

one, assures local milk production, and it assures reliable supplies of fresh and wholesome local milk. In this respect, we are the envy here in the United States of most nations of the world. Most nations have unreliable milk supplies that are shipped in from distant locations at high prices, because there is no local competition. Common sense tells us that the cost of producing and transporting milk varies from region to region. You can't have a flatout pricing system that is the same everywhere.

Now, again, I joined with 47 other Senators recently in sending a letter to the Secretary of Agriculture urging him to keep the current system, which assures local supplies of fresh milk to millions of Americans. It's no secret that northern Midwestern States want to provide all the milk to the Nation. They have a technology where they take all the water out of their milk and you get this kind of "glop" that is left, and you ship it to distant places and somebody pumps some water back into it, and you end up with this reconstituted milk, which they can then sell. If you do that, what is going to happen is that the "glop" producers of this reconstituted milk will all be in one part of the country and the rest of us will be everywhere else in the country. The rest of the country will be at their mercy, depending upon when, how often, and at what price they want to send this concentrate to us.

Now, my major fear is—especially coming from a part of the country that has severe winters—what happens when the Midwestern winter storms blanket roads with snow, or you get the freezing conditions in the North and that stops traffic on the Interstates? It happens fairly often. Or what happens when there is a truckers' strike? When that happens, I think you are going to find consumers in the country feeling lucky they can buy milk for \$5 a gallon. Parents who need milk for their children might have to pay a lot more than \$5 a gallon if they have to buy milk at whatever price. Whatever price they get it for, it is going to be the reconstituted "glop" coming to that area—and water is going to have to be added—from producers from a thousand miles away. I don't think this makes much sense. I like the system we have today, which encourages producers in a number of different areas of the country where they can produce fresh milk for the consumers at prices they can afford.

Now, the court's ruling will be effective immediately. It is not going to have a great deal of effect on the States in the Northeast dairy compact or States who have their own milk order system, such as California. In those States, local dairy farmers should be able to stay in business and provide local, fresh supplies of milk. When disasters and winter storms hit, consumers in those areas will be able to get milk. What I worry about is all the other areas.

The Department of Agriculture has to appeal this decision immediately—no ifs, ands, or buts. The existence of thousands of dairy farmers is at stake. USDA has to act for these farmers and for the consumers.

Mr. President, I see my distinguished colleague from Vermont on the floor. I now yield the floor.

Mr. JEFFORDS addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont, Mr. JEFFORDS, is recognized.

Mr. JEFFORDS. Mr. President, I commend my colleague from Vermont for raising what could be a very important issue to all of the people of this country who like milk. I don't understand how a court could do that, other than the fact that, when I read he was from Minnesota, I new why it was done. The judiciary sometimes gets a little prone to its own constituency. But I want to tell you, I want to raise the danger that this precedent sets. I urge Secretary Glickman to appeal the judge's decision and to make sure that this does not maintain an existence.

If this ruling survives, it could be the final financial blow to many farmers throughout the country. It could also lead to higher prices consumers pay for their milk. Senator LEAHY and I have stood on the floor many times defending Vermont's dairy farmers and dairy farmers across the country. We have fought to give both the dairy farmers and the consumers a fair and stable milk price. At times, debates on dairy policy have pitted one region against the other. In this case, a group of Midwestern milk producers hope to eliminate the pricing structure for fluid milk that dairy farmers and consumers rely upon for stable prices.

This methodology of creating a system to provide differentials was created way back in our history, at a time when the original milk acts were considered, recognizing that it's incredibly important that we have fluid milk available to the families all across the Nation. One only has to remember back a few years ago when there was a tremendous drought in Minnesota and Wisconsin, in the area where these farmers say they can produce it for all the country. As a result of that, we had the huge price increases. We had to supply milk to other regions because they could not produce it sufficiently in Minnesota and Wisconsin. That is a demonstration as to why the original dairy legislation in the acts of the thirties made sure that this fluid milk would be available across the Nation at all times, understanding the need for fresh milk.

If this ruling of the judge from Minnesota prevails, the entire country may ultimately rely on Minnesota and her bordering States for their milk supply. This would be extremely dangerous to consumers for prices and not being able to get it because of the lack of milk.

