 months. We have something which can solve a problem on a bipartisan basis and another poison pill comes along. This time it is MSA's. Mr. President, MSA's is something we should take a look at. Everyone has acknowledged, on the minority side, we are willing to take a look at MSA's. Let us do a pilot project. Let us see how they would work. Everything that has been said about MSA's by the majority may be right. I mean, I think we should take a look at it. They may be right. But whether they are right or wrong, why do we not go ahead and do what Kennedy-Kassebaum originally said we should do, take care of portability and take care of preexisting conditions? That would go a long way to solving the problems of health care delivery in America today.

No, we cannot do that because now we are not talking about a balanced budget and ruining that with Medicare and Medicaid devastating cuts; we are not talking about minimum wage and the poison pill thrown in there with the small business exemption; we are not talking about welfare reform, the poison pill there block-granting Medicaid and eliminating about a million handicapped children. No, what we are doing now is we have another poison pill with health care reform that is the medical savings accounts. We are not willing to test, do a pilot project on medical savings accounts. We want it all. If we cannot get it all we are going to ruin portability and preexisting conditions.

I, personally, believe that medical savings accounts should be tested. I think there is some merit to them. We should have a demonstration to project to see what the benefits and drawbacks are of MSA's. But the insurance reform bill which the Senate overwhelmingly passed did not contain MSA's and the addition of MSA's is now preventing a bipartisan step toward real health care reform. We failed to pass real health care reform 2 years ago. But we did learn something at that time. We must approach health care reform step by step. We cannot get everything we want. But it seems the majority is saying we want everything that we think is appropriate. If we do not get it, we are going to kill health care reform.

The Kennedy-Kassebaum bill primarily targets two hurdles to insurance coverage for the American public: Hurdle No. 1, preexisting conditions; No. 2 is portability. By addressing these two major barriers to insurance coverage we can help 25 million Americans.

We can stand on this floor and debate for weeks, months how good or bad MSA's are. But let us do that and at the same time take care of 25 million Americans and take care of preexisting conditions and portability.

The Kennedy-Kassebaum bill is a straightforward measure combining items from the 1994 health care debate that are both noncontroversial and bipartisan. We should not be holding up this bill with a debate over MSA's.

I think, when it is all said and done, after we do the demonstration projects, I think I would probably support MSA's.

But we really do not know just now. Why do we not go ahead and pass what is good, and that is Kennedy-Kassebaum. The majority attempts to add MSA's to the benefit, some say, of special interests. I think that this special-interest legislation may just be threatening the coverage of preexisting conditions and portability, because this is the poison pill they found to kill that program.

If the majority is serious about helping millions of Americans maintain their health coverage, they should abandon their attempts to attach this overall, all-encompassing MSA provision to S. 1028.

The debate today is not about MSA's. That can wait for another day. The debate is about whether Congress is going to help individuals who change or lose their job to help maintain health coverage.

We can pass this bill today, Monday, Tuesday, Wednesday of next week if the majority will agree to stop loading this bipartisan bill with amendments that can be debated at another time.

Mr. President, there is a real question about what we are doing here. What are the dangers of MSA's? Some of the concerns I have, that I hope with the demonstration project can be overridden, is that they siphon off the healthy and the wealthy and the young. They fragment and undermine the current insurance market, and they cause premiums to rise for others. They discourage cost-saving preventive care. They lack consumer protections. They increase employer health care spending, and they cost taxpayers, some say, almost $2 billion. In fact, who says that is the Joint Committee on Taxation.

What the majority will not talk about today on this floor, or any other time, about MSA's and the reason, perhaps, they are unwilling to go forth with a demonstration project, is that the MSA provision added in the House bill contains no standards for high-deductible catastrophic plans that accompany these MSA's, forcing many individuals to pay more in out-of-pocket costs than they might expect.

Here are some costly facts about this catastrophic insurance plan that the majority will not be talking about during this debate. For example: Once the deductible is reached, not all costs are covered.

Even after an individual or family meet their high-deductible, most catastrophic plans require a copayment for health care services. The majority wants individuals to think all their health care will be covered. That is not the fact. They think they should be covered free of charge once the high deductible is finally reached. It just will not happen.

Also, only medically necessary services are covered. So many of these plans only pay for those medical expenses that are medically necessary. As determined by whom? Of course, by that all-knowing insurance company.

Furthermore, insurers may count only medically necessary services defined as indicated by the insurer toward the deductible. If it is not covered by the insurer, the individual will get no credit for the payments they have made toward the deductible.

We heard a lot 2 years ago when we debated health care reform, and one of the things that the health insurance industry—and their spending over $100 million in advertising trying to confuse and frighten the American public, which they did—one of the things they talked about a lot was people would lose their choice of physicians. Well, those in the majority should understand that here is a question with MSA's about whether you lose your choice of physician.

Individuals are free to choose their own doctors while paying for medical

care in full. However, under their insurance plan, they may have to pay more to stay with their own family physician. Many catastrophic plans require individuals to use specific doctors, and if they are not willing to use specific doctors, they pay more, thereby adding unexpected costs after meeting that high deductible.

Another problem we need to look at—and the reason we think there should be a demonstration project and we should go forward with portability and preexisting conditions and leave this debate for a later day, and that later day would be based upon having a demonstration project or projects where we would have all the information that can answer these questions that are being raised today by this Senator—exclusions to services coverage.

Many of these plans currently on the market today contain a long list of services not covered by the plan. Some plans exclude pregnancy and routine newborn care among their exclusions. Individuals would be responsible for the cost of these services, even if the deductible has been reached. Should we not look at this in a demonstration project?

I say to my friends in the majority, if you can answer all these questions, then we should all be here joining arms and going with MSA's. Why do we not pass what we think is good? That is, the portability, preexisting conditions.

Another problem: Employers are not required to contribute to the savings account. There is nothing in the House bill to require employers to contribute an amount to cover the deductible or make a contribution at all, forcing the individual to cover much, if not all, of their medical expenditures.

Finally, with a demonstration project, we could determine if employers could contribute to the premium cost or merely provide information about plans available. Individuals alone may have to cover the cost of the insurance again.

So, I say the time is here to help millions, 25 million people. Let us set up some demonstration projects around the country and see if the MSA's work, and then pass quickly, on a bipartisan basis, the Kennedy-Kassebaum bill. That is what we should do. It would provide protection for 25 million Americans who need that protection.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I yield such time as I might use. I ask the Chair to notify me when 20 minutes is up.

The PRESIDING OFFICER. The Chair will advise the Senator when 20 minutes is up.

Mr. KENNEDY. Mr. President, I rise on the floor of the Senate to address the issues of medical savings accounts. I want to address some of the observations that have been made by some of our colleagues this morning, and over the last few days; and that have also been raised in a number of their statements and speeches and press releases in the newspapers.

Mr. REID. Will the Senator yield for a question prior to my leaving the floor?

Mr. KENNEDY. Yes, I yield.

Mr. REID. I say to my friend, who has had a lot of experience in this body, if the medical savings account provision were dropped, how long do you think it would take to pass this bill?

Mr. KENNEDY. I think, as suggested by the Senator's question, I think we could pass that in just a few moments here in the Senate. I expect that would be true in the House of Representatives as well. It would pass well within a day and be on the President's desk by tomorrow and put into effect to protect the 25 million Americans who have some disability and give protections to millions of Americans who are moving from job to job to guarantee that portability.

The Senator is accurate in his questions. Why aren't we doing today what was passed out of our committee with a unanimous vote of Republicans and Democrats several months ago; and passed the Senate of the United States by 100 to 0, and could pass the Senate of the United States by 100 to 0 again this afternoon? We could send it to the President to be signed into law and provide relief to the 25 million American families that have some preexisting condition and know that they will be excluded from any kind of health insurance; or know that if they stay with a small group, that the costs for their insurance will go through the roof; or that they will be excluded or canceled. They could be canceled after having paid into their insurance program for a lifetime under the existing rules.

We heard a lot of talk about freedom here this morning and over the last few days. Well, there will be freedom for the insurance company to drop that family. There will not be freedom for the family to look after a child that has cancer. There will not be freedom for a husband to look after a wife who has breast cancer. But there will be freedom for the insurance company to drop them.

So I hope we will have an opportunity to talk a little bit about what freedom really means. It is bandied around here loosely and generally by people who have been in the vanguard of undermining Medicare and Medicaid and protection for children. But I will get to that in a few moments.

Mr. REID. I ask the Senator one more question. Does the Senator see a pattern, as I see a pattern, that during the past 18 months the majority, every time we are on the verge of passing something meaningful, that a poison pill is thrown into the mix?

We passed Kennedy-Kassebaum 100 to 0, and suddenly we have MSA's. A balanced budget, we agree on all the terms. The President agrees to the year 2002, to use Congressional Budget Office figures. Welfare reform passed here, I do not know, almost 100 to 0, big numbers, 80, a vast, vast majority passing it, and suddenly we have block granting of Medicaid and cutting off handicapped children. The minimum wage, which 90 percent of the American public wants. We have the small business exemption. Is it just me or does the Senator see a pattern here that we are not being able to pass meaningful legislation in this body because of these poison pills?

Mr. KENNEDY. I will add to the Senator's list. We have a very important program to which Senator KASSEBAUM provided great initiative. It had been worked out over the period of the last 2 to 3 years in human resources, to restructure and reorganize all the youth training and job training programs, to eliminate—there are 148 different programs, $20-odd billion in those programs, 11 different agencies, and we had tried to work to consolidate those programs. It overwhelmingly passed in the Senate by more than 90 votes. I think it was 92 to 4 or something of that nature. Now we find out that we are stalemated in the conference.

We passed our immigration bill. That was passed in a bipartisan way by more than 90 votes. It is so interesting listening to my Republican colleagues talk about the inappropriateness by some of us to resist a stacked deck of conferees, when I happen to be a conferee on the immigration bill, and have never even been invited to a single conference, while the Republicans are meeting day after day.

Or whether it has been on the issue of health care, there are a whole series of different items that we have passed overwhelmingly. And now they are getting caught up, whether it is immigration or the job training or the health care program. They have all passed overwhelmingly. Now for some reason, as the Senator points out, there is a desire to refuse to permit the process to work.

There was enough credit in here for our Republican friends. They could get a share of the credit. It is true that this President has supported this program. The American people have elected this President. They might not like that. But the President ought to be entitled to sign those pieces of legislation and not have that successful effort of bipartisanship, which had been part of this effort here, to be effectively denied. So I thank the Senator for raising this point because it is an extremely important one.

Mr. President, let me just start off by observing that what this issue is really all about, is to see where we are in the course of this debate and discussion on the underlying legislation, the Kassebaum-Kennedy bill. As I pointed out on other occasions, this legislation was developed with the leadership of Senator KASSEBAUM in the wake of the 1994 debate on comprehensive health care. I

hope comprehensive health care is still an objective of the American people. I know that there are those in this body who believe that we should not, as a matter of national policy, try to get quality health care for the American people that they can afford. I know that this is an offensive idea to many of them.

I still believe that we ought to find ways to accomplish this in a manner that maximizes the involvement of the individual and the private sector. In the areas where there are gaps there would be a public role, particularly for the neediest individuals in our country. I am referring to working families and their children who are on the lower rungs of the economic ladder. Families that work hard 40 hours a week, 52 weeks a year, knowing that their child is without health insurance. They worry that their child will be injured playing in a sport or will fall from a bicycle, or have a skating accident, and they will not have the resources to be able to pay for medical care. We need to provide relief from that kind of anxiety.

I know that I will still feel strongly about that as long as I am in the U.S. Senate. We have not been able to do that yet. But, Mr. President, as I have pointed out on other occasions, under the leadership of Senator KASSEBAUM, what we have effectively done is taken the common elements in all the various proposals of Republicans and Democrats. I remind my Republican friends, go back and read Bob Dole's programs. Read JOHN CHAFEE's programs or read the other Republican programs.

They will find that portability and also preexisting conditions provisions were common to all of those. How many times do we have to repeat those statements by the Republican Presidential nominee that said: Let us just try and find the common ingredients and pass them. He said it before. He said it on the floor. He has said it repeatedly. That is all we are trying to do here: find the common ground, and pass legislation. That is what we did in our Labor Committee. That is what we did on the floor of the U.S. Senate.

That is what we should be doing here this afternoon. The President ought to be signing these provisions into law. And every day we delay, Mr. President, every hour we delay, we are saying to those families, 25 million American families, ''No. We're more interested in the politics, the politics of this issue.'' If you want to have an MSA program that goes beyond a demonstration that is a true test, bring it up tomorrow. Bring it up next week. Let us debate that issue at another time. But why tag it on here? Why tag it on here?

Why are you not going to give that relief for 25 million Americans? ''We're going to deny you, workers, hard-working Americans. We're going to deny you because we want it our way. We want a stacked conference committee. And we're telling you now, we're either going to take it our way or no way.'' That is what this debate and discussion is about.

Who are those wonderful Members? Whose interests are being advanced by the medical savings accounts? Well, let us see who is on their side and who is saying, ''No. We shouldn't go ahead. Consider the MSA's at another time.''

Who are the ones that are saying, ''Go ahead. Please, Congress, go ahead and pass the Kassebaum-Kennedy bill''? Who are they? They are the organizations that represent the disabled individuals in this country. We made progress with the Americans With Disabilities Act. We have made progress on disability policy with regard to education. We have made progress in mental health research at NIH.

Who are those that are saying, ''Put this off to another day?'' Is it all of the representatives of the disability groups. I challenge the other side. I challenge the other side, next time they organize and put out their briefing sheets so that they will all have the same talking points in the morning, answer the question. Tell us which leaders in the disability groups are supporting your program. Give us one organization. We are not asking for 10 or 5. Give us one organization—one organization—that supports your position. Just give us one organization.

Who do you want to stand with? The Golden Rule Insurance Co.? They left the State of Vermont when it outlawed their abusive practices that were so egregious that they nearly constituted fraud.

We will have Members come out here, ''We will document the fraud and spend time going over that.''

I suggest to my colleagues they go over and read how they left the State of Vermont. They are the principal supporters, they are the principal gainers in medical savings accounts. We know that. They have already contributed hundreds and thousands of dollars, over a $1.5 million to our Republican friends, to our Republican friends that are the principal spokesmen for the medical savings accounts.

All right, so they have the Golden Rule that supports it. Who else? Find us a serious senior citizen group. Find us one. The elderly understand what this is all about. They understand what is going on here. They understand that the principal critics of the position that we are supporting here today are the same ones that want to cut back on the Medicare Program.

I watched very briefly the debate here this morning. They are the principals that voted aye in cutting back the Medicare Program, to raise the premiums, double the deductibles. Where were all of these voices when we were talking about protecting Americans for freedom? They were stripping away the standards to protect the elderly in the nursing homes. Where were all those voices then? ''We want to protect freedom, but we will not protect freedom for the senior citizens that go to nursing homes. We will take those guarantees and those protections away from them. We will take those away from them, and we are going to also take away the various additional protections for children under the Medicaid Program—5 million.''

Find me one Senator that has spoken out in opposition to medical savings accounts; not one of them this morning voted against knocking 5 million children out of our Medicaid system, 85 percent of whose parents work 40 hours a week, 52 weeks of the year. Do not tell us who is on whose side in terms of protecting Americans' health care. Each and every one of them that spoke out here this morning were prepared to cut out children in the Medicaid Program.

They have cut back about 20 percent of the mental health assistance program. They permitted double buying of our elderly people under the Medicare Program when it came back from the conference report.

It goes on and on. And all for what? To take those savings and give them for tax breaks—tax breaks. Who are you kidding about your concern about freedom and competition in the health care system when you are busy undoing the present program, when your Republican leader in the House of Representatives, Mr. GINGRICH, said you want to have Medicare wither on the vine, and the Republican nominee has indicated he is proud of the fact he voted against Medicare in the beginning, and he has restated it again.

We are supposed to believe those individuals who do not believe in Medicare, who have been assaulting Medicare, who have been assaulting Medicaid and protections for children and senior citizens, that, all of a sudden, here they are, they are so concerned, because certain Senators will not permit us to try out a new program, a new program that is allegedly going to provide freedom.

This Senator is not going to let them have the freedom to go to the Federal Treasury, because that is what you are asking about. They can have all the freedom today to sell their medical savings account.

Understand this: My colleagues who have been complaining about our positions on medical savings accounts, they can go out and sell them today, and some of them do. But, no, no, that is not what they want. They want the freedom to go into the Federal Treasury, put their hand in the pocket of every working family and the pocketbook of every working family. What do we mean by all that?

Mr. REID. Will the Senator yield?

Mr. KENNEDY. I will finish this one thought.

It is very interesting that the Joint Tax Committee estimates that the costs to the Federal Treasury would be $3 billion in additional deficits over a 10-year period.

The PRESIDING OFFICER. The Chair advises the Senator from Massachusetts he has used 20 minutes.

Mr. KENNEDY. I yield myself 10 minutes additional.

The Federal Treasury says the additional deficits for 10 years is $3 billion; $3 billion for a test with one million people.

What is the suggested program that is being supported by Mr. GINGRICH? Mr. President, 43 million American working families. That is a test? Three billion for one million people—he is talking about a range of 43 million Americans. It is the freedom of Golden Rule to put its hand in the Federal Treasury and take out billions of dollars. That is the freedom that those individuals are talking about in terms of medical savings account.

I am happy to yield to the Senator.

Mr. REID. Mr. President, the Senator has been talking about freedom. I have a quote that the Senator did make, and I ask if the Senator recalls this statement having been made from the majority leader of the U.S. House of Representatives, DICK ARMEY, who says, ''Medicare has no place in a free world.''

Do you recall that statement having been made by the majority leader of the House of Representatives saying, ''Medicare has no place in a free world''?

Mr. KENNEDY. It has a familiar ring to it, Senator.

Mr. REID. Just so there is no misunderstanding, I want to state what was said by the Republican nominee for the U.S. Presidency in October of last year: ''I was there fighting the fight''—a direct quote—''one of 12 voting against Medicare, because we knew it wouldn't work in 1965.''

Is that the reference that the Senator made?

Mr. KENNEDY. It is exactly the reference. We have leaders that are now out there every day with their mimeograph machines saying those really blocking this program are the same ones that were opposing the Medicare Program before, oppose it now, cutting back and putting at risk our senior citizens, and also other health programs of this past budget.

Mr. REID. Briefly, does the Senator from Massachusetts recognize this direct quote by the Speaker of the House in October of last year:

> Now, we didn't get rid of it in round one because we didn't think it was politically smart, but we believe Medicare is going to wither on the vine.

Is that the reference the Senator was making?

Mr. KENNEDY. The Senator is exactly correct. They are the ones that want to put these medical savings accounts in, same ones that want to do that.

Mr. REID. I will close by giving the direct quote of the majority leader of the U.S. House of Representatives:

> Medicare has no place in a free world. Social Security is a rotten trick. I think we are going to have to bite the bullet on Social Security and phase it out over time.

Now, we have heard from the Republican nominee, we have heard from the Speaker of the House of Representatives, we have heard from the majority leader of the House of Representatives. I think it indicates where they stand on Medicare and Medicaid, and I think the reference made to how they feel about health care reform is pretty clear, is it not?

Mr. KENNEDY. It certainly is, Senator. I appreciate you bringing together these points. But the point about it is, we are trying to determine who is on whose side here. Who is on the side of working families, and who is on the side of the special interests? Special interests, Golden Rule. Special interests, Golden Rule.

What I was mentioning just a moment or two ago is that we have challenged the other side to find out any reputable group that represents the disabled, who are at such risk from the cutbacks proposed by our Republican friends, find the senior citizens, and come back here this afternoon after our time is up, and give us those examples of those senior organizations. Give us those quotes of our seniors that say that this is a good idea.

You cannot get them. They are not there. They are not there. They are not there from the disabled groups. They are not there from the seniors groups. They are not there from the representatives of workers—the 128 million American families that are working in this country and their principal representatives—you cannot get it. Then do not bring that phony mine workers study that you have. You keep trotting that mine workers study out, and it is absolutely wrong. They have denied it and said it is completely inaccurate and wrong.

So, Mr. President, on the one side we have the disabled, the elderly, the representatives of the working, and the principal spokesman for children. Why children? Because what you are going to find out is that, under these programs, they will not pay for preventive care programs for children. It is going to discourage preventive care, which is a scandal for children in our country—an absolute scandal. With our infant mortality being the 18th or 20th—or 22d, I guess, this year, in terms of the world. The fact is that we produce 80 percent of the vaccines in the world, and we still have a quarter of the children not vaccinated. We are still not providing the comprehensive screening for children.

Those numbers are being reduced every year in the last 4 years. The number of uninsured children in my State of Massachusetts—160,000—has doubled. It has doubled in the last 4 years. Have we heard any of those people that are out there now saying they want medical savings accounts? Where were they when we were talking and battling about children and the priorities earlier this year? Where were they speaking about it? Oh, no, we want freedom, medical savings accounts. We want freedom.

Now, Mr. President, is this just the position of those that allegedly speak for the disabled or for the consumers in this country? Find a consumer organization that wants to go down to the rope with the medical savings accounts, full-blown medical savings accounts, which are untested, untried.

They used to have the old adage in medicine to ''do no harm.'' Well, this is a turkey, Mr. President, that has not been tried, has not been tested, and could cause premiums to go up. It is a threat to insurance that exists for millions of Americans at this time. That is believed to be so.

We are asked to buy this pig in a poke. We are saying, let us debate it and discuss it at another time. Let us agree on what is a reasonable test and pilot. Many of those who support the Kassebaum-Kennedy bill do not even think we ought to do that. But there are Members on our side and on that side, as well, that think we ought to have a trial and a test. I would not oppose that trial and test if it meant the passage of this bill. But, I will tell you, I am not going to buy on and sign on for an untested, untried program that can threaten—not only will wealthy individuals just be able to purchase it, and healthy individuals will benefit by it, but I am not going to represent to people in my State who have some health insurance today and risk their premiums escalating and going out of sight.

The PRESIDING OFFICER. The Senator has used his additional 10 minutes.

Mr. KENNEDY. I yield myself 7 more minutes, Mr. President.

Mr. President, I will just mention here, this is sort of an isolated position. I ask those who come and are addressing the status of this where we are with this issue.

Today, we found that the House leader, Mr. ARMEY, urged the White House to ''call off Senator KENNEDY on the health care bill.'' And then, ''Why is Senator KENNEDY stopping health care reform?''

Then we had the Business Coalition for Affordable Health Care, an ad hoc committee established 3 years ago to lobby against the President's comprehensive health care. They say, ''Senator KENNEDY is killing the health care bill today to socialize American medicine tomorrow.'' I did not believe, when we had a 100 to 0 vote, that those supporting the Kassebaum-Kennedy bill were going on to socialized medicine.

You better get it straight, Business Coalition. We had a 100 to 0 vote on the position that I take today, saying the bill that passed in the Senate should be passed now, today. And you are saying, ''Senator KENNEDY is killing the bill in order to socialize medicine''?

All I want to do is pass what we passed. Then we have the Coalition for Patient Choice. It is interesting that they all came out the same day. Included in that was, ''Yes, KENNEDY would kill health reform. He still wants big government.''

All I want is what Senator KASSEBAUM stated that she wants, too, on

health care. Also, we have the Eagle Forum. That is a well-known organization on health care, and the Christian Coalition, and Phyllis Schlafly knows a lot about it. She has testified frequently on health care. Then the list goes on. You can expect it from the Republican National Committee. The list goes on.

Well, Mr. President, I would ask those groups to take a look at some of these editorials, take a look at the Washington Post editorial by Robert Samuelson and his analysis on MSA's. Look at the L.A. Times editorial on June 6. Take a look at the New York Times on May 30. Take a look at the Dallas Morning News. Take a look at the Baltimore Sun of April 25. Take a look at the Washington Post on June 3.

Take a look at the June 13, Tacoma, WA, News Tribune:

> Stick to the basics in the New Health Bill.

It says:

> Many medical economists warn MSAs would be used mostly by healthy and more affluent people, leaving older and sicker people in the common insurance pool. That would force insurance rates up for everybody else . . . The original Kassebaum-Kennedy bill was a good one. More than 20 million Americans would benefit from its modest reforms. Save the fight over MSAs for the next Congress . . .

Come on, Mr. President. Do you think the News Tribune is for socialized medicine?

Here is the San Francisco Chronicle article of June 10:

> There may well be some merit to MSAs to the extent they encourage health consumers to be more cost-conscious. But that possible benefit is still outweighed by the virtual certainty that MSAs would encourage healthy and wealthy Americans—those who could afford the high-deductible catastrophic coverage—to abandon the prevailing insurance system, making it even more expensive for the poorer and less healthy Americans left behind.

The Harrisburg Patriot wrote:

> While the idea of medical savings accounts has a lot of appeal on the surface, the Congressional Budget Office, the National Association of Insurance Commissioners, and other experts in health insurance have warned that it poses dire consequences for the overall health care system. MSAs would remove significant amounts of money from a pool of funds that go to pay the Nation's health care bill, while their tax-deductibility would pose another drain on the Treasury . . . They ought to be considered separately.

A June 10, Columbus Dispatch article, entitled ''Clean Health Bill; Get Rid of Those Two Killer Amendments,'' says that MSA's could ''appeal only to healthy people, throwing seriously ill people into a pool whose costs would escalate. This proposal should be in separate legislation, so the clamor it kicks up would not endanger the Kassebaum-Kennedy bill.''

These are just a sample of the commentary from around the Nation. It is time for Republicans to stop playing special interest politics.

I welcome being their target quite frankly, Mr. President. I do not resent it. If they want to target me, I am glad to get in and debate this, and will at any length at any time that they want to. The fact of matter is we mentioned 15 or 20 recent editorials, and they are in there every day. Maybe we ought to come up—I think I will—and start putting them in from every part of the country representing every different group.

Why is it that just the Republican National Committee and the Business Coalition and Phyllis Schlafly care more about the American health care system than all of the other kinds of commentaries that are coming from all parts of America and from all different groups? Why are all these people wrong? And they are right?

Finally, Mr. President, I would just hope that when our friends come out to talk about this issue I hope they will come out and address some of the questions that are raised about this program. They have a $5,000 deductible and $7,500 per couple. Are we to assume that the employer is going to provide the money up to $5,000? Absolutely not. It is not in their program. If it is, they ought to come on out and tell us. Who do they think is going to contribute the $5,000? Guess who? The workers are going to contribute, and then the workers will be able to take back. How many working families are going to be able to afford $5,000 per individual, or $7,500 in their family to put that aside? Come on. Come on. Freedom? Freedom? Come on.

Then what happens if the doctor charges $8,000 but the insurance company only recognizes $5,000 because of a fee schedule? Will the insurance company help you out? How about answering that question. I am waiting to hear the answer. Will that insurance cover that particular problem? Are there no limits? Are there no lifetime ceilings? I am waiting to hear the answer. You do not hear them talk about the substance of this proposal. You do not hear them talk about that because it is not there. All you have to do is look at what the Golden Rule Insurance Co. has done and other companies are doing. They stop there, and the person is stuck with the additional. The deductible is not the same thing as a cap. How much will the individual have to pay after they finally reach the $5,000?

