of Senators Boren and Cohen several Congresses ago. They understood that growing stronger in human intelligence is a long-term enterprise. It involves the recruitment and development of people over many years, and it is one of the advantages we have over them which are not much affected by sudden infusions of money.

The Speaker’s inference that the Clinton administration has allowed the nation’s intelligence capability to deteriorate is not supported by the facts. He has clearance, as does every Member, to examine the budget numbers and see that the Clinton administration has requested, and Congress has generally supported, a very robust intelligence capability for the United States.

Mr. President, the Speaker’s comments are an effort to draw short-term political advantage out of some of the painful events in a long-term conflict. I would suggest another approach: To take a long view of why we Americans are vulnerable to attack, why this war is being waged, and to examine whether our adversaries are having much effect.

We are likely terrorist targets for at least four reasons.

First, more than any other country, we are uniquely present in the world. We are the only superpower, our military is by far the most deployed military on earth, and our businesses are also present everywhere. I trust the Speaker is pleased with America’s forward presence; I certainly am. It is both a sign of, and an essential component of, our power.

Second, we are a country that takes strong positions in foreign policy matters. Strong positions buy you enemies, and some of those enemies are terrorists. We stand up for Israel, the only democracy in its area. That buys us enemies. We are publicly allied with Turkey, a failed democracy in a tough neighborhood. That, Mr. President, buys us more enemies. We are leading the global fight against international narcotics trafficking, and some of those people take umbrage at that. We should be proud of these strong policy positions, I am.

Third, we are the most open society in the world, which is a main reason it is such a delight to live in this country. Or, not advocate changing our openness—but it does make us more vulnerable to terrorism.

Fourth, we are the world’s greatest capitalist nation. We represent the power to make our country better by improving your material circumstances, and by enjoying the wealth you produce by your own labor. To many fundamentalists—not all of them Moslem—that makes us the “great Satan.” Still, I trust no President would want to change this element of our character, even though it does buy us enemies.

Mr. President, despite this vulnerability, I submit we Americans are still safer today than at any time in our history. When it comes to terrorism and political violence, I challenge anyone to name a safer country.

As for Americans abroad, I do not constitute that our people overseas are in any greater risk from terrorism than they have ever been in peace time in our history. Why this anomaly, when we see how uniquely vulnerable we are? We are still the most powerful nation on earth when it comes to intelligence. It is present everywhere in the world, working closely with our allies to actively track terrorist organizations and individuals far from atrophying under the Clinton administration, it is a potent instrument to keep Americans safe.

Rather than fear of failure, we should recognize we are living in a period of successful action against terrorism. We would praise the Americans involved in this shadowy struggle and support them, and continue to give them what they need. Saying they are crippled is neither constructive nor accurate, although it may give false comfort to our enemies.

TRIBUTE TO MARGUERITE’S PLACE OF NASHUA, NEW HAMPSHIRE

Mr. SMITH. Mr. President, I rise today to pay tribute to Marguerite’s Place, a support home for disadvantaged women in Nashua, NH. This outstanding service organization, sponsored by the Sisters of Charity, provides a very welcome service in New Hampshire. The Grey Nuns have worked hard to ensure the success of this very special place.

Marguerite’s Place is designed to provide a fresh start for women in abusive or other disadvantaged situations. It is unique because it allows women to keep and continue to care for their children, promoting strong family values. It is also a long-term support program that teaches women how to put their lives back together. Sisters Sharita Walsh and Elaine Fahey, who manage Marguerite’s Place, previously ran a similar program in inner city Philadelphia that had a very high success rate. Between them they have 20 years experience helping poor women restructure their lives.

Marguerite’s Place can accommodate seven women and their children and provides vital support services like day-care. Women may stay in Marguerite’s Place for up to 2 years and have access to continuing day-care for 5 years through the aftercare program. While Marguerite’s Place does provide some necessary services, the sisters are determined not to do anything for the women that they are capable of doing for themselves. During their stay, the women must pay rent and utilities, buy and prepare their own food, and are responsible for the maintenance of their quarters. The Grey Nuns’ philosophy is ‘lead rather than carry’ for women to move forward into the future with hope.