I know that in Vermont, every morning—and I am sure it's the same at

breakfast tables across the country—people enjoy fresh milk that was produced and packaged within a reasonable distance of their home and at reasonable prices. There are many other reasons for maintaining a healthy dairy industry in each region. The economic and social benefits ripple through each farming community.

Mr. President, the present system for pricing fluid milk is currently under consideration from the U.S. Department of Agriculture. There is tremendous support for maintaining the current pricing structure for fluid milk. Recently, as Senator LEAHY mentioned, 48 Senators and 113 House Members sent a letter to Secretary Glickman urging him to keep the current system.

It is critical that the Secretary act quickly to request a stay and appeal this decision. I urge my colleagues to join Senator LEAHY and myself in that request.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Illinois.

DISTRICT OF COLUMBIA APPROPRIATIONS BILL

Ms. MOSELEY-BRAUN. Mr. President, I rise to state my objection to the motion to proceed on the District of Columbia appropriations bill, at least temporarily. I want to explain why.

There is currently an amendment on the D.C. appropriations bill that will grant certain Central Americans access to the suspension of deportation procedure. These are refugees—people who leave their countries for political asylum here. And they will not be deported because of the amendment that is part of the D.C. appropriations bill. It covers some 191,000 Salvadorans, some 21,000 Nicaraguans, some 118,000 Guatemalans, and I certainly support the suspension of deportation for all of those groups of asylum seekers. It does not, however, cover just about 18,000 Haitians. In fact, the only group of asylum seekers that were left out of the bill as it came out of the House were the Haitians.

This is not only patently unfair but certainly suggests almost a tin ear on the racial implications of what came out of the House by the House Members who put this together that they would not understand—that singling out the Haitians for exclusion from this relief would be perceived as negative in many parts of this country which is nothing short of stunning to me.

I am happy to report that I had a conversation with the majority leader, Senator LOTT. He wants to try to help us with this situation. Senator GRAHAM has an actual bill to try to fix the situation with regard to the Haitians separate and apart from the District of Columbia appropriations. I support and would cosponsor Senator GRAHAM's legislation. However, the catch here and the reason for my voicing my objection

right now—my temporary objection right now—is that, as Senator LOTT pointed out in his comments, we talk about whether or not these Haitians would be deported in the meantime until Senator GRAHAM's bill can get passed. We don't yet have an agreement from the administration, from the INS, from the House, from the Senate in terms of Senate oversight. We don't have an agreement that these Haitians won't be singled out—18,000 out of almost 250,000 people to be deported in the interim until the Graham effort is concluded.

So I find myself in the difficult position of having to object to proceeding to something that might otherwise be a good thing until this obvious blatant error is—at least until we get some commitments that these people will not be harmed. That is what the number of men, women, and children need for their lives in behalf of and in pursuit of democracy. It is not fair to single them out for special treatment for no rational reason other than as they have brought to me that they fear they have been singled out because of their color, that they have been singled out because of their race.

That is not right. That is not what this country stands for. I hope that is not the signal that we are going to send by the way this legislative process works out.

So, until we get an agreement on suspension of deportation, I am afraid I will have to object to the motion to proceed with regard to the District of Columbia appropriations bill. I know there are some other issues. I hope these issues get worked out. I hope this issue gets worked out.

I want to put the Senate on notice that this legislation in its current form sends the absolute wrong signal to the country and, indeed, to the world regarding our commitment to family.

How are you going to suspend deportation for 191,000 people from El Salvador, 21,000 people from Nicaragua, 118,000 people from Guatemala and not allow 18,000 people from Haiti to take advantage of the same relief under almost identical circumstances? There is no reason for it. There is no rational for it. Quite frankly, I would be remiss if I allowed this mistake to go forward. I am confident it is going to be worked out.

Again, my conversation with Senator LOTT, my conversation with Senator GRAHAM, with Senator KENNEDY, and with Senator MACK—we have had conversations across the board. We just want to make certain there is agreement before this starts to leave here—that there is a agreement that these people will not be kicked out of country under circumstances in which almost 250,000 people similarly situated are allowed to stay. That is my objection. That is my problem with the bill at the time.

I want to make the point that we in the Senate are not prepared to send that kind of negative signal to the

country or to the rest of the world, and that we will at least resolve the deportation issue before the District of Columbia appropriations legislation goes forward.