Mr. President, I hope our friends who are supporting their position over there about the MSA's tell us about the deductible. How much does the individual have to pay after they finally reach the $5,000? Does that mean there is no co-pay? I have not heard them talk about that. They are trying to suggest that once you get to $5,000 you are not going to have a co-pay. They find the Golden Rule Insurance Co. does not guarantee. That is not guaranteed by their proposal. What is going to be the co-pay on that $5,000? Why do you not talk about out of pocket limits? What are ''out of pocket limits''? Out of pocket limits occur in most of all of the programs that are out there—that an individual pays up to so high and then does not pay anything above it. Are there any out of pocket limits in the MSA's? I hope that those who are supporting it are talking about it.

Is the sky the limit? No. There are no out of pocket limits as there are in many of the insurance companies at the present time; an important consumer issue. Maybe our friends who are so enamored of this great freedom of getting into the Federal Treasury are going to talk about that issue.

Mr. President, is there anything in their bill that requires the insurer to cover all the services that they need? One of the continual choruses that we heard last year from those that are opposed to health insurance was, ''Let us have the list of services that are covered.'' Are they prepared to give us the services that are going to be covered? I cannot tell you how often we heard that talked about, and we provided that last year. Do you think any of us have any idea about what services are going to be covered and what are going to be excluded before we put in a program that is going to raise the Federal Treasury and maybe applicable to a third of the working families of this country? Absolutely not. No one has talked about that.

What services are going to be covered? Are they going to be different from what the IRS recognizes as being a legitimate medical deduction if an individual has medical expenses? Is this going to mean that is going to be a contribution to the deductible, or the co-pay for the purposes of insurance? That is going to make a lot of difference to a lot of families. Maybe they could elaborate a little bit on some of this.

Mr. President, is there anything in the bill that requires the employer to contribute one thin dime to MSA's to cover the $5,000? I hope they will address that. Are they saying that with the $5,000 deductible that the employer is going to contribute to and give benefits to the working families to begin to say, ''OK, that is not such a bad deal''? Absolutely not. Absolutely not. They are not saying that they will provide one nickel up to the $5,000.

So, Mr. President, I welcome the chance to go through these questions because we ought to have a good discussion and debate. Certainly before we put in anything like this, we ought to have the answers to some of these questions. We do not have them now. We do not have them; no Senate hearings, no report, no deep analysis, nothing—nothing except the strong lobbying of the Golden Rule.

Mr. President, when you put in the MSA's you are providing, the way that this is structured at the present time, a lavish tax break for the rich, the handout to the Golden Rule Insurance Co.; the threat to the existing health insurance premiums for working Americans.

Make no mistake about it, Mr. President, after this goes into effect, the next thing they are going to do is move

it over into Medicare. Our seniors understand that. The seniors understand that. The relentless assault and attack on the Medicare Program. It just does not stop. They go at it any which way they can. They went at it in this last Congress, and are continuing now with these unjustified cuts because they wanted tax breaks for the wealthy. Now they are at it again.

So, Mr. President, I welcome the chance to speak on this issue and to include those editorials in the RECORD. We will have more to say. I just say in the final minute, why do we not just pass the Kassebaum-Kennedy bill? That has the overwhelming support. I think it is the one piece of legislation that has come out of a committee unanimously, Republicans and Democrats. It came to this floor and passed unanimously. Senator Dole's amendment was accepted to expand deductibility for small business. We welcomed it. We also provide extended long-term care—we support it—to provide some provisions to deal with terminal illness, which is the humane approach on it. Senator Dole has added an important ingredient to this bill. Senator KASSEBAUM, the distinguished chairman, was the one who wrote this legislation. Senator Dole has amended this legislation. We are supporting this program. Why not just pass the program? Why not just pass it and let the President sign it. And if we want to come back and debate the medical savings account, let us do that. Let us have votes on those particular provisions. Let us let the Senate make its will on it.

But, please, Mr. President, do not say no to the 25 million Americans who have some form of preexisting condition and every single day that we delay they are at risk. I do not know how you quantify in terms of dollars their anxiety worrying about illness and sickness, wondering where the next nickel or dime was going to come from so as to not bleed the education funds for their children or eat up the retirement funds of their parents. That is happening in every city of America. And that is being held up by these various groups that pontificate as to who is more concerned about the health care of the American people. That is wrong.

I continue to believe that medical savings accounts are the poison pill that could kill health reform. The House and Senate Republican so-called compromise offer on medical savings accounts is a capitulation to House Republicans, who are more interested in creating an issue and serving a special interest constituency than in passing needed reform.

Discussions are continuing to see whether a genuine compromise can be reached, without jeopardizing the health insurance that protects millions of Americans today. I hope these negotiations will be successful. But the American people need to understand why the current Republican proposal is unacceptable—and why medical savings accounts in the form proposed by the House Republicans are too extreme and have no place in this consensus bill.

Medical savings accounts are an untested idea. Their great danger is that they are likely to raise premiums and make health insurance unaffordable for large numbers of citizens. Medical savings accounts will clearly discourage preventive care and raise health care costs. They are a multibillion-dollar tax giveaway to the healthy and wealthy at the expense of working families and the sick. Their cost could balloon the deficit by tens of billions of dollars.

With all of these obvious defects, it would be irresponsible for Congress to impose medical savings accounts on the Nation without testing the idea first. The entire controversy today is over whether NEWT GINGRICH and the other extremists in the House Republican leadership are willing to accept a reasonable test of their controversial idea.

The current Republican offer is a sham. Their cynical negotiating attitude is my way or the highway. Take it or leave it. They would obviously rather attack me than defend their indefensible proposal, which is no compromise at all—it is merely a transparent figleaf over their cynical attempt to force their untested bad idea on the Nation.

Let's look at the record. Let's count the defects in the Republican plan on medical savings accounts.

First, the Republican plan allows deductibles as high as $5,000 per individual and $7,500 per family. That means a family needing medical care must spend $7,500 out of their own pocket before their insurance pays a dime. I ask Mr. GINGRICH—''How many families can afford to pay this much for medical care, and why in the world would you give a special tax break for a policy providing such meager protection?''

Medical savings accounts are described as providing catastrophic protection. Once you hit the cap, they say, you do not have to worry about how to pay the doctor or hospital.

Actually, almost all conventional insurance policies already have a feature like this—called a stop-loss—which caps your maximum spending for covered services. Even among policies offered by small businesses, which are typically less generous than those provided by large companies, 90 percent have a stop-loss. And for virtually all of these plans, the stop-loss is less than $2,000.

Contrast that to the House Republican plan. Protection does not even start until you have spent $5,000—and there is no stop-loss. None whatsoever. The plan even allows the insurer to charge a 30-percent copayment for charges in excess of the deductible.

Forty thousand dollars doctor and hospital bills are usual for a significant illness or surgery. In such cases, patients would owe $15,500 for bills the policy would not pay. Under a conventional current plan, their costs would be limited to $2,000 or less.

Instead of attacking the Democratic messengers who bring this bad news, why don't the House Republicans explain to the American people why their plan has no stop-loss requirement? How can they possibly defend their view it's all right to make a family pay $7,500 before their insurance covers them at all—and then leave them exposed to unlimited further costs even, after they have paid the first $7,500?

The House Republicans claim that people can cover these huge gaps in their insurance protection by using their medical savings accounts. Perhaps their wealthy friends—who will get the GOP elephant s share of the tax breaks under this plan—will be able to afford high medical costs. But how are working families supposed to set aside the $5,000, $10,000, $20,000 or even more that they would need to give them true protection in the event of a serious illness? There is nothing in the Republican plan that requires employers to contribute even one thin dime to a medical savings account for their workers.

It is no coincidence that the leading proponents of medical savings accounts are the Golden Rule Insurance Co. and other insurance firms with close ties to the House and Senate Republican leadership that have been the worst abusers of the current system. These firms specialize in selling medical savings accounts. They have given millions of dollars in political contributions to try to get their way.

Golden Rule's record, in particular, is so shameful that Consumer Reports ranks it near the bottom of all companies because of its inadequate coverage, frequent rate increases, and cruelty in canceling policies.

These defection policies are a scandal, and the companies know it. In fact, Golden Rule had to pull out of Vermont, because it was unwilling to compete on the level playing field created by that State's insurance reform.

So what happened next? Responsible insurers—Blue Cross and Blue Shield took over the policies. They found that one in four Golden Rule policies included unfair fine print. Arms, backs, breasts, and even skin were often excluded from coverage. Newborn babies were excluded, unless they were born healthy. Clearly, Congress should not be conferring lavish tax subsidies on that kind of disgraceful insurance coverage. Yet that is exactly what Republicans want to unleash on the American people.

The details of the Republican plan will shock the American people when they understand it. That is obviously why the Republican leadership is engaged in this unseeingly campaign to whisk their defective plan into law, before its flaws can be discovered. And that is why I intend to do all I can to insist on a fair test of their proposal.

By any standards, medical savings accounts are a dubious experiment

with the American people's insurance coverage.

The most troubling aspect is the skimming factor—the risk that medical savings accounts will price conventional insurance out of reach of most American families, by encouraging the healthiest people to leave the insurance pool. As premiums rise for everyone else, more and more working families will be forced to scale back their coverage or drop their insurance altogether.

Ask the people who have studied these plans In the words of the Congressional Budget Office, medical savings accounts ''could threaten the existence of standard health insurance.''

Mary Nell Lehnhard, senior vice-president of Blue Cross and Blue Shield, concluded that MSA's will destroy ''the whole principle of insurance.''

Separate studies by the American Academy of Actuaries and the Urban Institute found that premiums for conventional insurance could increase by 60 percent—60 percent—if medical savings accounts become widespread.

The Republican leadership pretends that their current compromise offer is nothing more than a test—a fair attempt to deal with concerns about medical savings accounts before they are sold broadly. But it is nothing of the kind. Under their proposal, medical savings accounts could be sold to all small businesses and the self-employed immediately. MSA's would start out with a massive market consisting of more than 40 million workers—one-third of the Nation's entire labor force. I continue to believe that the so-called compromise is not a test—it's a travesty.

Experts agree that the small business sector of the health insurance market is the most vulnerable to the disruption that medical savings accounts would cause. The Joint Tax Committee itself has concluded that sales of medical savings accounts would be concentrated in small and medium-sized firms.

The proposal would clearly go beyond the bounds of what is acceptable, even if it stopped there. But it doesn't. After 3 years, in which medical savings accounts would be launched in this vast market, they would be open to everyone else, unless both the House and Senate vote to stop the expansion.

In addition, instead of a neutral and objective evaluation of the first massive phase, the evaluators would be chosen by the chairmen of the Senate Finance Committee and the House Ways and Means Committee, who are both strong proponents of MSA's. That is a stacked deck, and the Republicans know it.

The strongest opponents of medical savings accounts are organizations representing working families, senior citizens, consumers, and the disabled. They are the ones who have the most to lose if the current system of insurance is weakened or destroyed. We know whose voices should be heard when Congress decides this issue—not the voices of greedy special interests, but the voices of those who depend on adequate insurance to get the care they need at a price they can afford.

The American people need the basic bipartisan insurance reforms included in the Kassebaum-Kennedy bill. These reforms will guarantee that Americans will not lose their coverage or be subjected to exclusions for preexisting conditions when they lose their job, or change jobs, or because their employer changes insurance carriers. They deserve to know that their insurance cannot be canceled if they become sick. They should be protected against the worst abuses of the current system.

The Kassebaum-Kennedy bill passed the Senate by a bipartisan vote of 100–0. If it were sent to the President today, it would be signed into law tomorrow. It should not be held hostage to the partisan, special interest Republican agenda that would foist an untried and dangerous concept on the American people.

Last week, I placed into the RECORD editorials from a number of leading newspapers around the country on the danger of medical savings accounts. Today, I would like to place additional editorials in the RECORD demonstrating the broad public opposition to MSA's.

The Tacoma, WA, News Tribune published an editorial on June 13, entitled, ''Stick to the Basics in New Health Bill.'' It says,

> Many medical economists warn MSA's would be used mostly by healthy and more affluent people, leaving older and sicker people in the common insurance pool. That would force up insurance rates for everybody else. . . . The original Kassebaum-Kennedy bill was a good one. More than 20 million Americans would benefit from its modest reforms. Save the fight over MSA's for the next Congress. . . .

The San Francisco Chronicle wrote on June 10 that,

> There may well be some merit in MSA's to the extent they encourage health consumers to be more cost-conscious. But that possible benefit is still out-weighed by the virtual certainty that MSA's would encourage healthy and wealthy Americans—those who could afford the high-deductible catastrophic coverage—to abandon the prevailing insurance system, making it even more expensive for the poorer and less healthy Americans left behind.

The Harrisburg Patriot wrote that

> While the idea of medical savings accounts has a lot of appeal on the surface, the Congressional Budget Office, the National Association of Insurance Commissioners and other experts in health insurance have warned that it poses dire consequences for the overall health-care system. MSAs would remove significant amounts of money from the pool of funds that go to pay the nation's health-care bill, while their tax-deductibility would pose another drain on the Treasury . . . They ought to be considered separately.

A June 12 editorial in the Columbus Dispatch was entitled, ''Clean Health Bill; Get Rid of Those Two Killer Amendments.'' It says that MSA's could

> . . . appeal only to healthy people, throwing seriously ill people into a pool whose costs would escalate. This proposal should be in separate legislation, so the clamor it kicks up would not endanger the Kassebaum-Kennedy bill.

Mr. President, I ask unanimous consent that the editorials I mentioned be printed in the RECORD.

There being no objection, the articles were ordered to be printed in the RECORD, as follows:

[From the Tacoma (WA) News Tribune, June 13, 1996]

STICK TO BASICS IN NEW HEALTH BILL

So close, and yet so far. Only a few months ago it looked like Congress might pass a modest health insurance bill that would help millions of Americans worried about their health coverage.

Now it looks like election-year politics could doom the effort. Republicans and Democrats would rather have a campaign issue than successful legislation.

The strategy behind the bipartisan legislation crafted by Sen. Nancy Kassebaum (R–KA.) and Sen. Ted Kennedy (D–Mass.) was to follow the KISS rule: Keep it Simple, Stupid. That way Congress could avoid getting sucked into another morass like the one that swallowed the Clinton administration's massive health care package.

Kassebaum, chairman of the Senate labor and Human Resources Committee, and Kennedy, the committee's ranking Democrat, won strong bipartisan support for their proposal, which sailed through the Senate in April. The Senate measure allows people losing or changing jobs to continue their health coverage; the bill also forbids insurers to refuse coverage for pre-existing conditions.

But the House version includes a provision for medical savings accounts, which couple high-deductible catastrophic health insurance policies with tax-exempt savings accounts. Proponents content MSAs would promote individual choice and responsibility in making personal health-car decisions.

The concept is attractive, but many medical economists warn MSAs would be used mostly by healthy and more affluent people, leaving older and sicker people in the common insurance risk pool. That would force up insurance rates for everybody else. Even Kassebaum thought MSAs were too untested to include in the Senate bill.

But MSAs have become a kind of Holy Grail to House conservatives, who insist MSAs be included even it means a certain presidential veto. This week Senate and House leaders agreed on a compromise that initially ''restricts'' MSAs to self-employed workers and employees of businesses with 50 or fewer workers. After two years, everyone else would become eligible, unless Congress intervenes.

Kennedy and the White House have signaled they might accept a limited test of MSAs. But the Republican proposal is hardly limited; Anywhere from 25 to 40 million people would be eligible, and expansion in two years would be almost automatic. That's no test.

The original Kassebaum-Kennedy bill was a good one. More than 20 million Americans would benefit from its modest reforms. Save the fight over MSAs for the next Congress and the next president.

[From the San Francisco Chronicle, June 10, 1996]

KEY TEST FOR DOLE

House and Senate conferees have come within one stubborn whisker of passing the most significant health-care reform since

the Clinton administration's national health insurance proposal went down in flames in 1994. But the window of opportunity could slam closed with the Tuesday retirement of Senate Majority Leader Bob Dole, whose legislative skills are needed one final time.

The problem is the medical savings account provision that House Republicans added to the Kennedy-Kassebaum Health Insurance Reform bill. That bill's main objectives are to make insurance ''portable'' when workers change or leave jobs and to make it more difficult for insurers to refuse coverage to people with pre-existing medical problems. Those provisions would greatly enhance the health security of millions of Americans who are otherwise vulnerable to falling into the ranks of the uninsured whenever they change or lose jobs.

Because the Senate bill would mend a gaping crack in the health insurance system—and do so without favoring any special interests—it has won broad bipartisan support: it passed 100 to 0. The problems have been with the House version, which was loaded down with some hot-button GOP proposals that would—and should—elicit a sustainable presidential veto.

While most of the veto bait has been negotiated away—including the Senate's call for ''parity'' on mental health coverage—Republicans have shown little willingness to compromise on the most contentious issue, the medical savings accounts.

The MSA concept, which Dole favors, appeals mainly to healthy and well-to-do consumers, who could use a tax-deductible savings account—similar to an IRA—to cover the costs of routine medical expenses, such as checkups and minor treatments, as an alternative to health insurance. The accounts would be coupled with high-deductible insurance plans to deal with costly, catastrophic illness.

There may well be some merit in MSAs to the extent they encourage health consumers to be more cost-conscious. But that possible benefit is still far out-weighed by the virtual certainty that MSAs would encourage healthy and wealthy Americans—those who could afford the high-deductible catastrophic coverage—to abandon the prevailing insurance system, making it even more expensive for the poorer and less healthy Americans left behind.

While President Clinton has properly threatened to veto any bill containing MSAs, he has also left the door wide open to an obvious compromise: permitting a pilot MSA program in specific states for a long enough period to ensure that they will not add to health insurance costs and thereby increase the number of the uninsured.

Some form of that approach is what Dole now has to sell to House Republicans if the 104th Congress—and candidate Dole, himself—is to take credit for accomplishing at least a portion of the health-care reform that the president tried and failed to do. If he fails, we all lose.

[From the Harrisburg (PA) Patriot, Apr. 3, 1996]

TOO MUCH REFORM—HOUSE AMENDMENTS WEIGH DOWN EFFORT TO MAKE HEALTH-CARE INSURANCE PORTABLE

It represents the most modest of health-care reform, so modest it is almost embarrassing. But progress, however small, in helping people deal with medical expenses is welcome progress nonetheless.

There is little visibly active opposition to the bipartisan proposal jointly sponsored by U.S. Sens. Edward M. Kennedy, D-Mass., and Nancy Kassebaum, R-Kan. Nonethless, their basic proposal to ensure that people do not lose health coverage when they change or lose their jobs is in some trouble.

Last week, the House of Representatives approved a bill incorporating the basic features of the Kennedy-Kassebaum bill. But also included were a number of odd controversial items that dramatically alter the scope of the legislation.

Without much debate or consideration, the House tacked on a scheme that would provide for tax-deductible medical savings accounts and another that would cap punitive damages in medical-related lawsuits at $250,000, or three times economic damages, whichever is greater.

President Clinton has indicated that he could not accept a bill with either of these provisions. The Senate is expected to vote on the legislation this month.

While the idea of medical savings accounts has a lot of appeal on the surface, the Congressional Budget Office, the National Association of Insurance Commissioners and other experts in health insurance have warned that it poses dire consequences for the overall health-care system.

MSAs would remove significant amounts of money from the pool of funds that go to pay the nation's health-care bill, while their tax-deductibility would pose another drain on the Treasury.

But the important point here is not whether MSAs or capping punitive damages represent good or bad ideas. It is that they generate sufficient objection to threaten to sink the modest Kennedy-Kassebaum effort that most lawmakers agree has the potential to help many of the 25 million Americans who change jobs every year.

This legislation will not help the 41 million Americans who already are uninsured, though it may serve to limit their numbers from growing.

To the extent that more far-reaching reforms are proposed, such as MSAs, limiting punitive damages or genuine health-care reform, they ought to be considered separately.

If they aren't, it's pretty clear with will happen. There will be no reform, just as nothing materialized out of the major effort to pass health-care reform in 1994.

Modest though it is, the Kennedy-Kassebaum bill is better than no reform at all.

[From the Columbus Dispatch, June 12, 1996]

''CLEAN'' HEALTH BILL; GET RID OF THOSE TWO ''KILLER'' AMENDMENTS

It sounded so simple. Congress would pass a modest health-care reform bill. Most significantly, it would prevent insurers from denying coverage for pre-existing conditions. Also, workers would be able to change jobs or start their own businesses without losing health insurance.

This is the kind of scaled-down legislation that was suggested when various well-financed lobbies smothered the admittedly too-ambitious bill from the Clinton administration two years ago.

The current measure is sponsored by Sen. Nancy Kassebaum, Republican from Kansas, and Sen. Ted Kennedy, D–Mass. This is Kassebaum's last year in the Senate, and she sees the bill as her farewell accomplishment. Former Senate Majority Leader Bob Dole, the presumptive GOP presidential nominee, also supports the bill, but his leaving takes him out of the loop for using his influence.

Unfortunately, ominous storm clouds are forming. Several ''killer amendments'' may doom this altogether worthy effort. The amendments make sense to many, but they are not universally admired and any one might doom the bill.

The solution? Strip the legislation down, so it is a ''clean bill,'' dealing only with the modest approaches in the original proposal.

A provision for medical savings accounts is the most contentious item in the plan. This would allow people to build up tax-free accounts to pay medical bills. Sounds constructive.

But there is some concern this would appeal only to healthy people, throwing seriously ill people into a pool whose costs would escalate. This proposal should be in separate legislation, so the clamor it kicks up would not endanger the Kassebaum-Kennedy bill.

Also, states have the option of passing their own MSA laws, as Ohio just did. President Clinton has threatened to veto the bill if it contains the MSA provision.

The other sticky measure would require employers to provide coverage for mental illness. While this sounds sensible, there is enough opposition so that this, too, could kill the whole bill.

Mental-health coverage could be accomplished on the state level, as is being attempted in Ohio.

Experts say there are hidden costs in mandated mental-illness coverage. There has been a welcome suggestion that a national commission be appointed to research this issue and make recommendations.

Interest groups could make spirited defenses for medical savings accounts and mental-illness coverage. Indeed, the former has had the benefit of expensive lobbying. But keeping touchy items in the health-reform legislation is a sure way to defeat the whole bill. Better to settle for half a loaf. That, at least, would provide some nourishment.

Mr. KENNEDY. These editorials are just a sampling of commentary around the Nation. It is time for Republicans to stop playing special interest politics with health insurance reform. The Kassebaum-Kennedy bill passed by a bipartisan vote of 100–0. It should not be blocked because some Republicans want to line the pockets of their campaign contributors.

Mr. DORGAN. Mr. President, there has been an interesting discussion, and an energetic discussion, I might say, in this Chamber this morning. Early on this morning, beginning I believe at 9:30 for 1½ hours we had a team come to the floor of the Senate, and it is a disciplined team, all headed the same direction, all pulling in the same harness, to tell the country that the problem with the health care bill, the so-called Kassebaum-Kennedy bill that has been addressed this morning, is that the Democrats are holding it up because of something called MSA's, or medical savings accounts.

In truth, of course, the Kassebaum-Kennedy bill, which is a very important bill, is being held hostage by people who voted for it; 100 to nothing it passed this Chamber, by those who insist that they want to add something to it, and if they cannot add something to it they will not let it pass.

Let me describe briefly what this bill is. Most of it has been described. Let me go back a bit, if I can, to put it in perspective. I come from a small town, 300 people, in southwestern North Dakota, down near farming and ranching country, and we had one doctor in my hometown. He was a wonderful doctor named Dr. Simon Hill. He came to my hometown in the early 1900's, and he practiced medicine until he was nearly 80 years old.

When he was practicing medicine in my hometown in the mid 1900's, there

was no Medicare Program. A fair number of people had no insurance. What they had for health care in my hometown was one doctor. He had an office. He had the drugstore on the ground floor. His doctor's office was above the drugstore. When people came to see him, he would lock the drugstore and walk upstairs to the examining office, or if people were too sick to come to see him, he would get in his car and drive to see them. He did, like most doctors did back then, make house calls. And if people did not have any money and were sick, Doc Hill still drove out to their place and administered medicine, administered health care, and if they had no money but had a couple of laying hens or fryer chickens, they gave him a couple of chickens or a half a beef. If they were people with a fair amount of money, he would charge them an arm and a leg, I guess.

He ran his own health care system in my little town. He charged those who could afford a substantial amount and gave free health care to all those who had no money, and that is the way the health care system worked in Regent, ND, because one doctor did health care 24 hours a day for some 60 years.

Now, was it a good health care system? It was the best he could do. My neighbor had a toothache. We had no dentist, so his dad, Alvin, took his son, Alton, to Doc Hill, who pulled his tooth. Doc Hill was not a dentist, but he pulled his tooth. It turns out he pulled the wrong tooth, but he did not get sued because we did not have a lawyer in my hometown either.

It was a wonderful system—simple, administered by one person who was humane and knew what the needs of the community were.

Back then, when someone had a cardiac problem, they were likely to die when they had a heart attack. We were also 55 or 60 miles from a hospital. When someone had a problem with cataracts, they could not see. When someone had a problem with their hips, they went into a wheelchair. If someone's knees gave out, they could not walk; they, too, were in a wheelchair.

Of course, what has happened over time is Dr. Hill died, and my hometown does not have a doctor anymore. Health care changed dramatically, some of it in wonderful ways, breathtaking changes. Now, if someone has a cardiac problem, eats too much fat all of their lives or has a hereditary problem with their heart and it gets all plugged up, what they do is they lay that person out on a table and unplug the heart muscle and invest $50,000 or $75,000 and sew the person up and the person feels like a million dollars 6 weeks later. Now they replace the knees. Now they replace the hip. Now they offer cataract surgery, and that person walks and sees and lives a new life with open heart surgery.

All of that is wonderful. It is remarkable. It is expensive. Most all of, it comes from breathtaking research done at the National Institutes of Health and elsewhere, I would say, with substantial Federal grants in order to achieve these health care breakthroughs and new technologies. All of it is wonderful. But, of course, what has happened in the intervening years is health care has also become very, very expensive. It is full of near miracles because of this breathtaking new medical technology, but it is also very expensive.

We have a lot of folks in this country who have no health care coverage at all. Upwards of 40 million Americans are walking around today with no health care coverage, and if they get sick, they do not have any money to pay and they do not have insurance to cover it.

We also have a fair number of people in this country who work at a job somewhere and they have a health insurance policy in a group plan through their employment. But, of course, if they leave that employment, they lose that insurance. There are a fair number of people who cannot afford under any circumstances to leave their job because they have someone in their family with a preexisting condition. And if they leave that job and lose that health care insurance, they will never get another policy anywhere. I have a daughter with a cardiac problem. My expectation is that if I did not have health care coverage here and went out on the open market to try to buy health care coverage, no one is going to ensure someone with a preexisting condition, with a cardiac problem. Millions and millions of Americans confront that condition every day, a preexisting condition for which they cannot now get health care insurance, a job that they are now locked into because if they leave they cannot take their insurance with them.