The sisters are tough about the rules of Marguerite’s Place, but they provide a safe haven for women who need time to heal. For example, no men are allowed in the building at any time and there is a security system. They employ drug testing if necessary and allow the women only one slip or lapse before removing them from the program. A thorough screening finds women who can demonstrate a commitment to the program and improving their lives and the lives of their children.

Marguerite’s Place enjoys a tremendous amount of state and community support from the citizens of Nashua. It received funds from the Office of Alcohol and Drug Prevention for the purchase and rehabilitation of the building and from the Department of Housing and Urban Development for a continuum care program. They now receive operational funding from the United Way for their program, and local religious groups have been invaluable. Community youth help Marguerite’s Place through events such as the United Way Youth Day of Caring and Rivier College, which sends staff out to discuss health issues with the women.

Marguerite’s Place is the type of program that this country needs because it not only provides people with an immediate opportunity but teaches them how to improve their lives. The women are given a chance and the responsibility to make something of it. By giving them this responsibility, they empower these women. Their success rate shows that this type of combining aid with responsibility, works. I commend Marguerite’s Place for an excellent job meeting community needs. The caring of Sisters Sharon and Elaine has given hope to women in desperate situations and provided a way out of that situation. I am proud to thank them of behalf of the Granite State.

NEED FOR PRIVACY PROTECTION IN CONNECTION WITH COMPUTERIZATION OF HEALTH CARE INFORMATION

Mr. LEAHY. Mr. President, for the past several years, I have been engaged in efforts to make sure that Americans’ expectations of privacy for their medical records are fulfilled. I do not want advancing technology to lead to a loss of personal privacy and do not want the fear that confidentiality is being compromised deter people from seeking medical treatment or stifle technological or scientific development.

The former Republican Majority Leader Bob Dole put his finger on this problem when he remarked that a ‘‘compromise of privacy” that sends information about health and treatment to a national data bank without a person’s approval would be something that none of us would accept. Unfortunately, the former Republican majority leader’s worst nightmare, and mine, is being facilitated by provisions inserted by the House into this conference report that require the development of a national health information system.

The conference report includes provisions that require a system of health
The Senate sponsors of a similar bill, which is pending without action before the Senate Finance Committee, acknowledged the need to establish standards not just for accomplishing electronic transactions but also for the privacy of medical information. Unfortunately, such standards are not included in this bill.

I worked during Senate consideration of the Kennedy-Kassebaum bill in April to include such protections. Indeed, along with Senators KASSEBAUM, KENNEDY, ROND and BENNETT, we were able to reach agreement on an amendment that would have combined administrative simplification provisions with critical privacy protection provisions. Our proposal was, unfortunately, not included in the Senate Finance Committee report. Although similar provisions had been included in the Finance Committee bill reported in the last Congress, a pending Republican Legislative Draft bill—along as well as in the Labor Committee bill and Democratic Leader Mitchell’s bill and in the bill produced by the mainstream group.

Now we are confronted with a conference report that calls for nationwide data networks to be established within 18 months but contemplates delay of the promulgation of any privacy protection for 42 months. That is not the way to proceed. When the American people become aware of what this law requires and allows by way of computer transmission of individually identifiable health information without effective privacy protection, they should demand, as I do, prompt enactment of privacy protection.

I have long felt that health care computerization will only be supported by the American people if they are assured that their personal privacy of their health care information is protected. Indeed, without confidence that one’s personal privacy will be protected, many will be discouraged from seeking help from our health care system or taking advantage of the accessibility that we are working so hard to protect. These are among the serious problems being addressed in the conference report, provisions that do not enact or require promulgation of effective privacy protection.

The American public cares deeply about protecting their privacy. Louis Harris polling indicates that almost 80 percent of the American people expressed particular concern about computerized medical records held in databases used without the individual’s consent. The American people know that confidentiality of medical records is extremely important.

