I understand the view of the IFOR military commanders, who are reluctant to involve themselves and their troops in this sort of distasteful civilian task and in the dangers of “mission creep.” In a cauldron such as Bosnia, the last thing the peace enforcers want is to be taking sides. But I believe that the higher moral and practical obligation involved requires that IFOR troops vigorously protect those seeking to uncover evidence of mass murder and atrocities on an appalling scale is now being exhumed, is a welcome development. I note, however, that the two most prominent war criminals, Karadzic and Mladic, continue to flout their disdain for such pronouncements. Karadzic, for example, dismissed the moderate Serbian prime minister, Rajko Kasaetic, in mid-May.

This may seem to me to be an act of real political power and certainly not in keeping with State Department assessments that the man is being “sidelined.” Karadzic’s June 30 transfer of power to a political flunky was merely another transparent attempt to avoid punishing economic sanctions. And despite Ambassador Holbrooke’s efforts last month to strip Karadzic of political influence, I think we all understand that Karadzic continues to call the shots which are aimed at the underpinnings of Dayton.

There are other problems, of course. Carl Bildt, the High Representative for implementation of Dayton has noted that while the formal structures of civilian implementation are in place, the political will to make Dayton work is clearly missing. Conditions are nowhere near settled enough to conduct “free and fair” elections; absent are freedom of movement, freedom of association and media, and the right to vote in secret near one’s home.

Ambassador Frowick, the Organization of Security and Cooperation in Europe (OSCE) mission head in Bosnia, even went so far as to admit July 29 that, at best, the elections could be expected to be “reasonably democratic,” adding that “free and fair is a stretch.” Frankly, I’m puzzled as to how elections neither free nor fair can ever be reasonably democratic.

Yet Ambassadors and OSCE certified June 25 that such elections can be held by September 14. The chief of staff of the OSCE, William Steubner, resigned in June, reportedly over a disagreement as to whether Bosnia is anywhere near being ready for an election. The continued influence of thugs such as Karadzic, the reports that Serbian goons are preventing Serbs from voting in their former home districts—one Serb official reportedly dismissed objections by stating: “Who cares where they vote? As long as they vote, that’s all we care.” It was only in June that another 100 Muslims were forced out of their homes in Bosnian Serb territory.

In the suburbs of Sarajevo and in countless villages across the former Yugoslavia the triumph of ethnic cleansing is apparent. All prisoners of war have not been released, as required by Dayton. Foreign forces remain in Bosnia long after the deadline for their departure; indeed, despite the Administration’s certification that these people have left, the Washington Post reported July 8 that some Islamic fighters are burrowing in, creating mischief and possibly aiding and abetting the IFOR troops. If true, how will this affect the Administration’s pledge that the arm and train program will not come up to speed until those forces are gone?

These political problems—which certainly threaten the long-term health of Dayton—are compounded by economic difficulties. A question I did not ask in October, but which looms now over the process, is that of paying for the reconstruction of Bosnia? How realistic is the expectation that the international community will come up with the estimated $5.1 billion necessary over three years to put Bosnia back on the road to recovery? In April, in Brussels, World Bank and EU officials requested $1.8 billion in reconstruction aid for 1996. Donors have pledged barely one-third of that amount and the World Bank has received only one-half (or $300 million) of that in actual commitments. Is it any wonder that the Sarejevo government may look again to Tehran, which recently offered $50 million in assistance?

Which leads me Mr. President, in a roundabout way back to the first and most important question I put to Secretary Perry back in October, and which I discussed at length during the December floor debate: why would the Administration not seek Congressional approval and support for the deployment to Bosnia? As I said then, it is through the authorization process—a procedural mockery of the Constitution—that a deployment is explained and refined; that questions are answered; fears alleviated; and the American people given an opportunity to air their views on what the mission is worth to them.

This first and last question, Mr. President, has never been answered. The result has been uncertainty and more questions. To date, we have been fortunate that the results have not been tragic, the sad circumstances surrounding Secretary Brown’s mission notwithstanding.