So Congress did something to address that. Congress said let us pass a piece of legislation called the Kassebaum-Kennedy bill that does a series of things that have great merit. Among them, you can take your health care with you when you change jobs.

That makes an enormous amount of good sense. Among them is that a preexisting condition shall not be a cause for denying health insurance coverage to a family. Boy, that is going to help millions and millions of families in this country.

So we passed that piece of legislation, and everyone now knows what the vote was because Senator KENNEDY this morning has talked about it several times. The vote in this Senate, which is very, very rare, was 100 yeas and zero nays. By 100 to nothing, the Senate said let us pass this legislation that does the right thing to address these health care problems—100 to 0. That was many months ago. Why, after many months, having passed a bill 100 to 0, do we not have that bill back through here out of a conference and to the White House for signature? Why is that bill not now law? It is very simple; because there are some who insist on holding that bill hostage because they have other things that they want to load onto that bill. They are saying if we cannot put what we want on that bill, if we cannot add to it, then you are not going to pass the bill. We insist, we demand that medical savings accounts be added to that bill.

Let me describe medical savings accounts from my perspective. I do not have the foggiest idea whether these things called medical savings accounts are good or bad. I do not know, nor do I object to some sort of demonstration project or some kind of approach that would give us the ability to determine will this sort of thing, the medical savings account, be good for our health care system or be inherently bad for our system. I do not know the answer to that.

There is one company that has marketed these things aggressively. They have been heavy, heavy contributors to Speaker GINGRICH and others, and they have just pushed and pushed and pushed this issue. But I am not one who automatically says this is a bad thing to do. I do not know. We probably ought to find out does this work or does it not work. I do not object to some kind of demonstration project to find that answer. But I do object to those who believe we should hold hostage the Kassebaum-Kennedy bill, with the meritorious health care changes that are desperately needed by many families in this country—hold that hostage to the medical savings account legislation.

We had, I think, six or eight speakers come to the floor in the first hour and a half this morning, arranged by the majority. That has been happening often. There is nothing wrong with that. It is a deliberate strategy to get a number of people to say the same thing, say it loud, say it often, and get the American people to believe what they are saying is somehow where we are. It is not where we are with respect to this important issue on health care.

We are deadlocked on Kassebaum-Kennedy, an important health care measure that will help millions and millions of American families, because we have people in this Chamber who are doing to this bill what they have done to every other piece of legislation that has had merit in the last 1½ years or so. They are saying yes, that might have merit, we might support that, but we will not allow it to move unless we add our burdens to it, even though what they are adding to it they know represent the kind of poison pills that will doom the legislation.

It is now Friday. On Tuesday, we could pass, once again 100 to 0, 100 to 0 the fundamental health care reform that is embraced in the Kennedy-Kassebaum bill. We can do that. We should do that. But we probably will not do that, notwithstanding what six or eight people said earlier this morning. We probably will not do that because those folks are saying we must insist on having medical savings accounts attached to it or we will not

support it any longer. That makes no sense at all. I hope there will be a compromise reached, there will be common ground found, so those who hold this kind of bill hostage will decide and understand, finally, the foolishness of doing so.

It is not just this bill. It is a whole series of other initiatives. The minimum wage—should we adjust the minimum wage? Yes, I think so. It was 1989, was the last time it was adjusted. We have a couple of million people, 40 percent of whom are the sole breadwinners in their family, who work for the minimum wage.

It is easy for someone to stand up here and blithely say the minimum wage doesn't matter, it is a bunch of kids frying hamburgers. It is a bunch of school kids. There are school kids working for minimum wage. I do not disagree with that. But 40 percent of the people on minimum wage are the sole breadwinners of their households. I ask you to read some of the letters from those folks who are struggling to try to make ends meet.

The kind of troubles some families have are pretty hard for some people here to understand, I think. A family wrote to me some while ago that I described. I read, late one evening, a four-page handwritten letter from a woman in North Dakota. Her trailer house burned down. They lost everything. She described the troubles she and her husband have had, people who have not had the opportunity for education, people who have four children, who lost everything. They struggle, they work for minimum wage. Their only complaint was that she was hoping maybe we could see some adjustment in the minimum wage at some point, it has been 6 years they have been frozen at the bottom of that ladder. She said,

> You know, I do not know how to tell my sons who want to play summer baseball I do not have the $25 to pay for their registration, let alone buy them a baseball glove.

These issues sound like theory here in this Chamber, but they are real to people who are trying to make a living; trying to deal with family issues and family needs every single day.

The interesting thing I find is this. This floor is crowded, literally cluttered with traffic when we are talking about things that help the big interests in this country. When you talk about some tax break that is going to help the biggest economic interests, the biggest corporations, you can hardly get in this place. Everybody is rushing down to vote ''aye.''

We have proposals now that say we want a balanced budget amendment but we also want tax cuts. Of course, much of which will go to those who already have plenty in this country. The bulk of those tax cuts are going to go to the upper income folks, people who are making hundreds of thousands of dollars a year. In fact, last year we offered an amendment that said, if you insist on proposing tax cuts at a time when we have deficits, let us at least agree on one thing. Let us agree we will limit the tax cuts to those families under $100,000 in income. The answer was, ''No, of course not, we will not do that.'' It was rejected by a partisan vote.

''All right, if you will not do that, how about at least limiting the tax cuts to families making less than a quarter of a million dollars a year?'' They said, ''No, we will not agree with that. We insist the tax benefits we are going to give go to people earning over a quarter of a million dollars a year.''

We said, ''All right, what about a million? Would you at least limit the tax cuts at the time when we have deficits and you are demanding we cut people's taxes, would you at least limit them to people whose incomes are less than $1 million a year? Would you at least do that?'' The answer was, ''No, no, we do not want to do that.''

Why would the answer be no? Because the bulk of the benefits are going to go to those very upper income folks and they know it. That is the problem around here. We have a lot of needs and we have a lot of things to do. We should balance the budget. But, in my judgment, you do not balance the budget by starting with tax cuts.

I know it is popular. I have a couple of children who love to eat desert before dinner. But to suggest that tax cuts come before we balance this Federal budget, especially tax cuts that are so fundamentally opposed to what we are trying to do—let me give an example, a tax cut that says let us make it easier to move American jobs overseas. Let us spend $300 million of the American taxpayers' money by giving that in tax breaks to companies who will take their American jobs and move them overseas. Think of this. We are up to our neck in debt, we are struggling to figure out how do we reduce the Federal deficit, and we have people coming to the floor of the U.S. Senate saying—at the time when not only do we have this debt but we are losing jobs, our manufacturing base is being diminished, jobs are moving overseas, we have people saying—''By the way, we want to change the Tax Code so we provide more tax benefits to those who move their jobs overseas.''

This simply does not add up. It is an agenda that does not relate in any way to the interests or needs of people who are working for a living and struggling, trying to make it in this economy.

I think you can summarize the baskets of issues in about three areas that we need to address and address appropriately in this Congress. We can, I suppose, just fight for the rest of the year and quibble and have a tug-of-war and accomplish nothing, which would not very well serve the interests of this country, in my judgment. Or we can find ways to decide on something, for example like the Kassebaum-Kennedy bill, which everyone in this Chamber believes has merit because every single person voted for it. The vote was 100 to nothing. We can decide, all right, we cannot agree on everything but we can agree on that.

Instead of spending all day trying to figure out what we cannot agree on, let us spend part of the day trying to figure out what we can agree on and advance that and pass it and make it law. That is exactly what we ought to do on the Kennedy-Kassebaum health bill. We know we agree on that. We have already had the vote. There was not one person in this Chamber who disagreed. So, instead of exerting all of our energy trying to figure out where we disagree, why do we not exert some energy to understand where we agree and move it to the President and make that law?

Mr. President, tens of millions of families will benefit by the preexisting condition, by the portability of insurance—tens of millions of families are waiting for this legislation to pass. It is being held hostage by those who say that if they cannot add their provision to it, if they cannot add their idea on MSA's, we are not letting it go anywhere.

That is inherently selfish, in my judgment, to say, ''If I don't get my way, you can't have your way.'' It just does not make sense to me to continue to believe that the right approach for our country is to put the brakes on good proposals, good ideas that the American people want and deserve.

I think you can break these things down into three areas that I discussed before: First is kids; second is jobs; third is values. Kids, jobs, and values. If we address those, all of us, we ought to have a common interest. There ought not be much difference in how we would respond to the needs of American children, between Republicans or Democrats. We all ought to understand this.

All of us ought to have one goal. We all ought to believe that, with respect to our kids, our future is in educating our kids. Thomas Jefferson once said, anyone who believes that a country can be both ignorant and free believes in something that never was and never can be.

Everyone in this Chamber, I expect, should believe that we want to have the best education system in this world—the best in the world, not second place, not 10th place, the best education system in the world. Now, if that is our goal, then let's just spend the rest of the year to figure out how do we work with others in our country who are involved in our education system to accomplish that goal. How do we accomplish having the best education system in the world, because that determines who wins in the international economic competition, and the international economic competition means you are going to have winners and losers. The winners are going to have jobs, expanding economies and opportunities, and the losers are going to suffer the British disease of long, slow economic decline that we saw at the end of the last century.

So, educate our kids? Does it make sense then when we understand something that works, like a Head Start Program where you take a 3- or 4-year-old kid coming from a home of poverty, from a circumstance of disadvantage, and we say to them, ''We're going to invest money in you in a Head Start Program, and we know it works, and it makes life better for those kids,'' does it make sense for us to say, ''Look, there are 60,000 of you who have names, Jim, Bill, Mary, Donna, and we've got news for you; we can no longer afford to have you in a Head Start Program''? Does that make sense?

Does it make sense, especially at a time when we are saying, ''By the way, we have money to give tax breaks, especially to people over $1 million a year in income, but we can't afford to keep 60,000 of you kids in a Head Start Program''?

The answer is, no, of course, it does not make sense. It is nuts. It does not make any sense to establish priorities that are so far out of bounds. Our kids matter. Investment in our kids matters to all of us.

The Head Start Program works. I use that simply as an example of the need, the desperate need, to get our priorities straight.

Jobs: No one comes to the floor on any regular occasion and talks about the merchandise trade deficit in this country. The merchandise trade deficit is higher than our fiscal deficit. What does that mean? Jobs that used to be here are elsewhere. Jobs that used to be American jobs are now in Malaysia, Indonesia, Sri Lanka, Bangladesh. I know the American people contribute to this. You cannot wear Mexican shorts and Chinese pants and shirts made in Taiwan and television sets made in Thailand and drive cars made in Japan and then complain about, ''Where have American jobs gone?'' People do that, but you cannot do that.

American jobs are leaving to go to where the international enterprises want to produce, where they can pay a dime an hour, a quarter an hour, 50 cents an hour, $1 an hour to compete against American workers, where we pay a living wage, minimum wage to those who work in factories that are safe because we demand they be safe, compete in circumstances where we will not allow 12-year-olds to work in textile mills because we have child labor laws.

The jobs have left this country because we have not dealt with our trade problem in a straightforward way, but you cannot get many people on this floor to talk very thoughtfully about that. People just do not want to discuss it.

But the issue of jobs is at the root of interest of families that are going to sit down for supper tonight and talk about their lives and their future and what they want for their kids. It is going to be, ''Are we going to have an opportunity to get a good job that pays a good income?''

Values? The fact is the American people are very concerned about collapsed values in this country. Just go out the door and look around a bit—the rate of crime, the rate of violent crime—and understand what is happening.

Look at the accelerated rate of teenage pregnancies and understand what is happening. Look at the number of people who have fathered children in this country and, once having fathered the child, said, ''Sayonara, I'm out of here,'' and takes no responsibility for that child and refuses to make a payment.

Collapsed values? You bet. Teenage pregnancy, deadbeat dads, crime epidemic, epidemic of violent crime—these are the issues that we have to work on, and we have to work on them in a way that responds to the way the American people want us to respond to these issues.

Welfare reform: That is part of the values issue. It is also part of kids, but two-thirds of people on welfare in America are kids under 16 years of age.

But with respect to values, it seems to me our public policy ought to be—there ought not be great debate about this—to say those who are able-bodied in the welfare system have a responsibility to work.

We have offered a proposal called the Work First Program. What we have said is, we want to turn welfare offices into employment offices. We are not interested in paying welfare. We are interested in making sure people who are able-bodied go to work. But while doing that, we insist that we not subject America's children to lives of poverty and circumstances that none of us in this room would allow our children to live in.

We cannot decide that while we solve the welfare problem, we are going to say to the poorest people in this country, and especially poor children, ''By the way, you're not entitled to health care if you're sick.'' Does that make any sense to anybody, at a time when we are talking about tax cuts for the upper-income folks in this country? It does not to me.

This week—the reason I recite some of this—is on the floor of the Senate, on the heels of the proposal for a constitutional amendment to balance the budget, which I will not go into, but it misuses the Social Security trust fund to balance the budget, on the heels of that, with all of the people saying, ''We want to balance the budget,'' the first jump out of the chute this week is, again, adding money, adding hundreds of millions of dollars, for a star wars program. Yes, a star wars program. We cannot afford the basic things, but we can afford a star wars program.

It seems to me at some point we are going to have to reconcile in this Chamber what we say with what we do. At some point, we ought to try to figure out, as I said when I began, what we agree on rather than what we disagree on, and at least enact those things and move those things that represent common interest.

Finishing where I started, one area of common interest, I think, is the Kassebaum-Kennedy bill, unless those who voted for it were not voting their hearts. Mr. President, 100 people voted for Kassebaum-Kennedy to reform this health system in a way that will benefit every American family. One hundred Senators voted for it, and now it is being held hostage in some legislative prison because someone is insisting that something else be added to it or they will simply not allow it to move. What an outrage.

I hope next Monday or Tuesday that those who are insisting they get their way or we will not have health care reform will finally decide that is not in the public's interest. Let Kassebaum-Kennedy move and bring your bill up the following day. That is just fine. None of us object. You can do that. We are going to have a vote on that.

If you have the votes here, you win. We do not weigh votes here. We count votes. If you want to bring it up, bring it up, but do not hold hostage a health care reform bill that this country needs that passed this Chamber 100 to 0.

Mr. President, I have gone on longer than I needed to. I know that my colleague, Senator LIEBERMAN, is on the floor. I ask unanimous consent that Senator LIEBERMAN be allowed to speak for 20 minutes.

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

Mr. LIEBERMAN. I thank the Chair, and I thank my friend from North Dakota. Mr. President, I appreciate his final request, and I express to him and my colleagues my fervent desire not to use—particularly I express this to the occupant of the chair—it is my fervent desire not to use the full 20 minutes.

(The remarks of Mr. LIEBERMAN pertaining to the submission of Senate Resolutions 270 are printed in today's RECORD under ''Submission of Concurrent and Senate Resolutions.'')

FILEGATE

Mr. BROWN. Mr. President, I want to express a concern about the recent discussion, both publicly and in Congress, concerning what has become to be called Filegate—that is, the questions regarding the use of FBI files and the secret, confidential material contained therein.

I am deeply troubled. I am troubled because it appears that the reaction of the White House is not to be forthcoming with regard to this crisis. My belief is that the appropriate responses is for the White House to, frankly and directly, respond to the issues, spell out what they did, indicate their corrective action, and put this question behind us. It is not one that should occupy a lot of time with regard to the congressional inquiries. It is not one that should occupy a lot of time with regard to public concerns. It ought to be dealt with and put out of the way.

To that end, Senator HATCH, as chairman of the Judiciary Committee, addressed a letter involving pertinent questions to the White House and to the Chief of Staff, Mr. Panetta. That was on June 13. It had included in it what I thought were fair questions, ones reasonably raised by the questions that are involved and asked for the appropriate information.

That letter was answered on the 19th, 6 days later. But Chief of Staff Panetta did not choose to respond. Instead, he delegated that to one of the counsel, Jack Quinn.

Mr. President, I think that is unfortunate. This is an important matter, and while it can be dealt with quickly, I think it does deserve the attention of the Chief of Staff. I think it is unfortunate that he choose not to address it. Jack Quinn answers the letter.

I want to express my concern about the answers. Frankly, Mr. President, what happened in those answers was simply to stonewall the questions. I know that is a harsh and strong judgment, and I invite Members to make their own decisions about whether or not it is accurate. But I want to share with the Members—just for the questions that I felt were relevant questions that were reasonable to ask under the circumstances—the answers. Members can make up their own minds.

I ask unanimous consent that the letter from the chairman of the Judiciary Committee, Senator HATCH, and the response letter from Jack Quinn of the White House, be printed at this point in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, DC, June 13, 1996.

Hon. LEON PANETTA,
Chief of Staff to the President, The White House, Washington, DC.

DEAR MR. PANETTA: I have several questions concerning the White House's acquisition of various FBI files, such as those of Billy Dale, as well as at least 330 other individuals, including persons who worked at the White House under Republican Administrations who no longer had access to the White House. I would appreciate your prompt response to these questions:

1. Please list the names and titles of those persons who had the authority, in December 1993, to send a memorandum under Bernard Nussbaum's name to the FBI requesting the FBI to send its background files to the White House.

2. Please provide a copy of the December 20, 1993 memorandum on White House stationary to the FBI requesting background files on Mr. Billy Dale.

3. A. Who caused this memorandum to be sent to the FBI and for what purpose(s)?

B. Did anyone direct, request, or otherwise cause such individual to send the memorandum to the FBI, and if so, please identify any such person by name and title.

C. Who is the person referenced in paragraph 4 of the June 9, 1996 declaration of Anthony Marceca (enclosed)?

4. A. When were the FBI files on Mr. Dale received by the White House?

B. Who at the White House received the FBI files on Mr. Dale?

C. Where have the FBI files on Mr. Dale been stored since their arrival at the White House?

D. Who had access to the FBI files on Mr. Dale at the White House since their arrival at the White House?

E. Did everyone who had access to the FBI files on Mr. Dale have to ''sign out'' the files when viewing them?

F. Did anyone at the White House review the FBI files on Mr. Dale, and, if so, please identify any such person by name and title.

G. Did any such person provide information from these files to other persons, and, if so, please identify any such other person by name and title.

5. A. Please identify by name and title any person(s) who directed the initiation of ''Project Update,'' referenced in paragraph 3 of the June 9, 1996, declaration of Anthony Marceca, and identify by name and title all persons who participated in ''Project Update.''

B. Did Mr. Marceca request files from the FBI on individuals not included in ''Project Update?''

6. In updating security files at the White House for purposes of continuing to grant access to the White House, is it routine for the White House to request all of the FBI files on each individual, regardless of how far back in time the date of the file?

7. With respect to the requests for the FBI files for at least 330 individuals based on, according to news accounts, outdated lists of White House pass holders provided by the Secret Service:

A. Please provide a copy of the lists upon which these requests were made.

B. Please identify by name and title the person or persons who sent the requests for FBI files, based on these lists, from the White House to the FBI.

C. Please identify by name and title those persons in the chain of custody who provided the lists to the person(s) who sent the requests for files to the FBI.

D. Please identify by name and title anyone who reviewed any of these FBI files after their delivery to the White House, and the date of such review.

E. Please identify by name and title anyone who was provided information based on any of these FBI files, and the name and title of anyone who provided such information to such individual(s).

F. Please identify by name and title the person(s) who discovered the error of relying on the lists from which these requests to the FBI were made.

G. On what date was the error of relying on these lists discovered?

H. Upon discovery of the error, what action(s) were taken and on what date(s)?

I. Upon discovery of the error, why weren't the files immediately returned to the FBI?

J. Please identify by name and title the individual who halted the requests for FBI background files based upon the list reportedly provided by the Secret Service.

7. A. Why did Ms. Beth Nolan, of the White House Counsel's office, send a memorandum dated August 19, 1993 to the Department of Justice inquiring as to whether the White House Counsel could release information from FBI background checks on the seven White House Travel Office employees fired on May 19, 1993?

B. Did the White House receive any oral or written response to this memorandum? If so, please identify by name and title anyone who provided such a response, the date of such response, and any written record of such response.

C. Was any information from FBI files on these seven employees disseminated by anyone in the White House?

8. Has the White House requested FBI files on any member of Congress or any person employed by Congress, other than in connection with an employment related security clearance check or a background review for purposes of possible employment within the Executive Branch, or appointment to the Judicial Branch?

9. Please provide a copy of all White House Counsel policies or guidelines on contacts between the White House and the FBI.

Sincerely,

ORRIN G. HATCH,
Chairman.

THE WHITE HOUSE,
Washington, DC, June 19, 1996.

Hon. ORRIN G. HATCH,
Chairman, Committee on the Judiciary, U.S. Senate, Washington, DC.

DEAR CHAIRMAN HATCH: This letter is in response to your letter of June 13, 1996 to Leon Panetta.

As you know, the investigation of the FBI files matter has been handled by both the Office of the Independent Counsel and the Federal Bureau of Investigation. The White House has been cooperating fully with these investigations. As a result, we are not undertaking our own investigation or conducting file searches. However, we will provide the information we have available that bears on your inquiries.

1. We have not undertaken to determine the identity of all persons with authority to request background files from the FBI in December 1993. In December 1993, the Office of Personnel Security's Director was Craig Livingstone, the Executive Assistant was Mary Anderson, and the staff assistant was Lisa Wetzl. Also detailed to that Office was Anthony Marceca. Mr. Livingstone reported to Mr. William Kennedy, Associate Counsel to the President, who in turn reported to Mr. Bernard Nussbaum, Counsel to the President.

2. We are not aware of any memorandum on White House stationery regarding Billy Dale that was sent on December 20, 1993. However, the request to the FBI for copies of Mr. Dale's previous reports is attached.

3. With respect to your questions about the request for Mr. Dale's file, please see the attached declaration of Anthony Marceca. We believe that the person referred to in paragraph 4 of Mr. Marceca's declaration is Nancy Gemmell.

4. Regarding the receipt and maintenance of Mr. Dale's file, please see the attached statement of Jane Sherburne.

5. Regarding your questions about ''Project Update,'' in addition Mr. Marceca, we understand that Lisa Wetzl, Executive Assistant to the Director of Personnel Security, also worked on the Update Project.

6. With respect to whether it is routine for the White House to request prior FBI reports for all holdover employees, we understand from the recently completed FBI Report that it is indeed routine to request all prior FBI reports.

7. To the extent we have information responsive to your questions about the requests for and chain of custody of any of the mistakenly obtained FBI reports, please see the Sherburne statement, the Marceca Declaration and the attached Declaration of D. Craig Livingstone. Further, we understand that Lisa Wetzl is the person who identified Mr. Marceca's mistake.

8. The memorandum that Ms. Nolan wrote to Walter Dellinger at the Department of Justice did not request advice on the release of FBI background information. Instead, as part of its investigation into the Travel Office matter, the General Accounting Office had requested the personnel files (which do not include FBI reports) of the seven fired individuals. Ms. Nolan was seeking advice as to whether fulfilling that request would be

appropriate. Copies of relevant documents, which have been provided to the House Government Oversight and Reform Committee, are attached for your information. We are not aware of a written reply.

9. We have no information responsive to your question about requests for FBI reports on Members of Congress or their staffs.

10. Enclosed is a statement released by then-White House Counsel Bernard Nussbaum which governs contacts between the White House and the FBI in the event of a potential investigation. We will provide other materials that may be helpful to you under separate cover as soon as possible.

In addition to responding to your questions, I believe it would also be helpful if I explained to you the measures taken by the White House in the wake of the mistaken and inappropriate request for FBI background investigation information in late 1993 and early 1994.

As indicated above, the White House has requested and received background investigation reports from the FBI for many years. The information is sought and used to assist the White House in making determinations about the suitability of individuals for access to the White House for employment or other official purposes.

Plainly, the requests for background investigation information that are the subject of your hearing were wrong. Based on representations made to us to date, it appears that the requests were the product of innocent errors. Obviously, if we learn otherwise with respect to White House staff, we will act swiftly and decisively.

After learning of this situation last week, President Clinton informed me in the clearest terms that he wanted (1) the American people to know the truth about what happened in this matter, (2) disciplinary action to be taken, as appropriate, and (3) policies and procedures to be initiated that would guarantee to the American people that this mistake could not happen again.

I will address each of these points in turn.

First, we have made clear that the White House not only welcomes but also encourages a complete and vigorous investigation into the matter by the appropriate law enforcement office. As you know, the Attorney General has directed the FBI to conduct a prompt and thorough investigation. I have said publicly and I say here again that the White House welcomes that investigation, and we will work cooperatively with the FBI to facilitate the prompt completion of its investigation.

Second, the President's directive that any appropriate disciplinary action be taken will be implemented based upon the facts developed in the upcoming review by the FBI. Earlier this week, Craig Livingston, who headed the personnel security office, asked to be placed on paid administrative leave, and we agreed that that was appropriate. Mr. Livingstone will not return to the White House unless and until this matter is clarified to the satisfaction of the Chief of Staff. If he does return to a position in the Administration, it will be to one that is appropriate and not to the White House Office of Personnel Security, which, as described below, has been absorbed into the Executive Office of the President (EOP) Security Office.

Third, at the direction of the President, I have instituted new policies and procedures to prevent any recurrence of the events in question. We are confident that these reforms will help restore public confidence in the integrity of the personnel security system. These new procedures, which are as rigorous as they are unprecedented, include requirements that:

Control of the White House background investigation process be placed in the hands of a personnel specialist who is a career, nonpolitical employee;

Current, express, written consent of an individual be obtained before the White House seeks his or her background investigation information from the FBI;

The Counsel to the President or a specifically designated Counsel's Office attorney approve each White House request to the FBI for background information;

The security or vetting officer who initiates the request certify that the request is made for official purposes only; and

Access to background investigation information is authorized only to those White House employees designated in writing by the Chief of Staff and the Counsel to the President.

No prior Administration had in place policies and procedures designed so effectively to prevent the type of mistake that occurred in this matter. The Report of the FBI General Counsel, dated June 14, 1996, found that the procedure by which the FBI provided background investigation information to the White House ''has changed remarkably little over the intervening three decades'' since the Johnson Administration. I am confident that our reforms will more effectively safeguard the privacy of the individuals whose background files are sought and obtained by the White House.

Below, I elaborate on some of the key changes in our policies and procedures:

On June 14, 1996, I initiated a series of reforms focusing on the process by which the White House requests background investigation information from the FBI. We will now require that White House requests to the FBI background information be made only with the express written consent of the individual who is the subject of the investigation. The individual's consent must be signed within thirty days of, and must accompany, the White House request to the FBI. No information may be obtained without the individual's consent except in extraordinary circumstances set forth in a letter of justification to the FBI from the Counsel to the President concurred in by the Attorney General or the Deputy Attorney General.

Each request to the FBI must also be approved and signed by the Counsel to the President or a specificially designated Counsel's Office attorney whose regular duties require the review of such information. In addition, each request must be signed by the Counsel to the President or a specifically designated Counsel's Office attorney whose regular duties require the review of such information. In addition, each request must be signed by the security or vetting officer who initiates the request, and that person must certify that the request is made for official purposes only. These new reforms also require identification of the specific reason why the information is being requested.

Today, I also recommended a restructuring of the personnel security functions at the White House to further accomplish the President's objective of ensuring that the mistake will not happen again. I suggested—and Chief of Staff Leon Panetta and the President agreed—that the administrative personnel security functions currently performed by the White House Office of Personnel Security be incorporated into the EOP Security Office. This change will be implemented immediately.

