But cutting off visas of officials isn’t the way to handle problems, whether they relate to IPR, whether they relate to technology transfer, whether they relate to other military endeavors or trade matters, I believe. I must say, I believe this is the first time in my career that the administration has really made up their mind that what they are going to do is engage China fully and completely at the top level. I believe it is having enormous dividends and that we will see in the years to come a much more open country, a country that has taken steps to make greater reforms.

You have to realize that to those of us who sit on the west coast, the Pacific rim is our world of trade. The Pacific rim has by far exceeded the Atlantic Ocean as the major theater of trade. In my State, approximately over a third of the jobs depend on trade with Asia. We want to have positive relations with Asia, positive relations with the Philippines, with Taiwan, with South Korea, with China, with all of the ASEAN countries as well. Increasingly, we have an opportunity, we believe, on the Pacific, to form a Pacific rim community that is peaceful, where trade, where prosperity, where so much good can be shared. I must tell you, I buy into that dream. I want to see it happen.

Mr. HUTCHINSON. Will the Senator yield?

Mrs. FEINSTEIN. I am happy to yield.

Mr. HUTCHINSON. Mr. President, coerced abortion and religious persecution are two practices that the Chinese Communist Government denies take place in China.

Now, would denying visas to Chinese officials in which we have credible evidence that, in fact, they are doing—how would that impede the kind of positive relationship that you want to see?

I again reiterate the questions: How do we reconcile the most recent rounds of arrests of those who tried to form a democracy party in China when they were detained and incarcerated? And the test of the rocket engines while the President was in China, how do we reconcile that with this supposed breeze of freedom that we now have blowing through China?

Mrs. FEINSTEIN. I don’t think it is all good. We are both and all going in one direction. I find the arrest of dissidents in the wake of the President’s visit or prior to the President’s visit as 100 percent wrong.

Senator, if there is one thing I have learned about the Chinese, they can be ham-handed in how they function. They can be their own worst enemies in how they handle, because they function under a different, I think, value system in this regard. Sometimes, I believe, it is overreaction. I have read things, and I simply ask and say, why did this have to happen?

Now, let’s talk for a moment about forced abortion. I think it is an abysmal practice, it is a barbaric practice. China says they do not countenance and they do not want to permit it. That is the official government policy. Are there occasions where, in this vast country, forced abortion is committed, do I believe? I believe there are instances and occasions are, in fact, committed. I also believe, though, that by pointing this out continually, we will see some changes.

I think it has to be understood that China still has over 100 million people living in poverty, some of which, some living in caves, some living in the most impoverished circumstances, particularly in western China. It has to be understood that China is a nation of 1.2 billion people, growing rapidly.

When I first went to China in 1979, what I was told was, what we have for one person must be extended to five people. I have seen since that time the quality of life improving for people. I have seen the easing of restrictions. I have seen the opening of the society. I have seen the stress on education. I have seen the opening of the society. I have to think that is healthy for the society. I think if we engage that society, if we talk with people on equality, that we will see major positive changes in the future.

So I appreciate the opportunity to have this dialog. I respect your values. I respect the way you are trying to do in this regard. I just happen to believe, based on my knowledge, my understanding, and my experience with China and the Chinese people, I believe it would be highly unproductive. I just wanted an opportunity to come to the floor and have that opportunity to state my views. I thank the distinguished Senator.

The PRESIDING OFFICER. The distinguished Senator from Michigan.

Mr. KENNEDY. Will the Senator yield?

Last evening I had asked the majority leader just for 5 minutes at some time during the period when he was propounding the consent request. I am glad to cooperate with the floor managers on when would be the most appropriate time to do so, but since we are starting off on an amendment, I don’t want to interrupt the debate on the amendment, and I am glad to inquire of the majority leader when period of time he intends to take.

Mr. ABRAHAM. If the Senator from Massachusetts would like to speak for up to 5 minutes, the Senator from Michigan would be happy to propose a unanimous consent agreement by which the Senator from Massachusetts is yielded 5 minutes to speak, in morning business or whatever, and then establish that the Senator from Michigan would be recognized to proceed with the discussion.