I remain unconvinced that the IFOR-imposed ceasefire masks anything more than an inevitable slide towards permanent partition; if that is the case—and I hope I am wrong—then 1 and the American people want to know how this costly deployment furthered the national interest. Mr. President, I hope we will have public hearings soon on the status of the deployment and that the answers to the questions I put forward in October and repeated here today. I acknowledge again the Congress’ own culpability in not forcing the issue and asserting its constitutional authority and responsibility on the deployment. I hope that the lessons learned here will lead to more backbone in the future.

CENTERS FOR DISEASE CONTROL AND PREVENTION: 50TH ANNIVERSARY

• Mrs. KASSEBAUM. Mr. President, this summer, the eyes of the world are turned toward Atlanta, the host of the centennial Olympic games. But a careful look reveals another anniversary taking place in Atlanta—an anniversary that we should observe. On July 1, 1996, the Centers for Disease Control and Prevention (CDC) reached a milestone: The agency turned 50 years old. What began during World War II as a program to stop the spread of malaria among U.S. military personnel has become a world-renowned scientific agency the mission of which is to prevent and control disease, disability, and injury. With time-tested expertise in communicable disease control, the agency has led efforts in developing a strategy to combat the newly emerging infectious diseases of today. The Senate Committee on Labor and Human Resources, which I am honored to chair, has held hearings on this major global public health issue and the role which the United States plays in fighting the spread of communicable diseases, and I am personally committed to this battle. Recently, President Clinton, recognizing the threat that infectious diseases present, issued a Presidential Decision Directive on Emerging Infectious Diseases. In recognition of CDC’s golden anniversary, I would like to summarize the problem, along with the prevention strategy that CDC has developed.

ADDRESSING EMERGING INFECTIOUS DISEASE THREATS: A PREVENTION STRATEGY FOR THE UNITED STATES

Two to three decades ago, many scientists believed that infectious diseases could and would be eliminated as a public health problem in their lifetimes. Today, those very same diseases remain the leading cause of death worldwide, and a major cause of illness, death, and escalating medical costs in the United States.

More and more Americans recognize that the threat that emerging and reemerging infectious diseases pose to domestic and global health. Accordingly, they understand the need to improve surveillance and response capacity inside and outside our borders—infec tious microbes know no borders and disregard immigration laws.

Several dramatic changes in our behavior and environment have contributed to the resurgence of infectious diseases. Across the globe, explosive population growth has led to unprecedented migration across borders. These population shifts are aggra vated by rapidly changing technology and increasing international travel.
The widespread misuse of anti-microbial drugs has accelerated the emergence of new drug-resistant microorganisms. In addition, scientists are identifying, with remarkable frequency, a growing number of new infectious diseases along with microorganisms that cause previously unexplained chronic diseases.

In response to the threat of emerging infectious diseases, CDC developed a plan designed to safeguard our Nation's health, entitled EIP: Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States”, 1994, the plan was developed in cooperation with local and State public health officials, various Federal agencies, medical and public health professional associations, infectious disease experts from academia and clinical practice, and international and public service organization. The plan lays down CDC’s domestic and international strategy for addressing emerging and re-emerging disease threats. The plan has four goals:

First, surveillance and response. The first goal is to improve the detection, investigation, and monitoring of emerging pathogens, the diseases they cause, and the factors influencing their emergence. Essential to this goal is an adequate laboratory capacity that assures accurate diagnosis of infectious diseases.

Second, research. The second goal is to integrate laboratory science with surveillance to optimize public health practice. CDC, in partnership with public agencies, universities, and private industry, will support research programs to address a number of pressing issues. They include: development and application of modern and rapid laboratory techniques for identification of new pathogens and drug-resistant organisms; determination of how behavioral factors influence emerging infections; and evaluation of the economic potential of prevention and control strategies.

Third, prevention and control. The third goal is to enhance communication of public health information about emerging diseases. This would ensure prompt implementation of prevention strategies.

Fourth, infrastructure. The fourth goal is to strengthen infrastructure at local, State, and Federal public health levels through plans for addressing the diminished capacity of health agencies to respond to infectious diseases. Critical losses in personnel over the past years have resulted in dangerous limitations in laboratory expertise. To respond to these losses, CDC has placed a top priority on building and maintaining expertise in rare or unusual diseases through the establishment of appropriate training programs for young health professionals.