The Commerce Department released a report earlier this year on Privacy and the NII. In addition to financial and other information discussed in that report, there is nothing more personal than our health care information. We must act to apply the principles of notice and consent to this sensitive, personal information. It is time to accept the challenge and legislate so that the American people can have some assurance that their medical histories will not be the subject of public curiosity, commercial advantage or harmful disclosure. There can be no doubt that the increasing computerization of medical information has raised the stakes in privacy protection. The nationwide, comprehensive computerization represented by the administrative simplification provisions of this conference report makes the enactment health care privacy legislation essential.

Three years ago, I began a series of hearings before the Technology and the Law Subcommittee of the Judiciary Committee on the emerging smart card technology and opportunities being presented to deliver better and more efficient health care services, especially in rural areas. Technology can expedite care in medical emergencies and eliminate paperwork burdens. But it will only be accepted if it is used in a secure system protecting confidentiality of sensitive medical conditions and personal privacy. Fortunately, improved technology and encryption offer the promise of security and compliance, which can allow levels of access limited to information necessary to the function of the person in the health care treatment and payment system. Unfortunately, the conference report fails to include technological or legal protections for patients’ privacy.

In January 1994, we continued our hearings before that Judiciary Subcommittee and heard testimony from the Clinton Administration, health care providers and advocates about the need to improve upon privacy protections for medical records and personal health care information. As I focussed on privacy needs, I was shocked to learn how catch-as-catch-can is the patchwork of State laws protecting privacy of personally identifiable medical records. A few years ago we passed legislation protecting records of our videotape rentals, but we have yet to provide even that level of privacy protection for our personal and sensitive health care data.

As policymakers, we must remember that the right to privacy is one of our most cherished freedoms—it is the right to be left alone and to choose what we will reveal of ourselves and what we will keep from others. Privacy is not a partisan issue and should not be made a political issue. It is too important.

I am encouraged by the fact that the Clinton administration has understood that “health security” must include assurances that personal health information will be kept private, confidential and secure from unauthorized disclosure. Early on the administration’s health care reform proposals provided that privacy and security guidelines would be required for computerized medical records. The administration’s Privacy Working Group, whose NII Task Force has been concerned with the formulation of principles to protect our privacy. In these regards, the President is to be commended.

The difficulty I had with the initial provisions of the President’s Health Security Act I now have with this conference report. We cannot delay enactment of laws to protect our health care privacy for several more years. This bill will require that personal health care information be available for electronic transmission without proper protection and without any effective way for a patient to object or withhold consent from such insecure transmissions.

The two-year period for establishing national computer networks of health care information within 18 months and getting to the fundamental issue of privacy protection some 2 or 3 years later is unacceptable and wrongheaded.

Having introduced health care privacy legislation in the last Congress, I joined with Senator BENNETT and others in introducing the Medical Records Confidentiality Act, S. 1360, in this Congress. Our bill establishes in law the principle that a person’s health information is to be protected and to be kept confidential. It creates both criminal and civil remedies for invasions of privacy for a person’s health care information and medical records and administrative remedies, such as debarment for health care providers who abuse others’ privacy.

This legislation would provide protection with a court of appeals, set of rights of inspection and an opportunity to add corrections to their own records, as well as information accounting for disclosures of those records.

The bill creates a set of rules and norms to govern the disclosure of personal health information and narrows the sharing of personal details within the health care system to the minimum necessary to provide care, allow for payment and to facilitate effective oversight. Special attention is paid to emergency medical situations and public health requirements.

We have sought to accommodate legitimate oversight concerns so that we can create movements to health care fraud investigations. Effective health care oversight is essential if our health care system is to function and fulfill its intended goals. Otherwise, we risk establishing a public health care system that is unscrupulous. Health care is too important a public investment to be the subject of undetected fraud or abuse.