The EOP Security Office currently conducts personnel security functions for all EOP offices except for the White House Office, the Office of the Vice President, the Office of Policy Development, the National Security Council, and the Executive Residence. The restructuring announced today will bring the administrative personnel security functions for those offices within the purview of the EOP Security Office so that the EOP Security Office will have unified authority over all EOP personnel security functions.

The EOP Security Office is currently supervised by Charles ''Chuck'' Easley, a career employee who has served for ten years as the EOP Security Officer since joining the office in the Reagan Administration. Before coming to his current job, Mr. Easley had a twenty-year career in the U.S. Army, including eight years as the Technical Security Advisor to the Security Officer of the Joint Chiefs of Staff. Mr. Easley heads a career staff at the EOP Security Office and reports to the Associate Director for Human Resources Management of the Office of Administration, a career personnel specialist.

The EOP Security Office will perform its work on White House personnel in accordance with the procedures announced last Friday and described above. In addition, access to the background investigation information will be limited to those EOP and White House employees so authorized in writing by the Chief of Staff and the Counsel to the President whose assigned duties require the review or processing of such information.

I believe that the reforms we have now instituted will restore the public's confidence in the integrity of the process by which the White House decides who appropriately may have access to the White House complex.

Sincerely,

JACK QUINN,
Counsel to the President.

Mr. BROWN. Mr. President, the first question that I thought was quite clear and, perhaps, most appropriate was this: Basically, who had authority to request the FBI files?

That is a reasonable question and one that I think is important in order to understand the issues that came about.

What did the White House answer in response to that question? Let me read it:

> We have not undertaken to determine the identity of all persons with authority to request background files from the FBI in December 1993.

Then they go on to explain they have statements from some of the people involved.

Mr. President, that is not an answer. A reasonable, direct question was asked, and it was absolutely stonewalled in the White House response. Mr. President, that is not adequate. The American people understand mistakes can be made, but they do not understand a stonewall from the White House with regard to those questions that arise.

The second question dealt with the chain of custody of the list. They are referring to the list that was put together that requested files from the FBI, the custody and who had that list. That is a reasonable question, and it is my belief that that is an appropriate one to try to identify and get answers to.

Here is the White House response:

> To the extent we have information responsive to your questions about the requests for and chain of custody of any of the mistakenly obtained FBI reports, please see—

And they list statements by people. When you look at those statements, they are not responsive to this question at all. Some of the statements do

not even deal with the question or even relate to the question. What the White House has done to a reasonable question for the chain of custody, who had the list, is simply stonewalled. Mr. President, that is not adequate. Nor do I think it is in the interest of the White House to simply stonewall reasonable questions.

The third question: Were the FBI files' information disseminated by White House employees?

Mr. President, that is a reasonable question. Did they—which is really a violation of the law—disseminate the highly confidential information included in those files outside the White House?

How did the White House choose to answer that? Well, the fact is, they answered it in the same style they used in the last question, in No. 7 of their response. They refer you to statements that are not responsive. It is a reasonable question, and it is relevant to potential criminal activity, and it is totally stonewalled by the White House.

The Hatch letter asks: Has the White House requested FBI files on any Members of Congress or employees of Congress?

That is a reasonable question, and here is the answer:

> We have no information responsive to your question about requests for FBI reports on Members of Congress or their staffs.

What does that mean? Mr. President, that is a stonewall. That is a total refusal to deal with the questions that are reasonably asked and raised by this inquiry.

Those are four specifics, but there are others.

I note that on CNN news this morning it was reported that a source close to Mr. Livingstone told CNN that Livingstone said the White House has another list that contains the names of top key Republicans whose FBI files they want or may have requested. But the White House has chosen not to share this list with the press.

Mr. President, I have no idea if that is accurate. I assume in due course we will understand. But it comes back and relates to the fact that the committee asked. Had they requested White House files, FBI files, on Members of Congress, or its employees? The White House absolutely stonewalled the question. My sense is this, Mr. President: It is in the interest of this Nation—both Democrats and Republicans—to get this issue behind us, and the White House ought to respond to the questions, get the facts out, solve the problem and move on. But, if they continue to follow the course of totally stonewalling this inquiry, it will not inure to their benefit, and it will not be taken as an appropriate action by the American people.

Mr. President, my own sense is, just as in Watergate, that a dose of honesty and candor is absolutely the best thing that the White House can do.

I mention the following things because I am concerned that the White House has chosen not to follow that path of honesty and candor.

That is a serious charge. Let me be specific, because I think it merits specifics.

In response to the questions about this issue about Travelgate, the White House on June 6 came back and said, ''Yes. Files were requested, but the GAO did it.'' This is on Billy Dale. They blamed the requesting of the files on the GAO. The facts turn out that the GAO denied it. And it turns out that the GAO did not do it at all. The White House statement was inaccurate.

On June 6 the White House indicated that they had requested 338 files. Mr. President, that was inaccurate. On June 13 the same White House admitted that they had really requested 132 more for a total of 470 files. Mr. President, that statement was inaccurate.

On June 15, the FBI Director indicates that the White House had requested 481 files. Now the reports are that that may be too low as well.

Is the point how many files they requested? Well, it is relevant. We ought to know it. But I think it is much more important that the White House has chosen not to be forthcoming and give us accurate answers on these questions.

On June 10 the White House said that this whole incident was an accident because the Secret Service had given them an outdated list. That is, the request had gone in and included names that were inappropriate because the Secret Service had given them the wrong list. But on June 13 the Secret Service responded, and indicated and pointed out that their system is incapable of providing a list that the White House used to request files. The statement of the White House on June 10 appears to be inaccurate. It appears to have been impossible for the Secret Service files to produce the list that the White House said that they got because of inaccurate action on the part of the Secret Service. Moreover, it appears that their suggestion that they could not have a current list from the Secret Service was inaccurate; the Secret Service had produced a number of lists updated that could not have possibly included any of those names.

Finally, Mr. President, the White House has said this was a low-level bureaucratic mistake. That is the White House explanation—a ''low-level bureaucratic mistake.''

Mr. President, I will leave it up to Members and their own judgment. Mr. Livingstone's position was head of White House personnel security. That is not a low-level bureaucrat. Head of security at the White House is not a low—level bureaucrat. He was paid $65,000 a year, or thereabouts, at least from the indications we have gotten from the committee. I do not believe—Members can make their own judgment—that someone paid $65,000 a year is appropriately called a low-level bureaucrat.

Mr. President, the point is not just that the White House has made inaccurate statements, or the White House has refused to answer questions.

The point is this: Where do we go from here? My hope is that the White House will do a couple of things: Get the facts out, be honest, and let us get this issue behind us.

Mr. President, I yield the floor.

STALEMATE IN THE WORKFORCE DEVELOPMENT/CAREERS ACT CONFERENCE

Mr. PELL. Mr. President, I am deeply concerned by very partisan, political tone that is beginning to cloud deliberations over the Workforce Development/Careers Act legislation now in conference. The blame for this development cannot be placed at the doorstep of any individual or any political party. I am afraid that everyone is at fault, and that there is enough blame for everyone.

I voted for the Senate bill in committee and on the floor. I did so for several reasons. It brought a sweeping reform and a consolidation of a multiplicity of existing programs that simply were not working very well. It represented a new and innovative Federal-State partnership in administering programs that are so very important to the education and training needs of our Nation. And most important to me, it contained a series of very strong vocational and adult education provisions.

Unfortunately, the bill that is being developed in conference differs considerably from the one the Senate passed. The concept of a new Federal-State partnership that was a key element of the Senate bill is gone. The Senate provision that continued support for School To Work Programs appears doomed. A strong within-State formula that sends vocational education funds to those districts most in need is endangered.

Equally important, the need for reform is being lost in a battle for political gain. The lines of differences are hardening, and there is an all-or-nothing attitude beginning to develop on all sides. We have a Republican majority in both Houses of Congress and a Democratic administration. Yet, instead of a good give and take, instead of compromises in which both sides, we are reaching a stalemate that literally ignores the needs of millions of adult and young people who need these education and training services and who could rightfully care less who gets the credit.

Mr. President, I deeply regret this situation. I would implore both sides to erase the lines that have been drawn in the sand, and get back to the table in a serious spirit of bipartisanship. I would urge my colleagues on the other side of the aisle to refrain from anything that might be labeled a ''Republican'' bill. I would urge my fellow Democrats in both the Congress and the administration to refrain from an uncompromising insistence on provisions that will ultimately doom this

important legislation. I would ask everyone to lay their political labels aside and move ahead with one thing in mind: the need to produce a good bill that helps Americans who need our help.

PRESIDENT CLINTON'S FOREIGN POLICY ACHIEVEMENTS

Mr. PELL. Mr. President, 1996 is fast emerging as one of the most critical years of the post-cold-war period. Earlier this year, Taiwan concluded Presidential elections, taking a firm step toward a pro-democratic course under China's watchful eye. India and Israel recently held elections that resulted in dramatic shifts of power in both countries. Russia just concluded the first round of balloting in its Presidential elections, and a second round is scheduled shortly in which Russians will face a stark choice between the West-leaning Yeltsin and the former communist Zyuganov. Later this year, Bosnia is scheduled to hold elections as well, the outcome of which may well determine whether that war-torn, fragmented country will continue to exist.

As President Clinton said recently, ''we live in a moment of hope.'' The demise of the cold war, the emergence of democratic trends across the globe, advances in telecommunications and the exchange of information—all of these are helping to create a new international environment, which will force a realignment in the fundamental relationship between States, and augurs for a more stable and cooperative world.

As we complete what appears to be a transition period into an era of unprecedented opportunity, the world will look to the United States—as the only true remaining superpower—for guidance and moral authority. Any President of the United States, of course, immediately plays an epic role on the world's stage. But President Clinton seems to be paying a more critical role than most.

During the past 4 years, the Clinton administration has worked assiduously to exert influence over and capitalize on the momentous changes that have occurred. President Clinton's solid record of achievement, I would argue, demonstrates beyond all doubt that he has the requisite vision and courage to steer the ship of state into the next century. If you will permit me, I will give a brief tour of the international horizon to underscore my point.

In Europe and the former Soviet Union, the Clinton administration has achieved some of its greatest foreign policy successes. Clinton's active engagement in Bosnia—a mine field where Presidents, policymakers, and pundits once feared to tread—has brought a halt to the bloodshed and killing in one of Europe's most destructive and intractable conflicts. The presence of U.S. troops—whom early critics predicted would be drawn into a fighting war—has proven to be the key ingredient in setting the stage for the return of stability. In the next several months, the administration looks to be equally engaged in ensuring that the proper circumstances arise for free and fair elections to take place, which would go a long way toward paving the way for a U.S. withdrawal and bringing the issue to a close.

Russia follows close on Bosnia's heels as a major foreign policy success. The recent conclusion of the first round of the Presidential elections is a remarkable development in and of itself. For the first time in Russia's history, a Russian leader has endeavored to seek reelection, further strengthening prospects for the emergence of a Russian democratic culture. And the Clinton administration's policy of engaging—without actually endorsing—Yeltsin appears now to have been brilliantly conceived and well implemented.

Turning to Asia, one simply cannot neglect China. China is the most important country in the region, and the United States-China bilateral relationship is one of the most critical in the world. Our relations with China are so complex and multifaceted that it is difficult to do them justice in so brief a discussion. I would only say that in such an intricate relationship, there are bound to be successes as well as failures. I, for one, credit the Clinton administration for pursuing a better trade relationship with China, which can promote cooperation, and ultimately progress, in other areas. I think the agreements on trade the administration has achieved so far constitute a good foundation, but the key challenge from here is to ensure that agreements are enforced and commitments honored in order for broader progress to come.

Elsewhere in Asia, the administration's actions with regard to North Korea deserve special mention and commendation. It is indeed no small matter that the Clinton administration has, in essence, prevented one of the world's most dangerous rogue states from going nuclear. In doing so, the administration has set a strong precedent and learned invaluable lessons that it can apply to other aspiring nuclear powers.

In the Middle East, the Clinton administration has made a superb effort to stabilize the region and broaden international acceptance of Israel. Israel's peace agreements with Jordan and the Palestinians represent achievements that are, in my view, irreversible. I am sure that the election of a new government in Israel will prompt some changes in the calculus for a comprehensive peace, which ultimately should include Lebanon, Syria, and the Persian Gulf States. But I would argue that whatever changes occur are more likely to have an impact on the timing, rather than the inevitability, of normal relations between Israel and the Arab States.

In the Western Hemisphere, the Clinton administration can say with pride that democratically elected governments exist in every country of the region save one. And the one exception, Cuba, has become the target of particularly vigorous sanctions effort, which the administration hopes will hasten the fall of the Castro regime and open the way for the transition to democracy. Although I must confess to having opposed the tightening of sanctions, I cannot argue with the administration's intent.

The administration's effort to restore Haitian President Aristide to power represents, of course, a milestone in the hemisphere's transition to democracy. In Haiti, much as in Bosnia, this administration inherited a seemingly insoluble problem, to which it brought energy, courage, creativity, and ultimately, a resolve to use justifiable force, and thereby achieved its goal.

Finally, Mr. President, I would say a word about Africa, where United States interests have not been so easily defined as they have elsewhere, and which consequently has suffered occasionally from a lack of attention from Washington. Not so with the Clinton administration, which has made a real effort to promote stability, encourage the emergence of democratic trends, and disburse U.S. assistance effectively to promote sustainable development. The obvious high point is, of course, the peaceful transfer of power and the domestic election of President Mandela in South Africa. But there are equally important—if lesser known—success stories such as Botswana, which enjoys a freely elected government and recently graduated altogether from United States assistance.

To sum up, each of the highlights that I have touched upon represent significant achievements in their own right. In and of themselves, they command respect and recognition of a job well done by the Clinton administration in the foreign policy area. Collectively, they provide overwhelming evidence that the administration is up to the challenge of leading the United States into the next millennium, which holds promise for tremendous opportunity for our country and its citizens.

PROGRESS IN THE MIDDLE EAST PEACE TALKS

Mrs. HUTCHISON. Mr. President, I wish today to emphasize the hope all Texans and all Americans have for continued progress in the Middle East peace talks as heads of state of Arab countries begin a summit meeting in Cairo, Egypt.

These leaders are meeting the same week that Prime Minister-elect Benjamin Netanyahu presented his new cabinet to the Israeli Knesset for approval. Prime Minister-elect Netanyahu has expressed his own support for peace by listing as a guideline of his new Government that ''Israel will work to broaden the circle of peace with all of its neighbors.''

Mr. President, the United States must continue to be an important influence for peace in the Middle East

and throughout the world. President Clinton himself recently stated that he hopes the Arab leaders who attend this summit will ''give Mr. Netanyahu an opportunity to constitute his government and set a policy and not presume that we can't pursue peace.''

Under these circumstances, Mr. President, I know that it is the hope of my colleagues here, and people all across America that the governments attending the summit in Cairo, and governments throughout the Middle East, reaffirm their commitment to a comprehensive peace in the Middle East.

I believe, too, that it will be particularly important that these leaders express their willingness to work with the democratically elected government of Israel to pursue a meaningful peace.

Mr. President, through great courage on all sides, we've made significant strides toward peace. We hope and pray that we continue down that path.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Thursday, June 20, 1996, the Federal debt stood at $5,108,536,115,006.17.

On a per capita basis, every man, woman, and child in America owes $19,268.73 as his or her share of that debt.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Thomas, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the Committee on Armed Services.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGES FROM THE HOUSE

At 11:13 a.m., a message from the House of Representatives, delivered by Ms. Goetz, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 3662. An act making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 1997, and for other purposes.

MEASURE REFERRED

The following bill was read the first and second time by unanimous consent and referred as indicated:

H.R. 3662. An act making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 1997, and for other purposes; to the Committee on Appropriations.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM–611. A resolution adopted by the Council of the City of Toledo, Ohio, relative to the minimum wage; to the Committee on Labor and Human Resources.

POM–612. A concurrent resolution adopted by the Legislature of the State of Delaware; to the Committee on Labor and Human Resources.

''HOUSE CONCURRENT RESOLUTION NO. 38

''Whereas improving patient access to quality health care is a paramount national goal; and

''Whereas the key to improved health care, especially for persons with serious unmet medical needs, is the rapid approval of safe and effective new drugs, biological products, and medical devices; and

''Whereas minimizing the delay between discovery and eventual approval of a new drug, biological product, or medical device derived from research conducted by innovative pharmaceutical and biotechnology companies could improve the lives of millions of Americans; and

''Whereas current limitations on the dissemination of information about pharmaceutical products reduce the availability of information to physicians, other health care professionals, and patients, and unfairly limit the right of free speech guaranteed by the First Amendment to the United States Constitution; and

''Whereas the current rules and practices governing the review of new drugs, biological products, and medical devices by the United States Food and Drug Administration can delay approvals and are unnecessarily expensive; Now, therefore, be it

''*Resolved by the House of Representatives of the 138th General Assembly of the State of Delaware, the Senate concurring therein*, That the State Legislature respectfully urges the Congress of the United States to address this important issue by enacting comprehensive legislation to facilitate the rapid review and approval of innovative new drugs, biological products, and medical devices, without compromising patient safety or product effectiveness; and be it further

''*Resolved*, That copies of this Resolution be transmitted forthwith by the Clerk of the House or Secretary of the Senate to the President of the United States, the Speaker of the United States House of Representatives, and President of the United States Senate, and to each member of the United States Senate and the United States House of Representatives.''

POM–613. A concurrent resolution adopted by the Legislature of the State of Hawaii; to the Committee on Labor and Human Resources.

''HOUSE CONCURRENT RESOLUTION 259

''Whereas, household energy costs for heating, cooling, electricity, and other needs account for a sizable portion of living expenses for low-income families; and

''Whereas, in 1980, to assist low-income families with energy needs, Congress established the Low-Income Home Energy Assistance Program (LIHEAP) as part of the Crude Oil Windfall Profit Tax Act of 1980; and

''Whereas, LIHEAP provides block grants to the 50 states, the District of Columbia, Puerto Rico, and Indian Tribal organizations to assist eligible households in meeting the costs of home energy; and

''Whereas, under the program, states make payments directly to eligible households or to home energy suppliers on behalf of eligible households, and payments may be provided in cash, fuel, prepaid utility bills, or as vouchers, stamps, or coupons that may be used in exchange for energy supplies; and

''Whereas, in addition to providing assistance for heating and cooling needs, eligible LIHEAP households may also receive funds for weather-related and supply shortage emergencies; and

''Whereas, LIHEAP recipients are among the poorest households in America, with nearly three-fifths having an annual income of less than $6,000; and

''Whereas, while critical, LIHEAP benefits only cover about 30 percent of the energy costs of LIHEAP recipients; and

''Whereas, families whose utilities are disconnected because they cannot pay their bills face such risks as food spoilage, lack of sanitation, or eviction, that can lead to hopelessness: Now, therefore, be it

''*Resolved by the House of Representatives of the Eighteenth Legislature of the State of Hawaii, Regular Session of 1996, the Senate concurring*, That Congress is urged to continue the Low-Income Home Energy Assistance Program; and be it further

''*Resolved*, That certified copies of this Concurrent Resolution be transmitted to the President of the United States Senate, the Speaker of the United States House of Representatives, and Hawaii's Congressional Delegation.''

POM–614. A concurrent resolution adopted by the Legislature of the State of Iowa; to the Committee on Labor and Human Resources.

''SENATE CONCURRENT RESOLUTION NO. 109

''Whereas, improving patient access to quality health care is a paramount national goal; and

''Whereas, the key to improved health care in many cases and especially for individuals with serious unmet medical needs, is the rapid development and approval of safe and effective drugs, biological products, and medical devices; and

''Whereas, minimizing the delay between discovery and eventual approval of a new drug, biological product, or medical device derived from research conducted by innovative pharmaceutical and biotechnology companies could improve the lives of millions of individuals; and

''Whereas, current limitations on the dissemination of information about pharmaceutical products reduce the availability of information to health care professionals and patients, and may be viewed as interfering with the right of free speech guaranteed by the first amendment to the Constitution of the United States; and

''Whereas, the current regulations and practices governing the review of new drugs, biological products, and medical devices by the United States Food and Drug Administration may delay approval and are unnecessarily expensive: Now, therefore, be it

''*Resolved by the Senate, the House of Representatives concurring*, That the Iowa General Assembly respectfully urges the Congress of the United States to address this important issue by enacting comprehensive legislation to facilitate the rapid review and approval of innovative drugs, biological products, and medical devices, without compromising patient safety or product effectiveness; and be it further

''*Resolved*, That copies of this resolution be transmitted to the President of the United States, the Speaker of the United States House of Representatives, the President of the United States Senate, and to each member of the United States Senate and House of Representatives.''

POM–615. A joint resolution adopted by the Legislature of the State of Maine; to the Committee on Labor and Human Resources.

''JOINT RESOLUTION

''Whereas, improving patient access to quality health care is a paramount national goal; and

''Whereas, the key to improved health care, especially for persons with serious unmet medical needs, is the rapid approval of safe and effective new drugs, biological products and medical devices; and

''Whereas, minimizing the delay between discovery and eventual approval of a new drug, biological product or medical device derived from research conducted by innovative pharmaceutical and biotechnology companies could improve the lives of millions of Americans; and

''Whereas, current limitations on the dissemination of information about pharmaceutical products reduce the availability of information to physicians, other health care professionals and patients, and unfairly limit the right of free speech guaranteed by the First Amendment to the United States Constitution; and

''Whereas, the current rules and practices governing the review of new drugs, biological products and medical devices by the United States Food and Drug Administration can delay approvals and are unnecessarily expensive: Now, therefore, be it

Resolved, That We, your Memorialists, respectfully urge the Congress of the United States to address this important issue by enacting comprehensive legislation to facilitate the rapid review and approval of innovative drugs, biological products and medical devices, without compromising patient safety or product effectiveness; and be it further

Resolved, That suitable copies of this Memorial, duly authenticated by the Secretary of State, be transmitted to the honorable William J. Clinton, President of the United States, to the President of the Senate and the Speaker of the House of Representatives of the Congress of the United States and to each Member of the Maine Congressional Delegation.''

POM–616. A resolution adopted by the Senate of the Legislature of the State of Missouri; to the Committee on Labor and Human Resources.

''SENATE RESOLUTION 1326

''Whereas, improving patient access to quality health care is a paramount national goal; and

''Whereas, the key to improved health care, especially for persons with serious unmet medical needs, is the rapid approval of safe and effective new drugs, biological products, and medical devices; and

''Whereas, minimizing the delay between discovery and eventual approval of a new drug, biological product, or medical device derived from research conducted by innovative pharmaceutical and biotechnology companies could improve the lives of millions of Americans; and

''Whereas, current limitation on the dissemination of information about pharmaceutical products reduce the availability of information to physicians, other health care professionals, and patients, and unfairly limit the right of free speech guaranteed by the First Amendment to the United States Constitution; and

''Whereas, the current rules and practices governing the review of new drugs, biological products, and medical devices by the United States Food and Drug Administration can delay approvals and are unnecessarily expensive; Now, therefore, be it

''*Resolved by the Senate*, That we respectfully urge the Congress of the United States to address this important issue by enacting comprehensive legislation to facilitate the rapid review and approval of innovative new drugs, biological products, and medical devices, without compromising patient safety or product effectiveness; and be it further

''*Resolved*, That properly inscribed copies of this resolution be transmitted forthwith to the President of the United States, the Speaker of the United States House of Representatives, the President of the United States Senate, and to each member of the Missouri Delegation of Congress.''

POM–617. A joint resolution adopted by the Legislature of the State of New Hampshire, to the Committee on Labor and Human Resources.

''HOUSE JOINT RESOLUTION 21

''Whereas, the United States Department of Education has shown a tendency toward direct, federal control of schools and to reorganize education into a centralized function which cannot adequately address the needs and desires of the states and their local communities; and

''Whereas, the inhabitants of the states and their local communities are better suited to control within their means, curricula and costs within their own domain; and

''Whereas, the funds now being expended by the United States Department of Education can be better employed if sent directly to the states and their local communities: Now, therefore, be it

''*Resolved by the Senate and House of Representatives in General Court convened:* That the United States Department of Education be abolished, and that the funds now distributed by the Department be granted directly to the states on a per capita basis, without restriction, except that these funds shall be applied only to public education; and That copies of this resolution be sent by the house clerk to the President of the United States, the Speaker of the House of Representatives, the President of the United States Senate, and New Hampshire's congressional delegation.''

POM–618. A resolution adopted by the House of Representatives of the Legislature of the Sate on New Hampshire; to the Committee on Labor and Human Resources.

''HOUSE RESOLUTION 61

''Whereas, a key to improve health care, especially for persons with serious unmet medical needs, is the rapid approval of safe and effective drugs, biological products, and medical devices; and

''Whereas, minimizing the delay between discovery and eventual approval of new drugs, biological products, or medical devices derived from research conducted by innovative pharmaceutical and biotechnology companies could improve the lives of millions of Americans; and

Whereas, the current rules and practices governing the review of new drugs, biological products, and medical devices by the United States Food and Drug Administration can cause unnecessary delay and expense: Now, therefore, be it

''*Resolved by the House of Representatives*, That the Congress of the United States is hereby urged to address this important issue by enacting comprehensive legislation to facilitate the rapid review and approval of innovative new drugs, biological products, and medical devices, without compromising patient safety or product effectiveness; and That copies of this resolution, signed by the speaker of the house, be sent by the house clerk to the President of the United States, the Speaker of the United States House of Representatives, the President of the United States Senate, and the New Hampshire congressional delegation.''

POM–619. A joint resolution adopted by the Legislature of the Commonwealth of Virginia to the Committee on Labor and Human Resources.

''SENATE JOINT RESOLUTION NO. 75

''Whereas, the epidemic of violence which has engulfed this country has spread to children and has spilled over into every realm of society, including our local public elementary and secondary schools; and

''Whereas, public school officials have endeavored, by engaging in broad-based discussion and solution development, to ensure safe and healthy environments, conducive to learning, in the Commonwealth's schools; and

''Whereas, however, many disciplinary measures have been, and may be necessary in the future, to provide disincentives to unacceptable behavior; and

''Whereas, public schools have a statutory responsibility for educating students with disabilities, pursuant to the Federal Individuals with Disabilities Education Act and long-standing state law; and

''Whereas, Virginia has always been proud of her history of enlightened and progressive policies for students with disabilities, establishing state law for education of handicapped students long before the federal law was enacted, and operating programs and facilities to educate such students at state expense; and

''Whereas, however, in recent years the Commonwealth has been engaged in a legal tug of war with the federal government because of its policy of equal application of disciplinary requirements; and

''Whereas, the Commonwealth is presently under a hearing officer's order to provide free appropriate educational programs to all students with disabilities, including those students who have engaged in violent or dangerous behavior and have subsequently been suspended or expelled; and

''Whereas, although Virginia will comply with dignity to this order, this matter is still being contested, and many experts and other citizens believe that violence can only be curbed in the public schools by providing equitable and strong measures for the discipline of all students, including those students with disabilities who have been suspended or expelled and whose behavior is unrelated to their handicaps: Now, therefore, be it

''*Resolved by the Senate, the House of Delegates concurring*, That the Congress of the United States be urged to provide, in the reauthorization of the Individuals with Disabilities Education Act, disciplinary flexibility to state and local education agencies in order that they might more easily be able to ensure safe and healthy learning environments in the Commonwealth's public schools; and be it

''*Resolved further*, That the Clerk of the Senate shall transmit copies of this resolution to the President of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, and the members of the Virginia congressional delegation in order that they may be apprised of the sense of the General Assembly of Virginia.''