CDC’s initial efforts have focused resources on improving the capacity of the United States to address emerging infectious diseases through collaborations among State and local health departments and academic institutions. Thus far, CDC has provided funds through cooperative agreements to 14 States and two large local health departments to enhance their ability to monitor and respond to infectious diseases, including foodborne disease, gastrointestinal infections, and a variety of other infectious disease public health programs. Health departments have used these funds to improve State health laboratories, build epidemiologic capacity to investigate outbreaks, and develop electronic technology for disease reporting and tracking.

CDC has also begun developing a national network of emerging infections programs. This network will conduct special surveillance projects and develop and improve surveillance methods. Emerging infections programs [EIP] address a variety of infectious disease problems, including food- and water-borne disease caused by E. coli and Campylobacter; tickborne diseases such as Lyme disease, and the newly recognized ehrlichiosis, and antibiotic resistance.

Through cooperative agreements with State health departments and their collaborators in local health departments and academic institutions, CDC has provided funds to establish the first four such programs in health departments in California, Connecticut, Minnesota, and Oregon; a fifth EIP will be initiated this year. As resources permit, CDC will institute three additional EIPs in fiscal year 1997 in other State health departments.

With new microbe threats confronting us daily, CDC had developed a public health microbiology fellowship program in partnership with the Association of State and Territorial Public Health Laboratory Directors. CDC has also reinstated an extramural research program that is focusing initially on tickborne disease and antibiotic resistance.

Although extensive work to address emerging infections has begun, substantial further effort is needed to strengthen defenses against potential disasters caused by infectious microorganisms. Long-term cooperation and partnerships are needed with clinicians, microbiologists, public agencies, universities, private industry, and communities. It is indeed critical that we all work together to ensure rapid, comprehensive responses to the microbial risks challenging the health of the world’s population. I commend CDC on their 50th anniversary and on their outstanding effort to control and eliminate emerging infectious diseases.

DOMESTIC VIOLENCE/GUNS BILL
• Mr. LAUTENBERG. Mr. President, this morning we had a discussion on the floor about legislation I am sponsoring to prohibit people convicted of domestic violence from owning guns.

My bill stands for the simple proposition that wife beaters and child abusers should not have guns. It says: Beat your wife, lose your gun. Abuse your child, lose your gun. It’s that simple. And it’s really little more than common sense.

Mr. President, for many months, I had tried to include my proposal as part of the stalled Violence Against Women Act. On July 25, after agreeing to several changes at the request of my Republican colleagues, my legislation passed the Senate by voice vote.

Mr. President, the compromise we worked out was supported by the most ardent pro-gun Members of this body. And we had an understanding that the leadership on both sides of the aisle would work to get the legislation passed promptly in the House.

Now we have just learned that the stalking bill has been inserted into the conference report on the DOD authorization bill—but without my amendment to keep guns away from wife beaters.

As the President, given the understanding that we had with the leadership, this news came as something as a shock to me.

Earlier this morning, there was a suggestion that somehow I was not respecting an agreement we had on this matter. And now this.

Mr. President, this is not how we should be doing business in this body.

Mr. President, I continue to be amazed at just how far the NRA and its supporters are willing to go to let wife beaters and child abusers get guns.

And I think the American people would share my outrage at this. Every year, thousands of women and children die at the hands of family members. And 65 percent of the time, these murderers use a gun.

There is no reason why wife beaters and child abusers should have guns. Only the most pro-gun extremists could possibly disagree with that. Unfortunately, these same extremists have considerable power here in the Congress.

Mr. President, I want to make clear to my colleagues that I am not going to let this issue die. The lives of thousands of women and children are at stake. And I’m going to continue this battle for as long as it takes.

Members of Congress on both sides of Capitol Hill need to be held accountable on this. The public has got to know what’s going on here.

Mr. President, I’m convinced that the overwhelming majority of Americans would agree.

Wife beaters should not have guns. Child abusers should not have guns.

SALUTE TO THE WORLD’S GREATEST ATHLETE

• Mr. KEMPThorne. Mr. President, I rise to pay tribute today to an Idahoan who has overcome adversity to become an Olympic champion.

Denis O’Brien of Moscow last night won the Olympic decathlon gold medal and set an Olympic record with a score of 8,824 points, the sixth best mark