I thank the Chair.

I yield the floor.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Iowa.

NIH ENDORSES ACUPUNCTURE

Mr. HARKIN. Mr. President, earlier this week an expert scientific panel at the National Institutes of Health strongly endorsed acupuncture as an effective treatment for certain conditions. This is the first time that the NIH has endorsed a major alternative therapy. It is truly a breakthrough, and is just the type of advance that I envisioned when I worked to establish the Office of Alternative Medicine at the NIH.

The consensus conference held by NIH involved top scientists from around the Nation, including those with expertise in acupuncture and experts in research evaluation and design. These scientists, led by Dr. David Ramsey, president of the University of Maryland, Baltimore, objectively evaluated the evidence of acupuncture's efficacy and came to a consensus that this therapy is safe and provides significant help for a number of health problems.

They found that acupuncture is an effective treatment for postoperative dental pain, postoperative and chemotherapy-induced nausea, nausea during pregnancy, and other conditions. They also identified a number of other conditions, including asthma, substance addiction, stroke rehabilitation, headache, general muscle pain, low back pain, carpal tunnel syndrome, for which acupuncture demonstrates effectiveness but with a less degree of certainty.

I was dismayed to read that despite this consensus agreement after rigorous evaluation of the scientific evidence, there is still a fringe element in the medical community that refuses to acknowledge the facts. These critics seem only to be interested in bad mouthing anything out of what they consider to be the medical mainstream. While we all benefit from a healthy dose of skepticism in the scientific process, I hope in the future, this small group of critics take off their blinders long enough to objectively look at the scientific evidence and give credit where credit is due.

Mr. President, as I have said before, millions of Americans—more and more each day—are using alternative medical therapies. In 1993, the FDA reported that Americans were spending \$500 million a year for between 9 and 12 million acupuncture treatment visits. Unfortunately, research has not kept pace. The NIH has failed to break through biases that exist and devote

the attention to this area that is needed. As a result, American consumers have been denied information about the effectiveness of the therapies they are using or thinking of using.

I am pleased to report that the conference report on the fiscal year 1998 Health and Human Services appropriations bill has agreed to provide more than a 50-percent increase to the Office of Alternative Medicine to expand efforts like this week's consensus conference on acupuncture to other work and to investigate and validate complementary and alternative therapies. Our report also guarantees that this increase will be spent on grants and contracts that directly respond to requests for proposals and program announcements issued by the Office of Alternative Medicine.

Mr. President, this week's endorsement of acupuncture by NIH is a positive step forward for the American public and for the medical research in our Nation. I hope that it will lead not only to greater acceptance of, and access to, cost effective acupuncture services, but to increased willingness on the part of NIH and the medical community to commit to the objective evaluation of a range of promising complementary and alternative medical therapies.

Mr. President, I ask that the full text of the findings of this historic NIH consensus panel be printed in the RECORD.

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

NATIONAL INSTITUTES OF HEALTH CONSENSUS DEVELOPMENT STATEMENT

INTRODUCTION

Acupuncture is a component of the health care system of China that can be traced back for at least 2,500 years. The general theory of acupuncture is based on the premise that there are patterns of energy flow (Qi) through the body that are essential for health. Disruptions of this flow are believed to be responsible for disease. The acupuncturist can correct imbalances of flow at identifiable points close to the skin. The practice of acupuncture to treat identifiable pathophysiological conditions in American medicine was rare until the visit of President Nixon to China in 1972. Since that time, there has been an explosion of interest in the United States and Europe in the application of the technique of acupuncture to Western medicine.

Acupuncture describes a family of procedures involving stimulation of anatomical locations on the skin by a variety of techniques. The most studied mechanism of stimulation of acupuncture points employs penetration of the skin by thin, solid, metallic needles, which are manipulated manually or by electric stimulation. The majority of comments in this report are based on data that came from such studies. Stimulation of these areas by moxibustion, pressure, heat, and lasers is used in acupuncture practice, but due to the paucity of studies, these techniques are more difficult to evaluate. Thus, there are a variety of approaches to diagnosis and treatment in American acupuncture that incorporate medical traditions from China, Japan, Korea, and other countries.

Acupuncture has been used by millions of American patients and performed by thousands of physicians, dentists, acupuncturists,