POM–620. A joint resolution adopted by the Legislature of the Commonwealth of Virginia; to the Committee on Labor and Human Resources.

''HOUSE JOINT RESOLUTION NO. 82

''Whereas, for the purposes of serving students who are educationally at-risk, the Commonwealth has received a separate federal appropriation for each program targeted to assisting educationally at-risk students and public schools, although such programs are related; and

''Whereas, accountability for the use of these separate pools of funds often results in

the duplication of services, inefficient service delivery, and inconsistency because of the lack of communication among schools and agencies serving the same groups of children; and

''Whereas, the regulations governing such programs are difficult to change, limiting program effectiveness and efficient service delivery to eligible students and schools; and

''Whereas, the 1995 reauthorization of the Improving America's Schools Act of 1994 (IASA), provided states an opportunity to submit one consolidated plan for the coordinated use of programs and moneys for educationally at-risk students; and

''Whereas, the Board of Education elected to submit a consolidated plan to include all eligible programs under the act; and

''Whereas, this comprehensive approach to delivering educational services to children is more effective and efficient, reduces duplication of services, and facilitates and enhances communication among schools and agencies administering such educational programs and providing related support services; and

''Whereas, the opportunity to coordinate these educational and support services will impact the academic achievement of the children served in a measurable and positive way: Now, therefore, be it

''*Resolved by the House of Delegates, the Senate concurring,* That the Congress of the United States and the President be urged to support consolidated state plans under the Improving America's Schools Act of 1994 for federally supported programs for educationally at-risk students; and, be it

''*Resolved further,* That the Clerk of the House of Delegates transmit copies of this resolution to the President of the United States, the Speaker of the House of Representatives, the President of the United States Senate, the Virginia Liaison Office, and the members of the Virginia Congressional Delegation to apprise them of the sense of the General Assembly of Virginia.''

POM–621. A petition from a citizen of the State of Texas relative to a Constitutional convention; to the Committee on the Judiciary.

POM–622. A resolution adopted by the Legislature of the State of Alaska; to the Committee on Judiciary.

''HOUSE JOINT RESOLUTION 30

''Whereas federal courts have ordered a state or political subdivision of a state to levy or increase taxes; and

''Whereas such an order violated fundamental principles of separation of powers under which the legislative branch is charged with the enactment of laws; and

''Whereas such an order, coming from a federal court, severely undermines the independence of each of the states; be it

''*Resolved by the Alaska State Legislature,* That the Congress of the United States is requested to prepare and present to the legislature of all the states an amendment to the Constitution of the United States that would prohibit a federal court from ordering a state or political subdivision of a state to increase or impose taxes in substantially the following language: Neither the Supreme Court nor any inferior court of the United States shall have the power to instruct or order a state or political subdivision thereof, or an official of such state or political subdivision, to levy or increase taxes; and be it further

''*Resolved,* That the legislatures of all the states are invited to join with Alaska to secure ratification of the proposed amendment.''

POM–623. A concurrent resolution adopted by the Legislature of the State of Iowa; to the Committee on the Judiciary.

''HOUSE CONCURRENT RESOLUTION 28

''Whereas, status offenses consist of conduct which is not criminal when committed by adults, such as truancy and running away from home; and

''Whereas, the decriminalization of status offenses has given children of all ages a license to decide what is best for themselves, regardless of whether or not they place themselves in jeopardy or have the ability to handle that license; and

''Whereas, parents and families are acutely experiencing the effects of this idealistic, illusory, and ineffective public policy which has led to the undermining of parental responsibility thus contributing to a breakdown in family discipline; and

''Whereas, temporary, secure detention of status offenders before they engage in a dangerous or unhealthy lifestyle is a part of society's responsibility to protect children who are at risk, and the exercise of which is prevented by the status offender mandates: Now therefore, be it

''*Resolved by the House of Representatives, the Senate concurring,* That Congress should repeal the decriminalization of status offenses mandate contained in the federal Juvenile Justice Delinquency Prevention Act of 1974 and return control over juvenile justice to the states; be it further

''*Resolved,* That copies of this Resolution be transmitted to the President of the United States, the Speaker of the United States House of Representatives, the President of the United States Senate, and all of the members of Iowa's congressional delegation.''

POM–624. A joint resolution adopted by the General Assembly of the Commonwealth of Kentucky; to the Committee on the Judiciary.

''JOINT RESOLUTION

''Whereas, convened in New York City, the very First Congress of the United States on September 25, 1789, submitted a proposed amendment to the United States Constitution to the state legislatures for their consideration, in pursuance of Article V of that Constitution, which reads as follows:

'Twenty-Seventh Article of Amendment

No law, varying the compensation for the services of the (U.S.) Senators and (U.S.) Representatives, shall take effect, until an election of (U.S.) Representatives shall have intervened.' and which had been presented to the state legislatures for ratification without a time constraint upon its consideration; and

''Whereas, this particular constitutional amendment became the Twenty-Seventh Article of Amendment to the U.S. Constitution during the morning hours of May 7, 1992, when the Legislature of the State of Michigan supplied the thirty-eighth approval of it; and

''Whereas, on May 18, 1992, the Archivist of the United States issued a proclamation, published in 57 Fed. Reg. 21187–8, which officially declared the 202-year-old constitutional amendment to have become part of the U.S. Constitution; and

''Whereas, on May 20, 1992, both the United States Senate and the United States House of Representatives separately adopted resolutions in which each body expressed its agreement that the 202-year-old constitutional amendment had validly become the Twenty-Seventh Article of Amendments to the U.S. Constitution; and

''Whereas, subsequent to the determinative ratification furnished by the Michigan Legislature, the Twenty-Seventh Article of Amendment was then postratified by the legislatures of the following states on the following dates: New Jersey on May 7, 1992 (during the afternoon hours) (138 Cong. Rec. S6846); Illinois on May 12, 1992 (138 Cong. Rec. H3729, H3739, S6846, S8387–8); California on June 26, 1992 (138 Cong. Rec. H10100, S18271, E2237); Rhode Island on June 10, 1993 (139 Cong. Rec. H4681, S9981–2); Hawaii on April 29, 1994 (140 Cong. Rec. H3791, S7956); and Washington on April 6, 1995 (141 Cong. Rec. H9743, S7917); and

''Whereas, the purpose of the Twenty-Seventh Article of Amendment is in keeping with the desires of the people of this Commonwealth that pay raises for members of the U.S. Congress be deferred until a biennial election of the U.S. House of Representatives has intervened, so as to avoid conflicts of interest and appearances of impropriety; and

''Whereas, it is not at all unusual for state legislatures to continue to act upon an amendment to the U.S. Constitution well after that amendment has become part of our federal charter. In 1976, for instance, the Kentucky General Assembly postratified the Thirteenth, Fourteenth, and Fifteenth Articles of Amendment to the U.S. Constitution more than a full century after all three of them had already been incorporated into the nation's highest law; Now, therefore, be it

''*Resolved by the General Assembly of the Commonwealth of Kentucky:*

''Section 1. In pursuance of Article V of the U.S. Constitution, and in conformity with the 1939 ruling of the U.S. Supreme Court in the landmark case of Coleman v. Miller, the Twenty-Seventh Article of Amendment to the U.S. Constitution, as quoted above, is hereby postratified by the Kentucky General Assembly so that this Commonwealth's special stamp of approval may be affixed thereto.

''Section 2. The Secretary of State of the Commonwealth of Kentucky shall cause true and correct copies of this Joint Resolution to be sent to the Archivist of the United States, in accordance with Pub. L. No. 98–497, to the Vice President of the United States, and to the Speaker of the United States House of Representatives, with the respectful request that it be officially published in the Congressional Record.''

POM–625. A resolution adopted by the Legislature of the Commonwealth of Massachusetts; to the Committee on Judiciary.

''RESOLUTION

''Whereas, in a five-to-four decision on April eighteenth, Nineteen hundred and ninety, the United States Supreme Court extended the power of the judicial branch of government beyond any defensible bounds; and

''Whereas, in Missouri v. Jenkins (110 Sup. Ct. 1651 (1990)), the United States Supreme Court held that a Federal court had the power to order an increase in State and local taxes; and

''Whereas, this unprecedented decision violates one of the fundamental tenets of the doctrine of separation of powers, that the members of the Federal judiciary should not have the power to tax; and

''Whereas, in response to this decision, several Members of Congress have introduced a constitutional amendment to re-establish a principle that has been well-settled: judges do not have the power to tax; and

''Whereas, the passage of such constitutional amendment (first by a two-thirds majority in both Houses of Congress and then by three-fourths of the several States' legislatures or conventions) would serve not only to reverse an unfortunate decision, but also to reassert the legislature's constitutional role in maintaining a strong tripartite system of government, a system in which each of the branches is constrained by the others; and

''Whereas, such proposed constitutional amendment is a long overdue response to a Federal judiciary that, in the pursuit of seemingly good end, fails to recognize the constitutional limits on its power; and

''Whereas, in addition to being introduced in the United States Congress such constitutional amendment has also been proposed by several States; and

''Whereas, the text of such proposed constitutional amendment reads: 'Neither the Supreme Court nor any inferior court of the United States shall have the power to instruct or order a State or political subdivision thereof, or an official of such State or political subdivision, to levy or increase taxes'; and

''Whereas, such amendment seeks properly to prevent Federal courts from levying or increasing taxes without representation of the people and against the people's wishes. Therefore be it

''*Resolved*, That the Massachusetts Senate hereby memorializes the United States Congress to propose and submit to the several States for ratification no later than January first, Nineteen Hundred and Ninety-six, an amendment to the Constitution of the United States, the text of which amendment shall read:

'' 'Neither the Supreme Court nor any inferior Court of the United States shall have the power to instruct or order a State or political subdivision thereof, or an official or such State or political subdivision, to levy or increase taxes'; and calls upon the Massachusetts congressional delegation to use immediately the full measure of its resources and influence in order to ensure the passage of such amendment to the Constitution of the United States, which provides that no court shall have the power to levy or increase taxes; and further proposes that the legislatures of each of the several States comprising the United States which have not yet made similar request apply to the United States Congress requesting enactment of such amendment to the United States Constitution; and be it further

''*Resolved*, That copies of these resolutions be transmitted forthwith by the Clerk of the * * * to the Vice President of the United States as the Presiding Officer of the Senate, the * * * of the House of Representatives, each member of the Massachusetts Congressional delegation, * * * officer and minority party leader in each house of the legislatures of each State * * *.''

POM–626. A joint resolution adopted by the Legislature of the Commonwealth of Virginia; to the Committee on the Judiciary.

''SENATE JOINT RESOLUTION NO. 146

''Whereas, with each passing year this nation becomes deeper in debt as its federal government's expenditures repeatedly exceed available revenues, so that the federal public debt is now approximately $4.9 trillion—or $19,000 for every man, woman, and child; and

''Whereas, the annual federal budget has not been balanced since 1969, demonstrating an unwillingness or inability of both the legislative and executive branches of the federal government to spend in conformity with available revenues; and

''Whereas, knowledgeable planning, fiscal prudence, and plain good sense require that the federal budget should not be manipulated to present the appearance of being in balance, while, in fact, federal indebtedness continues growing; and

''Whereas, believing that fiscal irresponsibility at the federal level, which is resulting in a lower standard of living and endangering economic opportunity now and for the next generation, is the greatest threat which faces our nation; and

''Whereas, Thomas Jefferson recognized the importance of a balanced budget when he wrote ''The question whether one generation has the right to bind another by the deficit it imposes is a question of such consequence as to place it among the fundamental principles of government. We should consider ourselves unauthorized to saddle posterity with our debts, and morally bound to pay them ourselves''; and

''Whereas, the principal functions of the Constitution of the United States include: promoting the broadest principles of a government of, by, and for the people; setting forth the most fundamental responsibilities of government; and enumerating and limiting the powers of the government to protect the basic rights of the People; and

''Whereas, the federal government's unlimited ability to borrow involves decisions of such magnitude, with such potentially profound consequences for the nation and its People, today and in the future, that it is appropriately a subject for limitation by the Constitution of the United States; and

''Whereas, the Constitution vests the ultimate responsibility to approve or disapprove of amendments to the Constitution of the United States with the People of the several States, as represented by their elected Legislatures; and

''Whereas, opposition by a small minority within Congress and, on occasion, by the President, has repeatedly thwarted the will of the People of the United States that a Balanced Budget Amendment to the Constitution of the United States should be submitted to the States for ratification, while large majorities of both Houses of Congress already have prepared, considered, and voted for such amendment: Now, therefore, be it

''*Resolved by the Senate, the House of Delegates concurring*, That the Congress of the United States be urged to submit a balanced budget amendment to the United States Constitution to the states for ratification. The Congress is encouraged to expeditiously pass and propose an amendment that would require, in the absence of a national emergency, that the total of all federal appropriations made by the Congress for any fiscal year may not exceed the total of all estimated federal revenues for that fiscal year; and, be it

''*Resolved further*, That the Legislatures of each of the several States be urged to apply to the Congress requesting the proposal for ratification of an appropriate amendment to the Constitution of the United States; and, be it

''*Resolved finally*, That the Clerk of the Senate transmit copies of this resolution to the President of the United States Senate, the Speaker of the House of Representatives of the United States, each Member of the Virginia Congressional Delegation, the Chairmen of the National Conference of State Legislatures, the Council of State Governments and the American Legislative Exchange Council, and the presiding officers of both Houses of the Legislatures of each of the other States in the Union.''

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. DODD:

S. 1896. A bill to amend the Family and Medical Leave Act of 1993 to apply the Act to a greater percentage of the United States workforce and to allow employees to take parental involvement leave to participate in or attend their children's educational and extracurricular activities, and for other purposes; to the Committee on Labor and Human Resources.

By Mrs. KASSEBAUM (for herself, Mr. KENNEDY, Mr. JEFFORDS, Mr. PELL, and Mr. HATFIELD):

S. 1897. A bill to amend the Public Health Service Act to revise and extend certain programs relating to the National Institutes of Health, and for other purposes; to the Committee on Labor and Human Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. LAUTENBERG (for himself, Mr. BROWN, and Mr. LIEBERMAN):

S. Res. 268. A resolution expressing the sense of the Senate with respect to the summit of Arab heads of state being held in Cairo beginning on June 21, 1996; to the Committee on Foreign Relations.

By Mr. LOTT (for himself and Mr. DASCHLE):

S. Res. 269. A resolution to authorize testimony and representation of former Senate employee in Ward v. United States; considered and agreed to.

By Mr. LIEBERMAN (for himself, Mr. LUGAR, Mr. BIDEN, Mr. SPECTER, Mrs. FEINSTEIN, and Mr. MOYNIHAN):

S. Res. 270. A resolution urging continued and increased United States support for the efforts of the International Criminal Tribunal for the former Yugoslavia to bring to justice the perpetrators of gross violations of international law in the former Yugoslavia; to the Committee on Foreign Relations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DODD:

S. 1896. A bill to amend the Family and Medical Leave Act of 1993 to apply the act to a greater percentage of the U.S. work force and to allow employees to take parental involvement leave to participate in or attend their children's educational and extracurricular activities and for other purposes; to the Committee on Labor and Human Resources.

THE FAMILY MEDICAL AND PARENTAL INVOLVEMENT LEAVE ACT OF 1996

• Mr. DODD. Mr. President, in my nearly 16 years as a U.S. Senator few accomplishments have given me as much pride as the day in February 1993 when President Clinton signed into law the Family and Medical Leave Act.

Passage of this legislation was an exhausting, lengthy, and sometimes exasperating process. But in the end, through the hard and courageous work of Senators from both sides of the political aisle, the vast opportunities for family and medical leave were made available to millions of Americans.

In an era when the American people bemoan the lack of bipartisanship and compromise in Washington, when they decry the blatant and nasty partnership, the Family and Medical Leave Act stands in sharp contrast.

Family and medical leave is an issue that truly goes beyond partisan political differences. It is something that

every American, be they Democrat or Republican, can relate to and understand.

Enactment of the Family and Medical Leave Act in 1993 threw millions of struggling Americans a lifeline. It made it easier for people to balance the responsibilities of work with their responsibilities to their family. And most important, it said to the American people: If you or a loved one becomes ill, you won't be forced to choose between your family and your job.

But, my involvement with the issue of family and medical leave did not end with its enactment. There is more work to be done.

Across America, working families, teachers, and school boards continue to lament the lack of parental involvement in their children's lives. With more and more families working outside the home, with mothers and fathers too busy and too stressed from working long hours, children are losing the guiding hand they need from their parents.

The Family and Medical Leave Act performed a genuine need among America's working families to allow them take leave in times of medical and family emergency. This legislation would continue that process by providing parents with the time they need to make a difference in their children's education.

For that reason, I am today introducing legislation that would build on our earlier successes while at the same time offering greater leave opportunities and flexibility to our Nation's families.

First, it would lower the threshold of coverage to include worksites with 25 or more employees. Today, 40 percent of private sector employees remain unprotected by the Family and Medical Leave Act because their worksite does not meet the current 50-or-more employee threshold.

Second, the bill would grant eligible parents 24 hours of unpaid leave per year to participate in their children's school or community group activities. Parents would provide their employers with at least 2 weeks notice and could take only 4 hours per month, unless otherwise agreed to by the employer.

These are commonsense reforms that build on the successes of the Family and Medical Leave Act while providing expanded opportunities for American families.

For those of my colleagues who doubt the success of the Family and Medical Leave Act, I urge them to examine a recent bipartisan report, which indicates that the success of the Family and Medical Leave Act is clear cut.

When this legislation passed in 1933, provisions of the bill established a commission to examine the impact of the act on workers and businesses. The commission's analysis spanned 2½ years, including independent research and field hearings across the country to hear first hand about the act's impact from individuals and businesses.

Additionally, through the Bureau of Labor Statistics, we commissioned two major research surveys to gauge the impact of family leave policies on employees and employers. These surveys provided us with the first statistically valid, nationally representative data on the impact on the legislation.

And, the overall findings of this commission are quite clear—family and medical leave is an overwhelming success. What's more, according to the commission's final report, the law represents ''A significant step in helping a larger cross-section of working Americans meet their medical and family caregiving needs while still maintaining their jobs and economic security.''

Due to this legislation, Americans have significantly greater opportunities to keep their health benefits, maintain job security, and take leave for longer and for greater reasons.

While the American people have seen expanded opportunities under this legislation, there is plenty of good news for America's businesses as well.

The conclusions of the bipartisan report are a far cry from the concerns that were voiced when this law was being considered in Congress. The vast majority of businesses—over 93 percent—report little to no additional costs associated with the Family and Medical Leave Act. More than 92 percent reported no noticeable effect on profitability. And nearly 96 percent reported no noticeable effect on growth.

Additionally, 83 percent of employers reported no noticeable impact on employee productivity. And of those that have seen an effect nearly as many are as likely to note a positive effect as a negative one. In fact, 12.6 percent actually report a positive effect on employee productivity from the Family and Medical Leave Act.

While the benefits of family leave have been clear, millions of Americans continue to face painful choices involving their competing responsibilities to family and work. Those not covered by FMLA are still often told that they must choose between sick family members and their jobs. And parents, who want to participate in their children's school and community activities, even to attend parent-teacher conferences, find their employment responsibilities are forcing them to make impossible choices.

More and more parents are simply too busy to take the time necessary to play an active role in their children's education. This comes at a time when not only is a strong education so important to our Nation's youth, but ample evidence indicates that parental involvement in school activities has a dramatic impact on academic performance.

Studies have shown that academic achievement is much higher at schools when parents are strongly involved. In fact, a recent study by the Department of Education found that parental involvement is a key factor in the development of children's reading skills. And a Carnegie Corp. study released this spring found that, ''Parents who want their children to do well in school must remain involved in their education through the middle and high school years.''

So many parents, however, simply don't have the time to participate in school and community activities while balancing responsibilities to their job. A survey of 30,000 PTA leaders found that 89 percent of parents do not get involved in their children's education because they do not have enough time. Yet another study indicates that 66 percent of employed parents report that they don't have enough time for their children. And as the number of single-parent families, and families where both parents have to work, continues to rise the constraints placed on parents are only going to increase.

The bill that I introduce today represents a genuine and commonsense effort to tackle these problems. It would take a giant step toward widening the opportunities provided under the Family and Medical Leave Act while giving parents the chance to play a greater role in their children's education.

While I'm fully aware this is an election year, I introduce this legislation with the hope and expectation that we can put aside our political differences and build on the success of the Family and Medical Leave Act.

It's common sense that hard working people should not only be able to play a role in their children's lives, but face family crises without losing their jobs. The American people understand the need for these provisions and I urge all my colleagues to join me in supporting this critically important legislation for our Nation's working families.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1896

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. COVERAGE OF EMPLOYEES.

Paragraphs (2)(B)(ii) and (4)(A)(i) of section 101 of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611 (2)(B)(ii) and (4)(A)(i) are amended by striking ''50'' each place it appears and inserting ''25''.

SEC 2. PARENTAL INVOLVEMENT LEAVE.

(a) LEAVE REQUIREMENT.—Section 102(a) of the Family and Medical Leave Act of 1993 (29 U.S.C. 2612(a)) is amended by adding at the end the following:

''(3) ENTITLEMENT TO PARENTAL INVOLVEMENT LEAVE.—

''(A) IN GENERAL.—Subject to section 103(f), an eligible employee shall be entitled to a total of 4 hours of leave during any 30-day period, and a total of 24 hours of leave during any 12-month period, in addition to leave available under paragraph (1), to participate in or attend an activity that—

''(i) is sponsored by a school or community organization; and

''(ii) relates to a program of the school or organization that is attended by a son or daughter of the employee, including foster children.

''(B) DEFINITIONS.—As used in this paragraph:

''(i) COMMUNITY ORGANIZATION.—The term 'community organization' means a private nonprofit organization that is representative of a community or a significant segment of a community and provides activities for individuals described in subparagraph (A) or (B) of section 101(12), such as a scouting or sports organization.

''(ii) SCHOOL.—The term 'school' means an elementary school or secondary school (as such terms are defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)), a Head Start program assisted under the Head Start Act (42 U.S.C. 9831 et seq.), and a child care facility licensed under State law.''.

(b) SCHEDULE.—Section 102(b)(1) of such Act (29 U.S.C. 2612(b)(1)) is amended by inserting after the second sentence the following: ''Leave under subsection (a)(3) may be taken intermittently or on a reduced leave schedule.''

(c) SUBSTITUTION OF PAID LEAVE.—Section 102(d)(2)(A) of such Act (29 U.S.C. 2612(d)(2)(A)) is amended by inserting before the period the following: '', or for leave provided under subsection (a)(3) for any part of the 24-hour period of such leave under such subsection''.

(d) NOTICE.—Section 102(e)(1) of such Act (29 U.S.C. 2612(e)(1) is amended by adding at the end of the following: ''In any case in which an employee requests leave under subsection (a)(3), the employee shall provide the employer with not less than 7 day's notice, before the date the leave is to begin, of the employee's intention to take leave under such subsection.''.

(e) CERTIFICATION.—Section 103 of such Act (29 U.S.C. 2613) is amended by adding at the end the following:

''(f) CERTIFICATION FOR PARENTAL INVOLVEMENT LEAVE.—An employer may require that a request for leave under section 102(a)(3) be supported by a certification issued at such time and in such manner as the Secretary may by regulation prescribe.''.

SEC. 3. PARENTAL INVOLVEMENT LEAVE FOR CIVIL SERVANTS.

(a) LEAVE REQUIREMENTS.—Section 6382(a) of title 5, United States Code, is amended by adding at the end the following:

''(3)(A) Subject to section 6383(f), an employee shall be entitled to a total of 4 hours of leave during any 30-day period, and a total of 24 hours of leave during any 12-month period, in addition to leave available under paragraph (1), to participate in or attend an activity that—

''(i) is sponsored by a school or community organization; and

''(ii) relates to a program of the school or organization that is attended by a son or daughter of the employee, including foster children.

''(B) As used in this paragraph:

''(i) The term 'community organization' means a private nonprofit organization that is representative of a community or a significant segment of a community and provides activities for individuals described in subparagraph (A) or (B) of section 6381(6), such as a scouting or sports organization.

''(ii) The term 'school' means an elementary school or secondary school (as such terms are defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)), a Head Start program assisted under the Head Start Act (42 U.S.C. 9831 et seq.) and a child care facility licensed under State law.''.

(b) SCHEDULE.—Section 6382(b)(1) of such title is amended by inserting after the second sentence the following: ''Leave under subsection (a)(3) may be taken intermittently or on a reduced leave schedule.''

(c) SUBSTITUTION OF PAID LEAVE.—Section 6382(d) of such title is amended by inserting before '', except'' the following: '', or for leave provided under subsection (a)(3) any of the employee's accrued or accumulated annual leave under subchapter I for any part of the 24-hour period of such leave under such subsection''.

(d) NOTICE.—Section 6382(e)(1) of such title is amended by adding at the end the following: ''In any case in which an employee requests leave under subsection (a)(3), the employee shall provide the employing agency with not less than 7 day's notice, before the date the leave is to begin, of the employee's intention to take leave under such subsection.''.

(e) CERTIFICATION.—Section 6383 of such title is amended by adding at the end the following:

''(f) An employing agency may require that a request for leave under section 6382(a)(3) be supported by a certification issued at such time and in such manner as the Office of Personnel Management may by regulation prescribe.''.●

By Mrs. KASSEBAUM (for herself, Mr. KENNEDY, Mr. JEFFORDS, Mr. PELL, and Mr. HATFIELD):

S. 1897. A bill to amend the Public Health Service Act to revise and extend certain programs relating to the National Institutes of Health, and for other purposes; to the Committee on Labor and Human Resources.

THE NIH REAUTHORIZATION ACT OF 1996

Mrs. KASSEBAUM. Mr. President, I rise today to introduce legislation which supports the important work of the National Institutes of Health. This bill, the National Institutes of Health Revitalization Act of 1996, will reauthorize the ongoing work of this outstanding Federal research institution.

We all can take great pride in the exceptional contributions that the NIH has made to the improvement of the health of our citizens.

NIH grants constitute the bulk of support for biomedical research throughout this country—almost $10 billion every year, distributed in nearly 25,000 separate grants. This unique investment of talent and dollars has one simple, overriding goal—the advancement of the health of Americans.

This agency is, indeed, an extraordinary success story. To cite just one illustration: An NIH grant made possible the discovery of the BRCA–1 gene, a genetic marker for an important form of breast cancer. Such a discovery offers great promise for new strategies for diagnosis and treatment of breast cancer and other serious illnesses.