Those who have been working with us on the issue of health information privacy include the Vermont Health Information Consortium, the Center for Democracy and Technology, the American Health Information Management.
Association, the American Association of Retired Persons, the AIDS Action Council, the Bazelon Center for Mental Health Law, the Center for Medical Consumers, the New York Public Interest Group, the National Association of Retail Drug Stores, the Legal Action Center, IBM Corporation, the Blue Cross and Blue Shield Association. They have worked tirelessly to achieve a significant consensus on this important matter.

The Labor Committee conducted hearings last year on this legislation that showed significant support for the measure. Senators Kassebaum and Kennedy have worked hard on this matter and helped us to revise and improve the provisions of the bill. The working version of the bill now includes several important changes from the language originally introduced. We have tried to make it more patient centered and sensitive. We have eliminated the section on and references to a health care service. We would require informed consent for use of individually identifiable health information for research.

It is with this in mind that I am troubled by indications in the conference report that research is viewed by some as an area where privacy rights should be sacrificed and consent not required for use of individually identifiable health information. I feel strongly to the contrary and believe that research should include consent consistent with current, recognized professional standards and codes of conduct for clinical research. We need not and should not weaken those standards and protections through poorly conceived Federal mandates.

It is unfortunately that criticism of S. 1360 from some quarters tended to obscure its purpose and impede its progress. Some critics were unwilling to work with us to improve the bill. They helped create the threat we face in this conference report of federally mandated computer networks of sensitive health information without simultaneous enactment of privacy protection.

I know that these are important matters. I am troubled by indications in the conference report that research is viewed by some as an area where privacy rights should be sacrificed and consent not required for use of individually identifiable health information. I feel strongly to the contrary and believe that research should include consent consistent with current, recognized professional standards and codes of conduct for clinical research. We need not and should not weaken those standards and protections through poorly conceived Federal mandates.

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I know that these are important matters about which many of us feel very strongly. It is never easy to legislate without simultaneous enactment of privacy protection. Our fervent desire to make the Medical Records Confidentiality Act the best it can be must be given a central place and high priority if this important scheme for technological development is to proceed.

I would ask all to join with us in a constructive manner to create the best set of protections possible at the earliest possible time. With continuing health care reform in the Administration and health care providers and privacy advocates we can enact provisions to protect the privacy of the medical records of the American people and make this part of health care security a reality for all.

TRIBUTE TO NEW HAMPSHIRE BOY SCOUTS OF AMERICA TROOP NO. 135 AS THEY CELEBRATE THEIR 50TH ANNIVERSARY

Mr. SMITH. Mr. President, I rise today to pay tribute to New Hampshire Boy Scouts of America Troop No. 135 as they celebrate their 50th anniversary. I am proud to congratulate such an outstanding organization as they observe this impressive milestone. Troop 135 has a long history of achievement and service to their community.

Boy Scout Troop 135 was founded in 1946 by seven men with Leo Leclerc as their Scoutmaster. Among the founders was Albert Bellemore, whose son Raymond is the current Scoutmaster for the troop. Raymond, who has served for 34 years is the holder of the Catholic Diocese St. George Award of Merit, the Boy Scout Silver Beaver Award from the National Council of Boy Scouts of America, and was the first in the state to receive the National Eagle Scout Association Scoutmasters’ Award.

Troop 135’s 50 year history is marked by distinction and achievement like Raymond’s. More than 968 Boy Scouts have been members of Troop 135 over the years and 81 of them have attained the rank of Eagle Scout. To become an Eagle Scout, a young man must earn badges for citizenship in the community, citizenship in the nation, and citizenship in the world. This is an important recognition for a young man.

Troop 135 has been involved in numerous Scout activities and won many awards for their work. They have participated in many High Adventure trips and every National Boy Scouts Jamboree since the troops founding. Troop 135 has won the Klondike Derby district and statewide trophies almost every year for the past 20 years. Many of Troop 135’s 968 members have been very decorated Scouts. Many alumni of Troop 135 are returning for the anniversary celebration festivities on the weekend of August 16-18. They will hold a reunion, an open house, and a dinner to honor their Scoutmaster and Eagle Scouts.

The Boy Scouts of America promotes good citizenship, character-building.