

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 activities of government which are not much affected by sudden infusions of money.

The Speaker's inference that the Clinton administration has allowed the nation's intelligence capabilities 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, another embattled democracy in a tough neighborhood. That, Mr. President, buys us more enemies. We are leading the global fight against international narcotics trafficking, and some violent 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. I do 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 life 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 politician 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 from terrorism than any other people on earth. 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 peacetime in our history. Why this anomaly, when we see how uniquely vulnerable we are?

One reason is our superb 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 should 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 and children 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 Sharon 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 for Marguerite's Place is to empower 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 environment 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 relapse 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 as 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 program, 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 to 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

care information exchanges by computers and through computer clearinghouses and data networks. These are provisions that were not included in the Senate bill and have not been separately considered by the Senate.

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, BOND 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 bill due to an objection from the staff of the Senate Finance Committee. This was especially troubling since similar provisions had been included in the Finance Committee bill reported in the last Congress and in Republican Leader Dole's bill—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 the 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 created by 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 indicated 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 increased 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. We explored 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 confidentiality and 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 privacy 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, confiden-

tial 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 of its 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 transmission. The two-track system 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 wrong-headed.

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 patients with a comprehensive 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 do not create unnecessary impediments 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 publicly-sanctioned playground for the 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 Druggists, the Legal Action Center, IBM Corp., and 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 information 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 discussion 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. Their recalcitrance 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 about which many of us feel very strongly. It is never easy to legislate about privacy. Those of us who care about protecting privacy have no acceptable alternative and must pull together to achieve that which has always been our goal—prompt enactment of effective privacy protection for health care information.

When I testified before the Labor Committee earlier this year I suggested that our critics look at the bill against the backdrop of the lack of protection that now exists in so many places and in so many ways and the computerization of medical information. Indeed, in 1995 the House had buried within its budget reconciliation bill provisions that would have required the development and use of protocols "to make medical information available to be exchanged electronically." I

was the only Member of Congress to protest the inclusion of those provisions without any attention to privacy protection last year. Fortunately, others are now beginning to recognize the need for action.

During the last few days we have been able to improve the conference report, but only slightly to the point that it is now. Initially, it would have expressly preempted all States' laws that provide privacy protection for health information and records and made it virtually impossible later to add privacy protection measures. Now, there is at least an exception to the Federal preemption language for State laws relating to the privacy of individually identifiable health information. This is only a start because, as I have noted, the State laws are not sufficiently protective or comprehensive in the protections they seek to provide.

Senator BENNETT and I have been trying to respond to suggestions for improvements to our bill as originally introduced. We have been working closely with the Chair and Ranking Democrat of the Labor Committee, Senators KASSEBAUM and KENNEDY, and with all interested parties.

I deeply regret that we have not been able to develop a complete consensus to enable privacy provisions to be included in this measure at this time. When supporters of measures to standardize and require the electronic exchange of health care information insisted that administrative simplification mandates be included in this conference report without any significant privacy protection, we could only obtain a limited opportunity to include privacy protection somewhere down the road. While the conference report provides express protection for business trade secrets and confidentiality for commercial information, it all but ignores personal privacy and provides no current protection for individually identifiable health information.

I will continue to work on this important issue. We are still engaged in discussions with some who have come forward with concerns very recently and have yet to offer suggestions for improvements or alternative language. Our fervent desire to make the Medical RECORDS Confidentiality Act the best bill it can be should not be doubted. I come forward today to declare that further delay by critics cannot and will not be tolerated. If they have suggestions for improvements to the bill, they need to make them without delay. Our window of opportunity is closing.

The conference report allows the Secretary 12 months to make recommendations. She has been engaged in this process from the outset so we need and expect her recommendations immediately. Congress must get about the job of enacting tough, effective privacy protection before mandated computer transfers of medical information become effective. We cannot risk the loss of privacy in the interim. Moreover, it will be near impossible to in-

clude appropriate privacy protection in the future. We must rededicate ourselves to act at the earliest moment. I hope we can do so before adjourning this year. Privacy was left off the table at this House-Senate conference. It must be given a central place and highest priority if this 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 help from the Administration, 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 founding members 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 Scoutmaster's 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 prestigious awards over the years. 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 trophy 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 formal court of honor for Scoutmasters and Eagle Scouts.

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