As long term commitment to further support of research into the mysteries of the human genetic code, this bill authorizes the creation of the National Human Genome Research Institute. The elevation of the National Center for Genome Research to institute status, while budget neutral, will ensure a continued focus of NIH resources for this important work.

Mr. President, in addition to reauthorizing the lifesaving work of the two largest institutes, the National Cancer Institute and the National Heart, Lung, and Blood Institute, the bill authorizes a number of other important institutes and initiatives. Among them is research into new and resistant infections such as tuberculosis; and an Office of Rare Diseases to support research on over 2,000 uncommon diseases that, together, afflict thousands of Americans.

Another critical area that this bill addresses is the education and training of the next generation of clinical researchers, the biomedical scientists who perform research that directly involves patients. This bill provides for greater support for expert training of young biomedical scientists who have elected the difficult, and increasingly competitive, careers in scientific inquiry. In addition, it provides important resources for the 75 general clinical research centers that exist in academic medical centers throughout the country.

The role of NIH in clinical research is critical, since academic health centers in the 21st century will be posed with an unprecedented challenge: how to maintain their research mission in the face of a fundamentally changed health care system. These changes are the consequence of dramatic market shifts that are taking place in health care in this country. They have a potentially deleterious effect on the irreplaceable work of this country's academic health centers. Cost competition has made it particularly difficult for the continuation of many of these established institutions that frequently care for the sickest, as well as the poorest, citizens of our communities.

This bill also makes substantial efforts to reduce administrative excess and duplicative infrastructure at NIH. It reduces redundant committees and reports. Every dollar saved from unnecessary administrative burdens is another dollar freed up for support of biomedical research.

By its very nature, ever-expanding scientific knowledge places pressure on the limited resources for biomedical research support. Accordingly, this bill provides for a Biomedical Research Trust Fund within the Treasury. This trust fund is a first small step toward affording additional funds for the indispensable research mission in this era of shrinking Federal resources.

In conclusion, Mr. President, reauthorization of the important work of the National Institutes of Health represents for the American people an investment beyond compare or valuation. I am pleased to welcome Senators KENNEDY, JEFFORDS, PELL, and HATFIELD as original cosponsors of this legislation. I urge my colleagues to support the adoption of the National Institutes of Health Revitalization Act of 1996.

Mr. KENNEDY. Mr. President, I strongly support the NIH Revitalization Act of 1996. The National Institutes of Health is the premier health care research center in this country and the world. Reauthorizing a strong NIH should be a bipartisan goal.

This bill reauthorizes the present Institutes, and provides a framework for the NIH to respond more effectively to the health issues of today and the future.

Clinical research is addressed by incorporating many of the provisions of the Hatfield-Kennedy clinical research enhancement bill. General Clinical Research Centers, which serve as an infrastructure for clinical research and training, are authorized. Clinical Research Career Enhancement Awards and Innovative Medical Science Awards are created to support individual careers and research projects in clinical research. In addition, existing research assistance, training and loan repayment programs are expanded to include those involved in clinical investigations.

The human genome project which has been so productive becomes the National Human Genome Research Institute. The Office of Rare Diseases is formally established. A national fund for health research is created to provide additional financial resources. A number of other changes are made to streamline the administrative processes at NIH.

All of us recognize that a number of concerns require further discussion. NIH's desires for maximum flexibility have been addressed. We must also meet the research and treatment needs of particular diseases. I look forward to working together to find ways to address Parkinson's disease, the pediatric research initiative, and diabetes.

We must also find ways to deal with the impact of managed care on medical training, education, and research. That problem that was the topic of our final NIH hearing this year.

Investment in health care research is one of the soundest investments we can make in the Nation's future. The NIH Revitalization Act of 1996 is designed to maintain and strengthen our return on this investment, and I look forward to working with my colleagues on both sides of the aisle to secure its enactment.

Mr. HATFIELD. Mr. President, I am honored to join my friend and colleague from Kansas, Senator KASSEBAUM, in sponsoring legislation to revitalize the crown jewel of medical science in this country, the National Institutes of Health. Senator KASSEBAUM deserves the Nation's gratitude for her commitment to biomedical research and her efforts to ensure that the wealth of this country is measured by the health of its citizens.

The NIH has enhanced the health of our Nation immeasurably, and through the efforts of its scientists and staff continues to place us on the cutting edge of biomedical research. Yet, as all of us in this body know so well, all institutions must evolve if they are to continue to thrive. The legislation introduced today provides the elements necessary for the NIH to evolve successfully in the years to come.

Every year, medical researchers uncover more mysteries of the human body. Because of their efforts, today we have therapies, drugs and technologies that were unimaginable just a decade ago. Of great importance to all Americans is the outcome of our investment in biomedical research. We want to know, what has been cured lately? How have the billions we invest in NIH each year reached Americans and eased their suffering? How has the chasm between the scientist in the laboratory and the physician administering treatment been bridged? To address that gulf, I believe we must heighten our support for translational—or clinical—research. To that end, I introduced S. 1534 this year, the Clinical Research Enhancement Act of 1996. This bill will increase funding for clinical research, improve training for persons planning clinical research careers, and modify the focus of the NIH to make it more receptive to clinical research proposals.

I am very pleased that Senator KASSEBAUM has included components of S. 1534 in her legislation. The bill authorizes the General Clinical Research Centers which are the frontline troops not only in the training of clinical researchers but in performing many of the clinical studies in our academic medical centers. The 75 current centers have never been authorized despite their continued congressional support since 1965.

The bill also establishes two new award programs: the Clinical Research Career Enhancement Awards and the Innovative Medical Science Awards. These awards will provide both young and established investigators with the resources needed to bridge unfunded periods while promoting continued clinical research and training. At present training opportunities for persons considering clinical research careers are few and fragmented.

The bill also expands loan repayment opportunities for young physician scientists to pursue research careers. Currently the average medical school graduate has a debt of $63,000. This burden has resulted in a decline of physician researchers to just 2.2 percent of the physician population of the United States.

Last year, Congress acknowledged the importance of biomedical research when it restored proposed cuts to the NIH budget for 1996. As a result, we are now enjoying a 5.7-percent increase in funding for the NIH. However, we have far to go in stabilizing funding for medical research, and we must now turn our attention toward insuring sustainable growth in the coming years.

I am pleased that Senator KASSEBAUM's legislation also includes my bill, S. 1251, to establish a national fund for health research. This fund will supplement annual appropriations to the NIH by contributing public and private donations to enhance research grants. While the language in this bill does not specify a funding source, I am hopeful that when the bill comes to the floor we will have several options to consider to secure its financial future. I have proposed a 25-cent increase in the tobacco tax, as well as a voluntary Federal income tax checkoff in the past, and would be willing to look at other options in the future such as some sort of managed care set-aside. I believe this proposal marks the beginning of a longer-term strategy for biomedical research funding and I am gratified by its inclusion in this bill. Senator TOM HARKIN has been my longtime partner in this matter and I know he is as pleased as I am that the foundation for the fund has today been further advanced.

Finally, Senator KASSEBAUM has included one additional piece of my legislative portfolio, S. 184, a bill to establish an Office for Rare Disease Research at the NIH to assist our citizens who have the misfortune of suffering from uncommon diseases. This legislation has already passed the Senate this year, only to languish in the House. I am hopeful that this vehicle will carry it through to enactment.

This legislation, Mr. President, is essential for the continued effective functioning of the National Institutes of Health, and for the continued health of our citizens. I believe this legislation deserves our strong support and I urge my colleagues to endorse its contents. At this time, I would like to publicly commend Senator KASSEBAUM's staff, David Stevens, Kent Bradley, and Ann Rufo, for their work in crafting this revitalization package. They have been mentors to my staff and have represented Senator KASSEBAUM with great dedication and commitment in putting this vital piece of legislation together.

ADDITIONAL COSPONSORS

S. 901

At the request of Mr. BENNETT, the name of the Senator from New Mexico [Mr. BINGAMAN] was added as a cosponsor of S. 901, a bill to amend the Reclamation Projects Authorization and Adjustment Act of 1992 to authorize the Secretary of the Interior to participate in the design, planning, and construction of certain water reclamation and reuse projects and desalination research and development projects, and for other purposes.

S. 1794

At the request of Mr. GREGG, the names of the Senator from Wyoming [Mr. THOMAS], the Senator from Michigan [Mr. ABRAHAM], and the Senator from Oklahoma [Mr. INHOFE] were added as cosponsors of S. 1794, a bill to amend chapter 83 of title 5, United States Code, to provide for the forfeiture of retirement benefits in the case of any Member of Congress, congressional employee, or Federal justice or judge who is convicted of an offense relating to official duties of that individual, and for the forfeiture of the retirement allowance of the President for such a conviction.

SENATE JOINT RESOLUTION 56

At the request of Mr. HELMS, the name of the Senator from New York [Mr. D'AMATO] was added as a cosponsor of Senate Joint Resolution 56, a joint resolution disapproving the extension of nondiscriminatory treatment (most-favored-nation treatment) to the products of the People's Republic of China.

SENATE RESOLUTION 268—RELATIVE TO THE SUMMIT OF ARAB HEADS OF STATE BEING HELD IN CAIRO

Mr. LAUTENBERG (for himself, Mr. BROWN, and Mr. LIEBERMAN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 268

Whereas, Benjamin Netanyahu was elected to the position of Prime Minister of Israel on May 29, 1996;

Whereas, Prime Minister-elect Netanyahu presented his cabinet for approval to the Israeli Knesset on June 18, 1996;

Whereas, the guidelines of the new Government of Israel specifically state: ''The Government of Israel will work to broaden the circle of peace with all of its neighbors.'';

Whereas, Egyptian President Mubarak has invited heads of state in Algeria, Bahrain, Comoros, Djibouti, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, Yemen, and the Palestine Liberation Organization to attend an Arab summit in Cairo beginning on June 21, 1996; and

Whereas President Clinton has stated his hope that Arab leaders who attend this summit will ''give Mr. Netanyahu an opportunity to constitute his government and set a policy and not presume that we can't pursue peace.''; Now, therefore, be it

Resolved, That the Senate urges the governments attending the June 21, 1996, summit in Cairo and other governments in the Middle East to—

(1) reaffirm their commitment to a comprehensive peace in the Middle East;

(2) express their willingness to work with the democratically elected Government of Israel in the pursuit of a meaningful peace; and

(3) refrain from statements directed against the new Israeli government that might create an atmosphere in the region unfavorable to a continuation of the peace process.

Mr. LAUTENBERG. Mr. President, it had been my expectation that the Senate would have already taken up and passed a resolution to express the sense of the Senate about the summit of Arab heads of state, which began in Cairo today. It is cosponsored by Senators LIEBERMAN and BROWN.

The resolution is straightforward. It urges heads of state and representatives of Arab countries attending the Cairo summit and those which may not attend the summit to reaffirm their commitment to a comprehensive peace in the Middle East. It urges them to express their willingness to work with the democratically elected Government of Israel in the pursuit of a meaningful peace. Finally, it urges them to refrain from statements directed against the new Israeli Government that might create an atmosphere in the region unfavorable to a continuation of the peace process.

The resolution had been cleared by the Senate Foreign Relations Committee, all Democratic Senators, the Democratic leadership, and Members on both sides of the aisle. It was poised for approval by full Senate. However, at the last minute, the junior Senator from Texas, Senator HUTCHISON, objected to the Senate taking up the resolution because of an entirely unrelated matter. As a result, Mr. President, this resolution on the Middle East was blocked. And that is very unfortunate because many of the nations meeting in Cairo are countries intent on destroying Israel. Many are avowed enemies of Israel. Apart from Senator HUTCHISON's objection—which, again, is over an unrelated issue—there appears to be virtually unanimous support in the Senate for my resolution, and the message it sends.

Mr. President, on May 29, 1996, Benjamin Netanyahu was elected the new Prime Minister of Israel. Shortly after his election, and before he established his new government, the Government of Egypt decided to convene a meeting of most members of the Arab League.

At the invitation of Egyptian President Hosni Mubarak, heads of state from 19 Arab countries were invited to meet in Cairo. Representatives from Algeria, Bahrain, Comoros, Djibouti, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, Yemen, and the Palestinian Liberation Organization were invited to attend the summit.

While I have no objection to meetings by members of the Arab League, heads of state and government representatives attending the meeting in Cairo have nothing to be gained by limiting options for peace discussions with the newly elected Government of Israel before its policies have even been officially formulated. They have nothing to gain by issuing provocative statements and attempting to back the democratically elected Government into a corner. Restraint—not harsh rhetoric directed against the new Israeli Government that might create an atmosphere in the region unfavorable to a continuation of the peace process—should prevail.

President Clinton has stated his hope that Arab leaders who attend this summit will give Mr. Netanyahu an opportunity to constitute his government and set a policy and not presume that we can't pursue peace. That is sage advice.

While the Arab countries may be experiencing some anxiety in light of the change of the Israeli Government, it would be a mistake to let extremist countries like the Sudan, Libya, and Syria dominate the agenda of this meeting. It would be a mistake to close doors, shut off options, and establish preconditions for the continued pursuit of peace.

Mr. President, the world will be watching this meeting very carefully in the hope that the Arab countries will remain partners with Israel in the pursuit of a comprehensive peace in the Middle East. The road to a comprehensive peace is never easy, and all must conduct themselves with care and diplomacy to avoid potential misunderstandings.

Mr. President, the United States is not prejudging the new Israeli Government. The Arab leaders meeting in Cairo should not either.

I ask unanimous consent that the text of an outstanding editorial called ''The Arabs and Mr. Netanyahu'' which appeared in the New York Times last week be printed in the RECORD.

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

THE ARABS AND MR. NETANYAHU

Nineteen Arab leaders plan to meet in Cairo next week for a show of unity in the wake of Benjamin Netanyahu's selection as Prime Minister of Israel. The gather is a reminder that the prospects for peace in the Middle East depend as much on the conduct of Arab leaders as that of Mr. Netanyahu in the weeks ahead.

In responding to the new Israeli government, Arab leaders should avoid inflammatory words and actions as Mr. Netanyahu refines his course. No Arab interest would be served by provoking Israel to abandon the peace effort.

Most of the Arab leaders headed for Cairo are involved, at one level or another, in the new diplomacy of engagement with Israel initiated by the Bush Administration in the days following the Persian Gulf war. Jordan and the Palestinians have joined Egypt in signing formal peace agreements with Israel. Several other North African and Persian Gulf states have extended limited degrees of diplomatic recognition.

No fewer than 15 Arab countries plus the Palestinians regularly meet with Israeli representatives to discuss vital regional issues like water and economic development. Saudi Arabia, while it has regrettably shied away from recognition, has invested its considerable diplomatic and economic weight behind these regional peace efforts.

The emerging Arab peace camp, so visible at Yitzhak Rabin's funeral and the antiterrorism summit meeting at Sharm el-Sheik, should not step forward once again to counsel restraint. More belligerent voice, like that of the Libyan leader, Col. Muammar El-Qaddafi, and the militantly Islamic Sudanese regime, will also be present in Cairo. Groups like Hezbollah in Lebanon and Hamas and Islamic Jihad in Gaza and the West Bank may try to use terrorism to force Israel to break off the peace talks that these groups have always rejected.

Syria rests somewhere between the peace camp and the enemies of peace. With Mr. Netanyahu withdrawing the Israeli offer to return the Golan Heights and suggesting that he is more interested in strengthening relations with Jordan and Egypt than with Syria, the Syrian President, Hafez-al-Assad, is determined to avoid isolation. He hopes the summit meeting with stiffen King Hussein's resolve to resist any Israeli offers of authority over areas of the West Bank or Muslim religious sites in Jerusalem. He also wants Washington to continue serving as an intermediary between Israel and Syria.

Egypt would like to reassert its traditional leadership in Arab affairs by bringing together those countries that have already made peace with Israel and those that have not.

The Palestinian leadership, for its part, has little choice but to proceed down the diplomatic road on which it has embarked. While Mr. Netanyaghu has said he doubts the finality of Mr. Arafat's break with terrorism, the Israeli leader has no interest in pushing Palestinians into the arms of Mr. Arafat's chief rivals, Hamas and Islamic Holy War.

Despite Mr. Netanyahu's promise to expand West Bank settlements, and his opposition to Palestinian statehood, there remains much for Israel and the Palestinians to discuss, including economic and water issues, security and a timetable for Israel's partial withdrawal from Hebron.

With Mr. Netanyahu forming a government and Arab leaders regrouping, careless threat or provocative statement from either side could deepen the mutual distrust that already exists. Mr. Netanyahu has spoken with care and diplomacy since his election. The Arab leaders should do no less.

Mr. BROWN addressed the Chair.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BROWN. Mr. President, today, Senator LAUTENBERG, the Senator from New Jersey, submits for himself, myself, and Senator LIEBERMAN a resolution that deals with the Arab summit that has been called for on June 21. It calls together a number of Presidents and leaders of countries in the Middle East. Presumably, included in their discussions will be the peace process and its progress thus far.

That meeting, taking place in Cairo, is an important meeting. The resolution that Senator LAUTENBERG and I and Senator LIEBERMAN have offered today expresses concerns about that. I think President Clinton expressed many of our concerns, as well, when he stated his hope ''that the Arab leaders who attend the summit will give Mr. Netanyahu an opportunity to constitute his government and set policy and not presume that we cannot pursue peace.''

I think that is terribly important. I had hoped this resolution would be considered today and adopted unanimously. Unfortunately, there have been some problems getting that unanimous-consent process today. I do not believe it relates to the substance of the resolution in any way.

Our resolution suggests three things, and I believe all Members of the Senate join in this.

One, that the governments in the Middle East should reaffirm their commitment to a comprehensive peace in the Middle East.

Mr. President, that is vital. If economic and civil rights progress is to be made in the Middle East, peace has to be the lubricant that brings it to the forefront.

Second, we believe that the Government should express their willingness to work with the democratically elected Government of Israel in the pursuit of meaningful peace.

Mr. President, we acknowledge and understand that countries disagree over their policies. But the fact is that Israel has a democratically elected government. We believe they ought to be respected and given the opportunity to work with those other leaders for peace.

Third, the resolution calls on Middle Eastern governments to refrain from statements directed at the new Israeli Government that might create an atmosphere in the region that is unfavorable to the continuation of the peace process.

Mr. President, it is in everybody's interest to move ahead with peace and the peace process. We hope very much that not only the summit that takes place on the 21st, but the activities of all the governments will be to that end.

SENATE RESOLUTION 269—RELATIVE TO AUTHORIZING TESTIMONY AND REPRESENTATION OF FORMER SENATE EMPLOYEE

Mr. LOTT (for himself and Mr. DASCHLE) submitted the following resolution; which was considered and agreed to:

S. RES. 269

Whereas, in the case of *Carol Ward* v. *United States,* Civil Case No. 95–WY–810–WD, pending in the United States District Court for the District of Colorado, testimony has been requested from William T. Brack, a former chief of staff to Senator Hank Brown;

Whereas, pursuant to sections 703(a) and 704(a)(2) of the Ethics in Government Act of 1978, 2 U.S.C. §§288b(a) and 288c(a)(2), the Senate may direct its counsel to represent employees of the Senate with respect to any subpoena, order, or request for testimony relating to their official responsibilities;

Whereas, by the privileges of the Senate of the United States and rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate may, by the judicial process, be taken from such control or possession but by permission of the Senate;

Whereas, when it appears that evidence under the control or in the possession of the Senate may promote the administration of justice, the Senate will take such action as will promote the ends of justice consistently with the privileges of the Senate: Now, therefore, be it

Resolved, That William T. Brack is authorized to testify in the case of *Carol Ward* v. *United States,* Civil Case No. 95–WY–810–WD (D. Colo.), except concerning matters for which a privilege should be asserted.

SEC. 2. That the Senate Legal Counsel is authorized to represent William T. Brack in connection with his testimony in *Carol Ward* v. *United States.*

SENATE RESOLUTION 270—RELATIVE TO THE INTERNATIONAL CRIMINAL TRIBUNAL FOR THE FORMER YUGOSLAVIA

Mr. LIEBERMAN (for himself, Mr. LUGAR, Mr. BIDEN, Mr. SPECTER, Mrs. FEINSTEIN, and Mr. MOYNIHAN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 270

Whereas the United Nations, recognizing the need for justice in the former Yugoslavia, established the International Criminal Tribunal for the former Yugoslavia (hereafter in this resolution referred to as the ''International Criminal Tribunal'');

Whereas United Nations Security Council Resolution 827 of May 25, 1993, requires states to cooperate fully with the International Criminal Tribunal;

Whereas the parties to the General Framework Agreement for Peace in Bosnia and Herzegovina and associated Annexes (in this resolution referred to as the ''Peace Agreement'') negotiated in Dayton, Ohio and signed in Paris, France, on December 14, 1995, accepted, in Article IX, the obligation ''to cooperate in the investigation and prosecution of war crimes and other violations of international humanitarian law'';

Whereas the Constitution of Bosnia and Herzegovina, agreed to as Annex 4 of the Peace Agreement, provides, in Article IX, that ''No person who is serving a sentence imposed by the International Tribunal for the former Yugoslavia, and no person who is under indictment by the Tribunal and who has failed to comply with an order to appear before the Tribunal, may stand as a candidate or hold any appointive, elective, or other public office in Bosnia and Herzegovina'';

Whereas the International Criminal Tribunal has issued 57 indictments against individuals from all parties to the conflicts in the former Yugoslavia;

Whereas the International Criminal Tribunal continues to investigate gross violations of international law in the former Yugoslavia with a view to further indictments against the perpetrators;

Whereas on July 25, 1995, the International Criminal Tribunal issued an indictment for Radovan Karadzic, president of the Bosnian Serb administration of Pale, and Ratko Mladic, commander of the Bosnian Serb administration and charged them with genocide and crimes against humanity, violations of the law or customs of war, and grave breaches of the Geneva Conventions of 1949, arising from atrocities perpetrated against the civilian population throughout Bosnia-Herzegovina, for the sniping campaign against civilians in Sarajevo, and for the taking of United Nations peacekeepers as hostages and for their use as human shields;

Whereas on November 16, 1995, Karadzic and Mladic were indicted a second time by the International Criminal Tribunal, charged with genocide for the killing of up to 6,000 Muslims in Srebrenica, Bosnia, in July 1995;

Whereas the United Nations Security Council, in adopting Resolution 1022 on November 22, 1995, decided that economic sanctions on the Federal Republic of Yugoslavia (Serbia and Montenegro) and the so-called Republika Srpska would be reimposed if, at any time, the High Representative or the IFOR commander informs the Security Council that the Federal Republic of Yugoslavia or the Bosnian Serb authorities are failing significantly to meet their obligations under the Peace Agreement;

Whereas the so-called Republika Srpska and the Federal Republic of Yugoslavia (Serbia and Montenegro) have failed to arrest and turn over for prosecution indicted war criminals, including Karadzic and Mladic;

Whereas efforts to politically isolate Karadzic and Mladic have failed thus far and would in any case be insufficient to comply with the Peace Agreement and bring peace with justice to Bosnia and Herzegovina;

Whereas in the so-called Republika Srpska freedom of the press and freedom of assembly are severely limited and violence against ethnic and religious minorities and opposition figures is on the rise;

Whereas it will be difficult for national elections in Bosnia and Herzegovina to take

place meaningfully so long as key war criminals, including Karadzic and Mladic, remain at large and able to influence political and military developments;

Whereas on June 6, 1996, the President of the International Criminal Tribunal, declaring that the Federal Republic of Yugoslavia's failure to extradite indicted war criminals is a blatant violation of the Peace Agreement and of United Nations Security Council Resolutions, called on the High Representative to reimpose economic sanctions on the so-called Republika Srpska and on the Federal Republic of Yugoslavia (Serbia and Montenegro); and

Whereas the apprehension and prosecution of indicted war criminals is essential for peace and reconciliation to be achieved and democracy to be established throughout Bosnia an Herzegovina: Now, therefore, be it

Resolved, That (a) the Senate finds that the International Criminal Tribunal for the former Yugoslavia merits continued and increased United States support for its efforts to investigate and bring to justice the perpetrators of gross violations of international law in the former Yugoslavia.

(b) It is the sense of the Senate that the President of the United States should support the request of the President of the International Criminal Tribunal for the former Yugoslavia for the High Representative to reimpose full economic sanctions on the Federal Republic of Yugoslavia (Serbia and Montenegro) and the so-called Republika Srpska, in accordance with United Nations Security Council Resolution 1022 (1995), until the Federal Republic of Yugoslavia (Serbia and Montenegro) and Bosnian Serb authorities have complied with their obligations under the Peace Agreement and United Nations Security Council Resolutions to cooperate fully with the International Criminal Tribunal.

(c) It is further the sense of the Senate that the NATO-led Implementation Force (IFOR), in carrying out its mandate, should make it an urgent priority to detain and bring to justice persons indicted by the International Criminal Tribunal.

(d) It is further the sense of the Senate that states in the former Yugoslavia should not be admitted to international organizations and fora until and unless they have complied with their obligations under the Peace Agreement and United Nations Security Council Resolutions to cooperate fully with the International Criminal Tribunal.

SEC. 2. The Secretary of the Senate shall transmit a copy of this resolution to the President of the United States.

Mr. LIEBERMAN. Mr. President, I do rise today on a serious matter. That is to submit, along with several colleagues, a resolution which we hope will advance the twin causes of peace and justice in the former Yugoslavia. I am very proud to be joined in introducing this resolution by a bipartisan group of colleagues, Senator LUGAR, Senator BIDEN, Senator SPECTER, Senator FEINSTEIN, and Senator MOYNIHAN.

Unfortunately, because of the ups and downs of Senate scheduling, I do not think that any of these distinguished colleagues are able to be here today to join me to speak on this resolution, though Senator BIDEN did address the subject generally and mentioned the imminence of this resolution when he spoke on the floor on Wednesday. I hope my colleagues will have the opportunity to speak to the resolution in the days and weeks ahead.

Last October President Clinton honored us in Connecticut by speaking at the University of Connecticut, at the opening of the Thomas J. Dodd Library and to commemorate the 50th anniversary of the Nuremberg trials that followed World War II. At that time, last October, while war still raged in the former Yugoslavia, in Bosnia, President Clinton spoke these very eloquent words. ''Some people,'' he said, ''are concerned that pursuing peace in Bosnia and prosecuting war criminals are incompatible goals. But I believe,'' President Clinton said, ''they are wrong. There must be peace for justice to prevail, but there must be justice when peace prevails.''

I could not agree more. A very powerful principle stated very eloquently by President Clinton.

Later last year, a few months later, the United States, led by former Assistant Secretary of State Richard Holbrooke, in an extraordinary act of diplomacy, following the force that the United States operation had applied to the forces on the ground, particularly the aggressive forces in Bosnia, the parties to the conflict were brought together in Dayton, OH.

The peace agreement for Bosnia resulting from those talks in Dayton was signed in Paris just about 6 months ago. There followed the deployment of the NATO-led Implementation Force, or IFOR, including within it 20,000 of America's finest soldiers. The work of IFOR has been a clear success in ending the war, in separating the forces, and in monitoring the actual withdrawal of the previous combatant forces to within agreed areas under the Dayton peace agreement.

But, Mr. President, unfortunately the process of rebuilding Bosnia as a unified, multiethnic state has been much slower and much more difficult. I suppose that should not be shocking when one considers the scars of war, the way in which the war took a country that had become in so many parts of it so magnificently multiethnic and brought out and raised to the surface historic ethnic antagonisms that had previously existed.

But even in that effort toward recreating Bosnia, progress has been made. Yet many, understandably, have called for the elections that are planned, pursuant to the Dayton agreement, for September 14 to be delayed because the conditions do not yet exist for them to be free and fair. War criminals are still in power, refugees and displaced persons are unable to return to their homes, and freedom of movement is still severely limited by the nationalistic barriers that have been created in one community or another within Bosnia.

But I believe strongly that our focus should not be on when the elections should take place. Rather we, together with the majority of people in Bosnia and in the international community who favor peace and reconciliation, must redouble our efforts to create the right conditions for the elections to go forward as scheduled.

Mr. President, to do so, to rebuild that peace and reconciliation that I am convinced the overwhelming majority of Bosnians long for so deeply, we must deal with the problem of indicted war criminals, particularly Karadzic and Mladic, former President and military chief of the Bosnian Serb aggressors.

These two, as is well known, remain at large. They are able to influence political and military developments. As the President said so well in the statement that I quoted, there can be no peace without justice in the long term. To secure that peace the time has come for this body to restate that the apprehension of these indicted war criminals must be an urgent priority. It is time for concerted action to bring these indicted war criminals to justice.

So the resolution we are introducing today is really quite direct and simple. It restates the clear obligation under the Dayton peace agreement and U.N. Security Council resolutions of all the parties in the former Yugoslavia, including in particular both the Federal Republic of Yugoslavia, with its capital in Belgrade, and the Bosnian Serb entity called Republika Srpska, to cooperate with the International Criminal Tribunal.

Mr. President, the most urgent element of that requirement is that the indicted war criminals, particularly Karadzic and Mladic, must be detained and brought to justice. That must be reaffirmed and remain an urgent priority, in the words of the resolution we have introduced. To do that, the resolution calls for four separate actions.

First, it finds and urges that the International Criminal Tribunal, the war crimes tribunal, merits continued and increased American support to do its work. The tribunal faces daunting challenges in collecting and analyzing evidence to ascertain exactly what crimes were committed and by whom. But if this work is not done, the peace that is enjoyed in Bosnia will forever be a hollow peace and in fact it will not be a lasting peace.

Second, the resolution expresses the sense of the Senate that the President should support the request of the President of the International Criminal Tribunal, the war crimes tribunal, for reimposition of economic sanctions on the Federal Republic of Yugoslavia with its capital in Belgrade and on the Bosnian Serbs for their clear failure to carry out the responsibilities they accepted in signing the Dayton peace agreement, which is to say, their failure to cooperate with the tribunal in the apprehension and the bringing to justice of these indicted war criminals.

There are many flagrant pieces of evidence of this. Some months ago there were television pictures of General Mladic in a parka skiing as if he was some American on a weekend jaunt in the winter to northern New England, in my part of the country, or perhaps Colorado or Utah or other

parts of the country. An indicted war criminal, a man with blood on his hands, specifically indicted for being the leader involved in the slaughter of at least 6,000 people—6,000 people—in Srebrenica after the fall of that undefended city, allegedly a safe haven in Bosnia.

Most recently, of course, Karadzic has been seen repeatedly walking around, seemingly free, in the Republika Srpska. General Mladic recently carried out the responsibility of attending a funeral in Belgrade—quite publicly. Authorities clearly knew he was coming, and he was not arrested.

I think it is clear that the Serbian authorities, in this case, particularly President Milosevic, have failed to act. That failure to act is clear, and it is inexcusable.

The High Representative, Carl Bildt, overseeing so much of the civilian reconstruction effort, has the clear authority to reimpose sanctions if the Federal Republic of Yugoslavia or the Bosnian Serbs, are failing significantly—that is the term used—to meet their obligations under the peace agreement.

There can be no doubt that the continued leadership roles of Karadzic, Mladic, and others are a significant violation of the Dayton agreement. Mr. President, this resolution calls for reimposition of full economic sanctions, which we believe is long overdue.

Third, the resolution expresses the sense of the Senate that the NATO-led implementation force, or IFOR, in carrying out its mandate, should make it an urgent priority to detain and bring to justice persons indicted by the International Criminal Tribunal. I know that some will be concerned that this call for IFOR action to arrest war criminals could lead to a situation similar to the hunt for Aideed in Somalia, which had tragic consequences. That, Mr. President, I assure my colleagues, is not the intention of those of us who have sponsored the resolution. The resolution is drawn with real clarity and concern to make sure that is the case. The detention of war criminals, in fact, has always been part of the IFOR mandate. The IFOR's authority to arrest war criminals has never been in doubt. But the kind of house-to-house search carried out in Somalia is not called for by this resolution.

In fact, from what I have heard Secretary Perry and General Shalikashvili say, IFOR is already mandated and, in fact, is doing just what it should be: patrolling more widely and aggressively to restrict the freedom of movement of war criminals, as well as to improve the freedom of movement of ordinary, peaceful citizens. If an IFOR patrol encounters Karadzic or Mladic or any other indicted war criminal, IFOR personnel should bring to bear the necessary resources to effectively detain those war criminals and to bring them to justice.

We did not want to go into this level of detail in this resolution because, frankly, we do not believe the Senate should be expressing such detailed directions about on-the-ground military operations. The intention of this resolution is to make clear that an agreed upon aspect of the IFOR mission—to detain war criminals and bring them to justice—must remain an urgent priority and must be carried out effectively.

Mr. President, the reason this function is so critical, so central, to the IFOR mission is that otherwise all the extraordinarily courageous and effective work done by this 60,000-person force, 20,000 of whom are Americans, all the work they have done to separate the parties, to move them back into agreed upon areas, to create the context for peace, will all be for naught. All the effort, all the money spent, in my opinion, will all be worth nothing and have no lasting affect unless these war criminals are apprehended, because so long as they are free, their freedom makes a mockery of the Dayton agreement. It is an insult, a wound, to those hundreds of thousands of people who lost relatives or who were forcibly removed from their homes during the war.

The fact is that so long as people like Karadzic and Mladic, indicted war criminals, remain free, peace will not take hold in the former Yugoslavia. That is why we are restating, as this resolution does, that the apprehension, the detention, and bringing to justice of these war criminals must remain an urgent priority as part of the IFOR mission in the former Yugoslavia.

Fourth, finally, recognizing that the lack of full cooperation on war crimes goes beyond the so-called Republika Srpska, the resolution calls for all States in the former Yugoslavia—this involves people on all sides ethnically—to be denied membership and participation in international organizations until and unless they are operating fully with the tribunal.

Mr. President, as we have found over the course of the conflict in the former Yugoslavia, which threatened to grow wider and threaten stability more broadly in Europe, if the sound of the trumpet—if I may paraphrase the Bible—is uncertain, who will follow into battle? If the sound of the trumpet is uncertain, who will hear what is behind the trumpet?

If we allow these outrageous, provocative acts by indicted war figures roaming free to go unresponded to, they will act more outrageously. The latest proof of this is in the newspaper this morning. Page A–30 of the Washington Post carries a Reuters story from Belgrade: ''A local board of the Serb Democratic Party nominated Radovan Karadzic today as candidate for president of the Bosnian Serb Republic in elections to be held later this year, Serb media reported.''

Can you imagine that? Can you imagine the outrage here? This is as if, at the end of World War II, someone in one of the countries that the allies defeated nominated a leader in that country who had fought the war against us to be a leader of the postwar country. Can you imagine the reaction in the United States of America if that had happened?

Here these people are nominating Karadzic, in direct and outrageous violation of the Dayton agreement, to run for President. This is specifically prohibited by the Dayton agreement, but reminds us that unless we continue to keep the apprehension of these criminals as an urgent priority, unless we begin to tighten the screws again by reimposing economic sanctions on Belgrade and tightening the area of mobility that these war criminals have enjoyed in the past, as I am encouraged to believe we are now doing, this whole effort will have been for naught.

This resolution, my cosponsors and I believe, gives the Senate an opportunity to make clear the importance we place on the full and successful completion of the IFOR mission, which is to say to remove the conditions that will bring about clearly a return of war and genocide and the absence of peace with true justice in Bosnia.

In closing, I want to thank my colleagues who joined me in cosponsoring this resolution. I hope that other colleagues of both parties—there is nothing partisan about this at all—will take a look at the resolution and decide to cosponsor and join us as supporters.

Mr. President, I do also want to offer personal thanks to Frederic Baron who is working in my office as a fellow on loan from the State Department, who really represents a quality of service, as I have seen in my office, the highest standards of intellect and of principle that characterizes the American Foreign Service. I thank Frederic for the role he played in assisting me in putting this resolution together.

NOTICE OF HEARING

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. MURKOWSKI. Mr. President, I would like to announce for the information of the Senate and the public that an oversight hearing has been scheduled before the Committee on Energy and Natural Resources.

The hearing will take place on Thursday, July 11 at 9:30 a.m. in SD–366 of the Dirksen Senate Office Building in Washington, DC.

The purpose of this hearing is to receive testimony on the issue of competitive change in the electric power industry. It will focus on the FERC wholesale open access transmission rule, Order No. 888.

Those who wish to testify or to submit written testimony should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, DC 20510. Presentation of oral testimony is by committee invitation. For further information, please contact Shawn Taylor or Howard Useem at (202) 224–6567.

ADDITIONAL STATEMENTS

DEDICATION OF THE PENCE RECEPTION CENTER AND GIFT SHOP

• Mr. FRIST. Mr. President, on Sunday, June 9, as part of Tennessee's year-long bicentennial celebration, I traveled to Kingsport, TN, to deliver remarks at the dedication of the Pence Reception Center and Gift Shop, a part of Netherland Inn complex. I ask that my remarks be printed in the RECORD.

The remarks follow:

DEDICATION OF THE PENCE RECEPTION CENTER AND GIFT SHOP, KINGSPORT, TN

It's always great to be home in Tennessee, but it's even more wonderful when being here gives me the opportunity to help celebrate Tennessee history, and pay tribute to Tennessee volunteers. And what could be more appropriate—in this place that was once a favorite stop on the Old Great Stage Road from Washington City to Nashboro—than that I should also travel from Washington to be here with you today.

Two hundred years ago, our pioneer forefathers banded together to forge a new future for the Southwest Territory. Like the path to the West, the road to Statehood was replete with obstacles—from land disputes with North Carolina to Party disputes that held the territory's Statehood petition hostage to Presidential politics. But the spirit of Tennessee's founding fathers prevailed, and on June 1, 1796 Tennessee became the 16th state in the Union.

One hundred years ago, our Centennial celebration highlighted that pioneer spirit for Tennesseans—and for all the world. Today, with ongoing Bicentennial celebrations like this one in every city and county, that legacy is being carried forth—not just to another generation and into another century, but into the next millennium! What a proud heritage to pass along.

Over the past 100 years, we've watched this area change from one that was almost entirely agricultural to one with modern cities and industrial development. But the Tennesseans who live here have retained their roots in the land, just as the neighborhoods in which they live still retain much of the charm of early America.

Another thing that has not—and will not—change is our volunteer spirit. Ever since that day in 1848, when Governor Brown called for 3,000 volunteers to help win the war with Mexico and 30,000 charged to the fight, our reputation as ''The Volunteer State'' has gone unchallenged.

Nothing better exemplifies that spirit than this cabin which we dedicate today. Like the entire Netherland Inn complex, it is rich with stories of selflessness and volunteerism—from the foresight of Joe Wimberly, who first proposed the idea of making the Pence cabin part of the Netherland Inn complex, to the generosity of the Carl Brauns who donated it, to the tireless efforts of the entire crew of the Bent Nail Construction Company—and countless others—who helped make this project possible, especially Mr. Ben Brown.

For thirty years, Ben Brown has been a tireless advocate for the Netherland Inn, and this project is but one example of his dedicated support. As Karyn and I—and I'm sure many others—have discovered, once Ben makes a commitment to someone or some project, that support never waivers. We could not have a better friend, nor Kingsport a better community leader, than Ben Brown.

As a result of all your efforts, the Pence cabin will now be preserved forever, not only as a part of Tennessee history, but as a monument to Tennessee's volunteer spirit.

This year, when so much history is being made in Washington, when we are struggling to restore our Nation to the kind of land envisioned by our Founding Fathers—a land where taxes are low and government is limited, where states have rights, and people have power—I can't help but appreciate even more the rich history of our State and the contributions it has made to our national heritage.

Think about it—right here in this place three Presidents of the United States stopped frequently on their trips to and from Washington—Andrew Jackson, Andrew Johnson, and James K. Polk.

And on a personal note, as a native Nashvillian, I am personally indebted to Col. John Donelson because if he hadn't taken his flotilla of flatboats from Kingsport to Big Salt Lick, my home town of Nashville might never have been founded—and who knows where I would have been born!

Tennessee has a proud history to look back on. But let's not forget that we also have a bright future before us. The volunteers of Tennessee are no longer living on the frontier, but their pioneering minds and spirits continue to drive them toward success. When our descendants celebrate the next hundred years of Tennessee history, I know that they will be just as proud of their ancestors as we are of ours today.

Thank you all for coming. God bless you, and God bless the great State of Tennessee!•

MARTINEZ-GARCIA-NERIO-REYES AMERICAN LEGION POST 500

• Mr. LEVIN. Mr. President, on June 29, 1996, American Legion Post 500 will celebrate its 50th anniversary. In November 1945, after returning from service in World War II, Mexican-American veterans in the Saginaw area began meeting to exchange stories of their experiences during combat. These veterans decided to organize and were later recognized as the Latin American Club for Veterans.

Many Mexican-Americans came to Michigan during the 1920's to work in the fields, on the railroads, and at the auto plants. These migrants experienced many difficulties arising from cultural differences and their inexperience with the English language. After the war, Mexican-Americans in the Saginaw area continued to experience prejudice and discrimination. The members of the Latin American Club for Veterans felt it was important to have a stronger voice in Saginaw to serve the Mexican-American community. Therefore, they decided to apply for a chapter charter in the American Legion.

On April 20, 1946, Latin American Legion Post 500 was chartered. It was later decided to rename the post after the first four Mexican-Americans killed in World War II. The names of Louis Martinez, Julian Garcia, Sifred Nerio, and John Reyes live on today at American Legion Post 500. Since its inception, over 1,000 veterans serving in World War II, Korea, Vietnam, and Desert Storm have been members of the post.

In addition to assisting veterans, the post has been involved in helping the community. The post supports sports teams, donates food to the needy, and sponsors a program where boys travel to Lansing for a week to learn how our State capitol works. I know that my Senate colleagues join me in honoring the Martinez-Garcia-Nerio-Reyes American Legion Post 500 on its 50th anniversary.•

SALUTE TO IOWA GIRLS' BASKETBALL

• Mr. GRASSLEY. Mr. President, every year in March, the State of Iowa comes to a virtual halt. Streets are quiet, schools are dismissed, and small towns are all but deserted. It is not some end-of-winter blizzard that clears the streets and shuts down communities. It is the annual pilgrimage to Veterans' Auditorium in Des Moines for the Girls' State Basketball Tournament.

Some States have a such strong tradition in high school athletics that certain sports become part of the State's identity. Like boys' basketball in Indiana and football in Texas, girls' basketball has been a key factor in shaping the identity of Iowa. The enthusiasm with which Iowans follow their girls' high school basketball teams is a testament to Iowa's competitive and community spirits.

Iowa was a pioneer in the growth of girls' basketball. Today's players owe a great deal to those early players and teams for the survival and development of the girls' game. Iowa girls started playing basketball in 1893, just 18 months after Dr. James Naismith created the game. Girls' basketball gained rapid approval from Iowans. By the turn of the century, basketball was the most popular sport for girls in Iowa. The sport was played indoors and outdoors, in church basements and on empty cattle pastures, wherever there was room to fit two basketball goals.

The popularity of girls' basketball in Iowa may have helped save the sport from extinction. In the 1920's, women and girls were discouraged from playing competitive sports because it was seen as too strenuous and unladylike. Girls' basketball virtually vanished from the rest of the country. But Iowans took great pride in the success of their girls' basketball teams. Communities banded together to support girls' basketball, and the sport remained as popular as ever in Iowa. In the 1970's and 1980's, Iowa's basketball success was used as a model for other States in expanding sports opportunities for girls.

Iowa's State tournament was first staged in 1920. It is the oldest continuously held girls' basketball championship in the United States. The State tournament has consistently been played before capacity crowds, drawing fans from all corners of Iowa. The tournament has developed a national and even international following. News media from across the State and around the country gather in Des

Moines to cover the girls' tournament. In 1990, the tournament even attracted a film crew from Japan. The television contract for the Iowa girls' basketball tournament is the largest for any girls' or boys' high school sport in America.

From 1920 through 1984, Iowa high school girls exclusively played the six-on-six version of basketball. The six-on-six girls' game was such an important part of Iowa culture that national newspapers, television stations, and magazines rushed to Iowa in 1993 to cover the final six-on-six tournament. Iowa girls now play the common five-on-five style of basketball, and Iowans still flock to see their daughters and sisters compete annually for the State championship.

Whether they were trained in the five-on-five or six-on-six game, Iowans have had a national impact on girls' basketball. This success has continued beyond the high school level. Since 1935, more than 100 Iowans have been named to the Amateur Athletic Union or Collegiate All-American women's basketball teams. Some of the country's most notable girls' and women's basketball players have come from Iowa. Denise Long of Union-Whitten High School set the national high school scoring record in 1969 with more than 6,000 career points. Lynne Lorenzen of Ventura broke that same record in 1987 by scoring over 6,700 points. At the college level, Molly Goodenbauer of Waterloo led Stanford University to the 1992 national championship, and was chosen Most Outstanding Player of the NCAA Tournament. And Karen Jennings of Neola Tri-Center High School was named National Player of the Year at the University of Nebraska in 1993.

Girls' basketball has been a source of community pride and honor in Iowa for more than 100 years, from small towns like Mediapolis and Auburn, to the cities of Cedar Rapids and Des Moines. The sport has become an expression of Iowa's qualities of competitiveness, teamwork, and determination. But above all else, girls' basketball has allowed the State to showcase one of its most precious resources—the young women of Iowa.●

THE 80TH ANNIVERSARY OF THE U.S. ARMY VETERINARY CORPS

● Mr. INOUYE. Mr. President, I rise today to pay tribute to the U.S. Army Veterinary Corps on the occasion of its 80th anniversary.

Established on June 3, 1916, the Veterinary Corps has distinguished itself through exemplary service in two world wars, the Korean and Vietnam conflicts, Operation Desert Storm, and, most recently, in the peacekeeping operation in Bosnia. The responsibilities of the Veterinary Corps have evolved from that of equine medicine for the cavalry of 1916 to diverse roles encompassing not only the traditional role of animal medicine but also food hygiene and quality assurance, prevention of diseases transmissible between animals and man, and medical research and development.

The professional excellence of the 396 officers serving in the Veterinary Corps is exemplified by the fact that 186—47 percent—of these officers are board certified in at least one specialty recognized by the American Veterinary Medical Association.

As the Department of Defense Executive Agent for Veterinary Services, the U.S. Army Veterinary Corps is responsible for providing its expertise to all of the military services on a worldwide basis. Through the assurance of a safe and wholesome food supply, animal disease prevention and control, animal-facilitated therapy for hospitalized service members and families, and medical and subsistence research and material development, the contributions of veterinarians as health care providers are essential to the well-being of the soldier, sailor, airman, and marine. It is indeed a pleasure for me to salute the U.S. Army Veterinary Corps in recognition of its innumerable contributions to our national defense, and to extend my congratulations to the members of the Veterinary Corps, past and present, upon this 80th anniversary.●

TRIBUTE TO STANLEY O. BROWN

● Mr. BOND. Mr. President, I rise today to pay a special tribute to Mr. Stanley O. Brown. It is a great pleasure to recognize Mr. Stanley O. Brown for his 36 years of loyal service to the Missouri League of Savings Institute and its members.

Mr. Brown joined the Missouri League of Savings Institute in Jefferson City, MO, on February 1, 1960. Since then his dedication and constructive counsel to the State's savings and loan industry have made an invaluable impact on the State of Missouri and our Nation's banking institutions. His inestimable contributions and respected professional experience will be sorely missed when he retires from his position as vice chairman of Missouri League of Savings Institute on June 30, 1996.

Prior to his vice chairmanship of the Missouri League of Savings Institutions, Mr. Brown served as president of the Staff Leadership Conference and was a member of both the Missouri League's Legislative Committee and the Missouri League's Insurance Trust Committee.

It is an honor to congratulate Mr. Stanley Brown on his long-lasting commitment to the Missouri League of Savings Institutions and to the State of Missouri. I wish him the best of luck in all his future endeavors and continued good health and happiness.●

BIPARTISAN WELFARE REFORM

● Mr. HARKIN. Mr. President, a couple of days ago the Mason City Globe-Gazette in my State of Iowa published an excellent editorial calling on national policymakers to put partisan politics aside in order to pass bipartisan welfare reform. I couldn't agree more.

Over the past 3 years I have talked time and time again about the need to enact bipartisan welfare reform which demands responsibility from day one, requires work and releases welfare families from the cycle of dependency. The Iowa family investment program provides us with an effective model for achieving these goals. Since Iowa began implementing the welfare reforms in October 1993, the number of people working has almost doubled, the welfare caseload had declined, and welfare costs are down. I call that a triple play.

Those are good reasons to look at the Iowa experience as we craft legislation, but I commend the Iowa experience to my colleagues for another reason. In 1993, Iowa enacted sweeping changes to the welfare system and did so with very strong bipartisan support. In fact, the Iowa plan received only 1 dissenting vote from the 150-member Democratically controlled general assembly and was signed into law by our Republican Governor. It shows that it is possible to work together on welfare reform and the State of Iowa is better because of it.

In 1994 I sought to take a page from the Iowa play book and went to work with my Republican colleague from Missouri, Senator KIT BOND to develop bipartisan welfare reform legislation modeled on innovations occurring in our respective States. The result was the first bipartisan welfare reform legislation in that session of Congress. The bill was reintroduced again last year.

For the most part partisan wrangling prevailed in 1995. There were a few instances of bipartisan cooperation, but they were quickly overtaken by political gamesmanship.

There is one lesson to be learned from the past year and half—confrontation and partisanship is a prescription for failure. The only way we can truly accomplish welfare reform this year is to stop the political games and join forces across the aisle to craft bipartisan welfare reform which accomplishes the goals that the American people support—a welfare system that puts people to work and gets them off public assistance quickly and permanently.

Mr. President, I ask that the text of the editorial be printed in the RECORD, and urge my colleagues to hear its message.

The editorial follows:

[From the Mason City (IA) Globe-Gazette, June 18, 1996]

REFORMING WELFARE AND PARTISAN POLITICS SHOULD BE SEPARATE

It's true that in many cases, public opinion changes faster than the politicians.

That's certainly the case with welfare reform, according to a recent Associated Press poll.

The poll shows that most Americans favor converting welfare into a work program and that half are ready to pay more taxes to make jobs available.

The poll also shows that most Americans wish to limit welfare funds to single mothers, and to put single mothers on a work plan.

Those types of plans are being tested in several states, including Iowa and Wisconsin. The reform agenda is clogged, however, in the Washington political system.

A welfare system that puts people back to work, and aims to get them off welfare is a good idea. The only exception that should be added is that the system include some compassion.

One of the reasons welfare reform hasn't taken off in Washington has to do with political posturing.

Both Democrats and Republicans are turning the debate into a class issue. That's not where the issue belongs.

For example, both Democrats and Republicans make a major issue out of single mothers. Truthfully, however, single mothers make up only a small percentage of the welfare recipients.

Both sides also talk about welfare recipients as if they spend their lives on the dole. The truth, however, is that most welfare recipients move in and out of the system. A small percentage spend an extended amount of time on welfare.

A welfare reform plan that includes work or schooling instead of hand-outs is a good idea. Limiting welfare recipients to two years of benefits is also an improvement.

Both Democrats and Republicans have said they would support plans similar to those currently in use here and in Wisconsin.

But nothing will really happen until highly partisan politics are removed from the picture.●

UNANIMOUS-CONSENT AGREEMENT—S. 1219

Mr. BROWN. Mr. President, I ask unanimous consent that the time for debate on the campaign finance reform bill scheduled for the morning of Tuesday June 25 be equally divided between the two leaders.

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

AUTHORIZING TESTIMONY AND REPRESENTATION OF FORMER SENATE EMPLOYEE

Mr. BROWN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of a Senate resolution submitted earlier today by the majority leader and the Democratic leader.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

A resolution (S. Res. 269) to authorize testimony and representation of former Senate employee in *Ward* v. *United States*.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the resolution?

There being no objection, the Senate proceeded to consider the resolution.

Mr. LOTT. Mr. President, in the case of Ward versus United States, a civil action for damages resulting from alleged improper disclosure of tax-return information by the Internal Revenue Service, the plaintiff has requested testimony from a former chief of staff to Senator BROWN. While he was employed by Senator BROWN in the summer and fall of 1993, the former chief of staff provided consistent services to the plaintiff by contacting the IRS on her behalf. The plaintiff is seeking testimony from the former chief of staff describing his conversations with Internal Revenue Service employees. Senator BROWN believes that it is appropriate for his former chief of staff to submit an affidavit and to testify in this proceeding.

Mr. President, this resolution would authorize the former chief of staff to provide testimony in this case, and would authorize the Senate legal counsel to represent him.

Mr. BROWN. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and that a statement of explanation be included in the RECORD at this point.

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

The resolution (S. Res. 269) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, is as follows:

S. RES. 269

Whereas, in the case of *Carol Ward* v. *United States*, Civil Case No. 95–WY–810–WD, pending in the United States District Court for the District of Colorado, testimony has been requested from William T. Brack, a former chief of staff to Senator Hank Brown;

Whereas, pursuant to sections 703(a) and 704(a)(2) of the Ethics in Government Act of 1978, 2 U.S.C. §§288b(a) and 288c(a)(2), the Senate may direct its counsel to represent employees of the Senate with respect to any subpoena, order, or request for testimony relating to their official responsibilities;

Whereas, by the privileges of the Senate of the United States and Rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate may, by the judicial process, be taken from such control or possession but by permission of the Senate;

Whereas, when it appears that evidence under the control or in the possession of the Senate may promote the administration of justice, the Senate will take such action as will promote the ends of justice consistently with the privileges of the Senate: Now, therefore, be it

Resolved, That William T. Brack is authorized to testify in the case of *Carol Ward* v. *United States*, Civil Case No. 95–WY–810–WD (D. Colo.), except concerning matters for which a privilege should be asserted.

SEC. 2. That the Senate Legal Counsel is authorized to represent William T. Brack in connection with his testimony in *Carol Ward* v. *United States*.

AUTHORIZATION FOR THE USE OF THE CAPITOL GROUNDS

Mr. BROWN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of House Concurrent Resolution 153 that has just been received from the House.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

A concurrent resolution (H. Con. Res. 153) authorizing the use of the Capitol Grounds for the Greater Washington Soap Box Derby.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the concurrent resolution?

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. BROWN. Mr. President, I ask unanimous consent that the resolution be considered and agreed to, and the motion to reconsider be laid upon the table.

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

The concurrent resolution (H. Con. Res. 153) was agreed to.

PROGRAM

Mr. BROWN. Mr. President, for the information of all Senators, under the order of last night the Senate will reconvene at 1 p.m. on Monday, June 24. The Senate will be debating the campaign finance reform bill during Monday's session. However, no rollcall votes will occur during that day.

A cloture motion was filed on the campaign finance reform bill last night, with the cloture vote ordered to occur at 2:15 on Tuesday, June 25.

As a reminder, Senators have until the hour of 2 p.m. on Monday in order to file first-degree amendments, and until 12:30 on Tuesday in order to file second-degree amendments.

The Senate will also be resuming the Department of Defense authorization bill next week. Therefore, Senators can expect a busy session with rollcall votes throughout.

UNANIMOUS-CONSENT AGREEMENT

Mr. BROWN. Mr. President, I ask unanimous consent that the morning business period during Monday's session be equally divided between the two leaders or their designees.

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

ORDER FOR RECORD TO REMAIN OPEN UNTIL 2 P.M.

Mr. BROWN. Mr. President, I ask unanimous consent that the RECORD remain open today until 2 p.m. for statements only.

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

ADJOURNMENT UNTIL 1 P.M., MONDAY, JUNE 24, 1996

Mr. BROWN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 1:18 p.m., adjourned until Monday, June 24, 1996, at 1 p.m.

NOMINATIONS

Executive nominations received by the Senate June 21, 1996:

THE JUDICIARY

ANDREW S. EFFRON, OF VIRGINIA, TO BE A JUDGE OF THE UNITED STATES COURT OF APPEALS FOR THE ARMED FORCES FOR THE TERM OF 15 YEARS TO EXPIRE ON THE DATE PRESCRIBED BY LAW, VICE ROBERT E. WISS.

IN THE MARINE CORPS

THE FOLLOWING-NAMED OFFICER, ON THE ACTIVE-DUTY LIST, FOR PROMOTION TO THE GRADE OF BRIGADIER GENERAL IN THE U.S. MARINE CORPS IN ACCORDANCE WITH SECTION 5046 OF TITLE 10, UNITED STATES CODE:

THEODORE G. HESS, 000–00–0000

IN THE AIR FORCE

THE FOLLOWING AIR NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR PROMOTION IN THE RESERVE OF THE AIR FORCE UNDER THE PROVISIONS OF SECTIONS 12203 AND 8379, TITLE 10 OF THE UNITED STATES CODE. PROMOTIONS MADE UNDER SECTION 8379 AND CONFIRMED BY THE SENATE UNDER SECTION 12203 SHALL BEAR AN EFFECTIVE DATE ESTABLISHED IN ACCORDANCE WITH SECTION 8374, TITLE 10 OF THE UNITED STATES CODE:

LINE

To be lieutenant colonel

LARRY D. BIGGERS, 000–00–0000
WILLIAM F. BLACKWELL, JR., 000–00–0000
MARGARET A. BRADLEY, 000–00–0000
JOHN J. DERRICO, 000–00–0000
JAMES B. DODD, 000–00–0000
RUDOLF M.C. EYERER, 000–00–0000
STEVEN J. FILO, 000–00–0000
ROBERT S. FOX, 000–00–0000
ROBERT W. FRITSCH, 000–00–0000
TERRY L. FRITZ, 000–00–0000
DAVID M. HENRY, 000–00–0000
ALLISON A. HICKEY, 000–00–0000
RALPH A. HIGGINS, 000–00–0000
SHEILA F. HOOTEN, 000–00–0000
TERRY L. LAWSON, 000–00–0000
JOSE R. LOPEZ-VAZQUEZ, 000–00–0000
GARY J. MOE, 000–00–0000
JANET F. NOBLE, 000–00–0000
THOMAS F. ROUNDTREE, 000–00–0000
PETER J. ROWEN, 000–00–0000
MARK F. SEARS, 000–00–0000
STEVEN T. SMITH, 000–00–0000
BRUCE H. SWEZEY, 000–00–0000
JOHN P. SWIFT, 000–00–0000
WAYNE L. THOMAS, 000–00–0000
ALBERT M. WOOLLEY, JR., 000–00–0000

JUDGE ADVOCATE GENERALS DEPARTMENT

To be lieutenant colonel

CHARLES E. TUCKER, JR., 000–00–0000

CHAPLAIN CORPS

To be lieutenant colonel

EDWARD D. PETERSON, 000–00–0000
WILLIAM T. YATES, 000–00–0000

MEDICAL CORPS

To be lieutenant colonel

JUAN R. CARRERAS, 000–00–0000
JOHN J. MC GRAW, 000–00–0000

IN THE ARMY

THE FOLLOWING-NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR PROMOTION IN THE RESERVE OF THE ARMY OF THE UNITED STATES, UNDER THE PROVISIONS OF TITLE 10, UNITED STATES CODE, SECTIONS 12203 AND 3385:

ARMY PROMOTION LIST

To be colonel

GREGORY K. AUSTIN, 000–00–0000
CRAIG G. BIRCHARD, 000–00–0000
BEN W. CARR, JR., 000–00–0000
IVONNE CORDERO-MURATTI, 000–00–0000
DAVID E. GLINES, 000–00–0000
JAMES D. HAMILTON, 000–00–0000
PAUL E. HARMAN, 000–00–0000
JERALD L. KEUTER, 000–00–0000
JAMES A. KRUECK, 000–00–0000
JIMMIE M. MC DONALD, 000–00–0000
TERRILL K. MOFFETT, 000–00–0000
THOMAS A. MORTON, 000–00–0000
GARRY D. PATTERSON, 000–00–0000
GERALD T. RANDKLEV, 000–00–0000
CHARLES E. ROCKWELL, JR., 000–00–0000
DENNIS M. SAVAGE, 000–00–0000
DANNY C. SHORT, 000–00–0000
RONALD A. SNEAD, 000–00–0000
ANTHONY M. VALLOMBROSO, 000–00–0000

ARMY NURSE CORPS

To be colonel

GAIL A. DEAL, 000–00–0000
GEORGETTE E. THURMOND, 000–00–0000

CHAPLAIN CORPS

To be colonel

EVAN J. JONES, 000–00–0000

DENTAL CORPS

To be colonel

JERRY V. BREWSTER, 000–00–0000
PETER C. KNUDSON, 000–00–0000

THE JUDGE ADVOCATE GENERAL'S CORPS

To be colonel

JAMES F. BUTLER, 000–00–0000

MEDICAL CORPS

To be colonel

ANDREW G. BUSTIN, JR., 000–00–0000
MARIN GARZA, 000–00–0000
DENNIS A. R. LARAVIA, 000–00–0000
MICHAEL S. MC INTOSH, 000–00–0000
MARK L. VANDEWALKER, 000–00–0000
LARRY F. WILSON, 000–00–0000

ARMY PROMOTION LIST

To be lieutenant colonel

JAMES M. HART, 000–00–0000
RONALD E. HOOKS, 000–00–0000
PETER F. KUTCH, 000–00–0000
EDWARD A. LEACOCK, 000–00–0000
TOM C. LOOMIS, 000–00–0000
TERRELL W. MATHEWS, 000–00–0000
SEBASTIAN P. PUGLISI, 000–00–0000
FELIPE R.RENDON, JR., 000–00–0000
WILLIAM S. SOBOTA, JR., 000–00–0000
XAVIER STEWART, 000–00–0000
FRANK T. WILK, 000–00–0000

ARMY MEDICAL SPECIALIST CORPS

To be lieutenant colonel

JOANNE C. SLYTER, 000–00–0000

ARMY NURSE CORPS

To be lieutenant colonel

MARY E. KELLY, 000–00–0000

CHAPLAIN CORPS

To be lieutenant colonel

KENNETH G. KIRK, 000–00–0000

DENTAL CORPS

To be lieutenant colonel

TIMOTHY J. COEN, 000–00–0000
MARIA D. TERRER-NICHOLS, 000–00–0000

THE JUDGE ADVOCATE GENERAL'S CORPS

To be lieutenant colonel

MICHAEL J. TUOHY, 000–00–0000

MEDICAL SERVICE CORPS

To be lieutenant colonel

ROBERT M. TRAYNOR, 000–00–0000

THE FOLLOWING-NAMED OFFICERS, ON THE ACTIVE DUTY LIST, FOR PROMOTION TO THE GRADE INDICATED IN THE U.S. ARMY IN ACCORDANCE WITH SECTION S624, TITLE 10, U.S.C. THE OFFICER IDENTIFIED WITH AN ASTERISK (*) IS ALSO NOMINATED FOR REGULAR APPOINTMENT IN ACCORDANCE WITH SECTION 531 OF TITLE 10, UNITED STATES CODE:

CHAPLAIN CORPS

To be major

*GREGORY B. BAXTER, 000–00–0000

MEDICAL CORPS

To be major

HERBERT L. SUTTON, 000–00–0000
PETER K. BAMBERGER, 000–00–0000
RAYMOND D. GREASER, 000–00–0000
STEVEN D. PICERNE, 000–00–0000
MARY F. SIPPELL, 000–00–0000

IN THE MARINE CORPS

THE FOLLOWING-NAMED OFFICERS, ON THE ACTIVE-DUTY LIST, FOR PROMOTION TO THE GRADE OF MAJOR IN THE U.S. MARINE CORPS IN ACCORDANCE WITH SECTION 624 OF TITLE 10, U.S.C.

MARK D. ABELSON, 000–00–0000
MARK A. ADAMS, 000–00–0000
ALBERT R. ADLER, 000–00–0000
MARK L. AEPPLI, 000–00–0000
MICHAEL J. AHERN, 000–00–0000
PETER W. AHERN, 000–00–0000
JOHN A. AHO, 000–00–0000
JEFFREY A. AIVAZ, 000–00–0000
MARK L. ALEXANDER, 000–00–0000
BENJAMIN P. ALLEGRETTI, 000–00–0000
AARON T. AMEY, 000–00–0000
CRAIG A. AMUNDSON, 000–00–0000
DAVID C. ANDERSEN, 000–00–0000
DAVID J. ANDERSON, 000–00–0000
GREGORY D. ANDERSON, 000–00–0000
JOEL D. ANDERSON, 000–00–0000
JAMES A. ARCHER, 000–00–0000
GLENN R. ARMAGOST, 000–00–0000
TIMOTHY T. ARMSTRONG, 000–00–0000
JAY T. ARNETT, 000–00–0000
JEFREY M. ARNOLD, 000–00–0000
JEFFREY K. ARRUDA, 000–00–0000
MICHAEL L. ARTBAUER, 000–00–0000
SEAN W. ASH, 000–00–0000
DAVID N. ASHBY, 000–00–0000
JOSEPH F. AUGUSTINE III, 000–00–0000
JOE D. BAKER II, 000–00–0000
WILLIAM H. BAKER, 000–00–0000
DONALD P. BALDWIN, 000–00–0000
KATHY A. BANNICK, 000–00–0000
EDWARD D. BANTA, 000–00–0000
DARRYL G. BARNES, 000–00–0000
TIMOTHY E. BARNHILL, 000–00–0000
KEVIN M. BARTH, 000–00–0000
HAROLD C. BASS, 000–00–0000
STEVEN B. BEAL, 000–00–0000
HENRY BEAZLEY, 000–00–0000
BARRY W. BECKNER, 000–00–0000
THOMAS R. BELLEVILLE, 000–00–0000
CHRISTOPHER P. BENDEN, 000–00–0000
DEBRA A. BEUTEL, 000–00–0000
JEAN BINKMCGRATH, 000–00–0000
MITCHELL S. BIONDICH, 000–00–0000
MICHAEL A. BISZAK, 000–00–0000
ANDREW K. BLACKHURST, 000–00–0000
TRENT BLACKSON, 000–00–0000
MICHAEL A. BLACKWOOD, 000–00–0000
JAMES M. BLAIR, 000–00–0000
FREDDIE J. BLISH, 000–00–0000
ANTHONY E. BLOUNT, 000–00–0000
THOMAS G. BOGARD, 000–00–0000
WILLIAM K. BOLDEN, 000–00–0000
MATTHEW J. BONNOT, 000–00–0000
MICHAEL J. BOSSE, 000–00–0000
MARTIN E. BOUVERON, 000–00–0000
ROBERT L. BOWDEN III, 000–00–0000
STUART W. BRACKEN, 000–00–0000
WILLIAM P. BRANNEN, 000–00–0000
DAVID A. BRANNON, 000–00–0000
MICHAEL W. BRELAND, 000–00–0000
RANDAL S. BRELAND, 000–00–0000
MARK A. BRENNAN, 000–00–0000
RAND A. BRINKMAN, 000–00–0000
STEVEN P. BRODFUEHRER, 000–00–0000
ETOY D. BROWN, 000–00–0000
JAMES E. BROWN, 000–00–0000
JAMES R. BROWN III, 000–00–0000
WILLIAM R. BROWN, 000–00–0000
MICHAEL J. BROWNE, 000–00–0000
THOMAS D. BRUCE, 000–00–0000
MICHAEL P. BRUEN, 000–00–0000
ERIC V. BRYANT, 000–00–0000
BRYAN K. BUCKLES 000–00–0000
WILLARD A. BUHL, 000–00–0000
DAVID L. BURCHINAL, 000–00–0000
MARK W. BURDETTE, 000–00–0000
CLAUDE J. BURG, 000–00–0000
DENNIS T. BURKE, 000–00–0000
SEAN J. BURKE, 000–00–0000
RODNEY D. BURNETT, 000–00–0000
ROBERT E. BUSHTA, 000–00–0000
TERENCE E. BUSMIRE, 000–00–0000
JEFFREY J. BUTLER, 000–00–0000
BRENNAN T. BYRNE, 000–00–0000
BRIAN J. BYRNE, 000–00–0000
VERNON F. CALDWELL, 000–00–0000
THEODORE E. CALDWELL, JR., 000–00–0000
ALTON E. CAMPBELL, 000–00–0000
JIMMY D. CANADA II, 000–00–0000
MAX CARAMANIAN 000–00–0000
CHRISTOPHER G. CARLSON, 000–00–0000
THOMAS CARNESI III, 000–00–0000
JERRY A. CARPENTER, 000–00–0000
CARL W. CARRELL, 000–00–0000
JEFFERY S. CARUSONE, 000–00–0000
CHRISTOPHER D. CASADOS, 000–00–0000
ANDREW S. CAUTHEN, 000–00–0000
JAMES J. CAVAGNARO, 000–00–0000
KENNETH R. CHAMBERS, 000–00–0000
ROBERT J. CHARETTE, 000–00–0000
CARLEN T. CHARLESTON, 000–00–0000
ERIC T. CHASE, 000–00–0000
GLENN N. CHEATHAM, 000–00–0000
CHARLES G. CHIAROTTI, 000–00–0000
ALBERT K. CHILDS, JR., 000–00–0000
STEPHEN A. CHILL, 000–00–0000
STEPHEN S. CHOATE, 000–00–0000
RODNEY M. CHOI, 000–00–0000
JOHN M. CHRISTENSEN, 000–00–0000
JAMES P. CHRISTOPHERSON, 000–00–0000
JAMIE E. CLARK, 000–00–0000
LARRY CLAYTON, 000–00–0000
CRAIG R. CLEMENT, 000–00–0000
ROBERT C. CLEMENTS, 000–00–0000
ROBERT W. COATE, 000–00–0000
GREGORY K. COHEN, 000–00–0000
BRIAN C. COLEBAUGH, 000–00–0000
ROBERT C. COLLINS, 000–00–0000
TERRY L. COMPTON, 000–00–0000
RANDALL M. CONNARE, 000–00–0000
NORMAN L. COOLING, 000–00–0000
CHRISTOPHER P. COSTELLO, 000–00–0000
STEPHEN A. COX, 000–00–0000
EDWIN B. COYL III, 000–00–0000
KRISTA J. CROSETTO, 000–00–0000
DENNIS M. CUNNIFFE, 000–00–0000
WILLIAM R. CUNNINGHAM, 000–00–0000
TIMOTHY M. CURRY, 000–00–0000
TIMOTHY B. CUTRIGHT, 000–00–0000
BRIAN P. CYR, 000–00–0000
RONALD E. DAHART, 000–00–0000
THOMAS F. DALEY, 000–00–0000
JOHN J. DALY, 000–00–0000
JAMES G. DAVIDSON, 000–00–0000
BRIAN J. DAVIS, 000–00–0000
JOSEPH P. DAVIS, 000–00–0000
JEFFREY E. DEAROLPH, 000–00–0000
JOHN A. DECATO, 000–00–0000
PAUL B. DECKERT, 000–00–0000
PATRICK J. DELONG, 000–00–0000
PAUL R. DEMERS, 000–00–0000
ROBERT R. DEMING, 000–00–0000
JOSEPH G. DENNISON, 000–00–0000

PETER J. DEPATIE, 000–00–0000
CURTIS C. DEPPNER, 000–00–0000
DANNY A. DEREDITA, 000–00–0000
DAVID P. DEWAELE, 000–00–0000
RICHARD L. DIDDAMS, JR., 000–00–0000
JAMES T. DILLON, 000–00–0000
NORMAND J. DILLON, JR., 000–00–0000
STEPHEN R. DINAUER, 000–00–0000
PAUL D. DONAHUE, 000–00–0000
DREW T. DOOLIN, 000–00–0000
THOMAS J. DORAN, 000–00–0000
RICHARD C. DOWLER, 000–00–0000
FRANCIS A. DOWSE, 000–00–0000
JEFFERSON L. DUBINOK, 000–00–0000
BYRON W. DUKE, 000–00–0000
STEPHEN E. DUKE, 000–00–0000
JAMES F. DURAND, 000–00–0000
JOHN M. DURKIN, JR., 000–00–0000
WILLIAM J. DVORAK, 000–00–0000
RICHARD E. EARL, 000–00–0000
THOMAS B. EIPP, 000–00–0000
GEORGE M. ELLIS, 000–00–0000
ROBERT N. ELLITHORPE, 000–00–0000
DANIEL W. ELZIE, 000–00–0000
SHAWN A. ENGEL, 000–00–0000
ANDREW C. ENTINGH, 000–00–0000
YORI R. ESCALANTE, 000–00–0000
PAUL F. EVEN, 000–00–0000
DOUGLAS H. FAIRFIELD, 000–00–0000
DAVID A. FALK, 000–00–0000
CHARLES R. FERGUSON, JR., 000–00–0000
RONALD R. FINELLI, 000–00–0000
BARRY J. FITZPATRICK, JR., 000–00–0000
DAVID A. FLYNN, 000–00–0000
RALPH A. FOBELL, JR., 000–00–0000
PAUL J. FONTANEZ, 000–00–0000
PATRICK W. FORD, 000–00–0000
MATTHEW S. FORSTHOEFEL, 000–00–0000
JOHN G. FORTI, JR., 000–00–0000
CHRISTOPHER C. FOSTER, 000–00–0000
GREGORY T. FRAZIER, 000–00–0000
JOHN W. FREDA, 000–00–0000
JOHN H. FREEMAN, 000–00–0000
KIRK L. FREUND, 000–00–0000
GRANT V. FREY, 000–00–0000
CHRISTOPHER W. FUNKHAUSER, 000–00–0000
STEPHEN J. GABRI, 000–00–0000
JEFFERY E. GAMBER, 000–00–0000
JOHN R. GAMBRINO, 000–00–0000
JOHN J. GAMELIN, 000–00–0000
ROGER A. GARAY, 000–00–0000
RANDALL E. GARCIA, 000–00–0000
RUBEN J. GARZA, 000–00–0000
CINDY H. GATS, 000–00–0000
PAUL G. GAYAN, 000–00–0000
PETER T. GAYNOR, 000–00–0000
GREGORY T. GDANSKI 000–00–0000
ERIC L. GEISSLER, 000–00–0000
KEIL R. GENTRY, 000–00–0000
ROY E. GENTRY, JR., 000–00–0000
GREGORY N. GLASSER, 000–00–0000
MATTHEW G. GLAVY, 000–00–0000
GUY P. GLAZIER, 000–00–0000
ROBERT L. GLENDENING, 000–00–0000
TODD M. GLENN, 000–00–0000
HAL M. GOBIN, 000–00–0000
WILLIE R. GOLDSCHMIDT, 000–00–0000
THOMAS C. GONTER, 000–00–0000
GILBERTO C. GONZALEZ, 000–00–0000
DAVID R. GOODELL III, 000–00–0000
MARK G. GOODMAN, 000–00–0000
KERRY T. GORDON, 000–00–0000
THOMAS A. GORRY, 000–00–0000
DAVID G. GOULET, 000–00–0000
SCOTT T. GOWELL, 000–00–0000
KIMBERLY A. GRAHAM, 000–00–0000
JOSEPH P. GRANATA, 000–00–0000
KEVIN T. GREEN, 000–00–0000
DAVID S. GREENE, 000–00–0000
RICHARD L. GREENWOOD, 000–00–0000
BOBBY G. GREGORY, JR., 000–00–0000
JAMES D. GRIFFIN III, 000–00–0000
MICHAEL S. GROEN, 000–00–0000
MICHAEL S. GROGAN, 000–00–0000
BRETT J. GROSSHANS, 000–00–0000
STEVE D. HAGERTY, 000–00–0000
PATRICK W. HALL, 000–00–0000
MARK HAMESTER, 000–00–0000
JEFFREY W. HANNAY, 000–00–0000
ERIC G. HANSEN, 000–00–0000
STEVEN M. HANSON, 000–00–0000
TIMOTHY G. HANSON, 000–00–0000
BLAISE D. HARDING, 000–00–0000
GARY L. HARDY, 000–00–0000
WILLIAM J. HARKIN II, 000–00–0000
WILLIAM J. HARKINS, JR., 000–00–0000
GERALD F. HARPER, JR., 000–00–0000
THOMAS J. HARTSHORNE, 000–00–0000
JOHN F. HAVRANEK, 000–00–0000
ROBERT L. HEAD, 000–00–0000
ROBERT M. HEIDENREICH, 000–00–0000
KENNETH S. HELFRICH, 000–00–0000
MARK HELMUS, 000–00–0000
CLARKE D. HENDERSON, 000–00–0000
SAMUEL L. HENRY JR., 000–00–0000
MARK A. HENSEN, 000–00–0000
DALE W. HERDEGEN, 000–00–0000
ANTHONY R. HERLIHY, 000–00–0000
EDWARD G. HERNANDEZ, 000–00–0000
WILLIAM K. HERSHBERGER, 000–00–0000
MARCUS O. HEWETT, 000–00–0000
BRUCE T. HILGARTNER, 000–00–0000
JEFFREY M. HINES, 000–00–0000
CHARLES O. HOBAUGH, 000–00–0000
DANIEL C. HODGES, 000–00–0000
JAMES A. HOGBERG, 000–00–0000
THOMAS G. HOLDEN, 000–00–0000
STEWART H. HOLMES, 000–00–0000
ALEXANDER H. HORAN, 000–00–0000
JAMES G. HORTON, 000–00–0000
MICHAEL J. HOWER, 000–00–0000
NANCY E. HURLESS, 000–00–0000
ROBERT B. HUTCHINSON, 000–00–0000
TIMOTHY J. HYDE, 000–00–0000
TODD C. HYSON, 000–00–0000
KEVIN M. IIAMS, 000–00–0000
STEVEN M. IMMEL, 000–00–0000
WILLIAM J. INSERRA, 000–00–0000
RICHARD C. JACKSON II, 000–00–0000
JOHN M. JANSEN, 000–00–0000
KIRK B. JANSEN, 000–00–0000
JOSEPH M. JEFFREY III, 000–00–0000
EDWARD M. JEFFRIES, JR., 000–00–0000
ALTO L. JERKINS III, 000–00–0000
JEFFREY A. JEWELL, 000–00–0000
ANTHONY J. JOHNSON, 000–00–0000
HAROLD J. JOHNSON III, 000–00–0000
JAY E. JOHNSON, 000–00–0000
KIM C. JOHNSON, 000–00–0000
MICHAEL J. JOHNSON, 000–00–0000
MICHAEL W. JOHNSON, 000–00–0000
ROBERT A. JONES, 000–00–0000
STEVEN P. JONES, 000–00–0000
DEWEY G. JORDAN, 000–00–0000
BRIAN T. JOSTEN, 000–00–0000
DARREN S. JUMP, 000–00–0000
ERIC R. JUNGER, 000–00–0000
JAMES J. JUSTICE, 000–00–0000
JOHN F. KAMMEIER, 000–00–0000
JEFFREY A. KARNES, 000–00–0000
JOHN E. KASPERSKI, 000–00–0000
STACY D. KAUCHER, 000–00–0000
STEPHEN H. KAY, 000–00–0000
PETER J. KEATING, 000–00–0000
GEORGE A. KELLING, 000–00–0000
MICHAEL A. KELLY, 000–00–0000
BRIAN D. KERL, 000–00–0000
ERIC P. KESSLER, 000–00–0000
MICHAEL P. KILLION, 000–00–0000
LAWRENCE E. KILLMEIER, JR., 000–00–0000
JAMES C. KING II, 000–00–0000
KEVIN D. KING, 000–00–0000
MICHAEL G. KIRBY, 000–00–0000
SAMUEL A. KIRBY, 000–00–0000
ERIC R. KLEIBER, 000–00–0000
GREGORY F. KLEINE, 000–00–0000
PATRICK E. KLINE, 000–00–0000
DARRICK M. KNIGHT, 000–00–0000
DAVID C. KNUTH, 000–00–0000
GARY D. KOCH, JR., 000–00–0000
MICHAEL K. KOZIK, 000–00–0000
JEFF J. KRIEGER, 000–00–0000
JAMES F. KROMBERG, 000–00–0000
BERNARD J. KRUEGER, 000–00–0000
VINCENT C. KUCALA, 000–00–0000
DANIEL C. KUDLICKI, 000–00–0000
MARC J. LACLAIR, 000–00–0000
DAVID B. LADEN, 000–00–0000
JASON J. LAGASCA, 000–00–0000
MARC H. LAMBERT, 000–00–0000
BRYANT E. LANDEAN, 000–00–0000
JACK J. LANDRETH, 000–00–0000
RICHARD E. LANICEK, 000–00–0000
PHILIP S. LARK, 000–00–0000
TERENCE J. LARKIN, 000–00–0000
JOSE A. LATORRE, 000–00–0000
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RANDY J. LAWSON, 000–00–0000
DUANE M. LEGAN, 000–00–0000
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ERIC J. LEVESQUE, 000–00–0000
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SAMUEL LIMA, 000–00–0000
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MARY J. MAC GREGOR, 000–00–0000
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CHARLES B. MC CLELLAND, 000–00–0000
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CHARLES W. MC COBB, 000–00–0000
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RAYMOND TOLOMEO, 000–00–0000
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THOMAS W. WARD, 000–00–0000
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