The PRESIDING OFFICER. Does the Senator from Michigan desire to make that request in the form of a unanimous consent request?

Mr. ABRAHAM. I ask unanimous consent that the Senator from Massachusetts be permitted to speak for 5 minutes at this time, to be followed by the Senator from Michigan to then resume discussion of my amendment.

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

The Senator from Massachusetts.

Mr. KENNEDY. I thank the Senator from Michigan.

As the Senator knows, the Judiciary Committee, of which we are both members, is starting hearings at this time as well. I appreciate his kindness in permitting me to address the Senate at this time.

PATIENTS’ BILL OF RIGHTS

Mr. KENNEDY. Mr. President, as we begin the August recess, the American people should understand that the Republican leadership is still bent on blocking meaningful health care reform. I believe that Senator LOTT owes it to Congress and the American people to schedule a full and fair debate as the Senate’s first order of business when we return in September, but he has refused to do so and clearly be behind the unreasonable restrictions on fair guidelines for the Senate’s debate.

The Republican leadership in Congress deserves the failing grades this is getting for fumbling the issue on HMO reform. My recent hearing last January, the press reports began noting that Oscar-winning actress Helen Hunt in “As Good as it Gets,” who electrified audiences with her attack on HMOs, it has been clear that a tidal wave of support is building to end the managed care abuses and stop HMOs from profiting in ways that jeopardize patients’ health or their very lives.

The GOP’s HMO line of defense continues to be to block any strong legislation, refuse to allow fair debate, and to give the HMOs antitrust immunity. TV ads a chance to bite. The genie is out of the bottle, and that cynical strategy will fail. If the majority leader has not already done so, I urge him to see the film during the recess. I have a videotape of the film here. I ask a page to deliver it to the majority leader.

I urge the leader to see the film in a theater so he can judge the audience reaction and be more convinced of the growing public outrage that exists over the abuses of HMOs and managed care. It is long past time for the Congress to end these abuses. Too often, the managed care is mismanaged care. No amount of distortion or smokescreens by insurance companies or GOP campaign ads can change the facts. A real Patients’ Bill of Rights can stop these abuses. Let’s pass it now before more patients have to suffer.

All we want is a chance, in the time-honored tradition and the regular order of this body, to begin a fair and complete debate on this issue. We have had 5 days of debate and discussion on agriculture, with 55 amendments. We have
had 6 days of debate on the defense authorization, with 105 amendments. We have had 7 days of debate on the budget, with over 100 amendments. We are entitled to an opportunity for a full and fair debate. If there are provisions to be made in the bill, the Senate should have the right to ask about what the objectives are. We believe that this debate offers the best opportunity to make sure that we are going to have the doctors and patients make decisions and not the insurance companies.

The goal of the Republican leadership and their friends in the insurance industry is to prevent legislation this year, or to pass only a minimalist bill so weak that it would be worse than no bill at all. The Republican strategy—the stonewall strategy—lasted for more than a year. But it broke down in January—the stonewall strategy failed.

We have repeatedly asked for committee action or consideration by the full Senate of this important legislation, but the Republican leadership has repeatedly said "no."

Now, they know they can no longer just say "no." So the Leadership is trying the next best thing. Instead of bringing up the bill for full and fair debate, they have offered up a series of phony consent agreements that they know are unacceptable. They don't want a full debate with an opportunity to amend their Patient Bill of Wrongs, because they believe that the less the American people know about their sham proposals, the better they will be able to protect their friends in the health insurance industry.

In fact, the Republican leadership has gone on to extraordinary lengths in the past six weeks to prevent a full debate on HMO reform.

On June 18, Senator Lott proposed to bring up the bill, but on terms that made it unacceptable legislative process.

That proposal would have allowed the Senate to start debate on HMO reform, but Senator Lott would have been permitted to pull the bill down at any time, and the Senate would have been barred from considering it further for the rest of the year. So if Senator Lott did not like the direction the bill was headed, he could withdraw it and tie the Senate's hands on HMO reform for the rest of the year.

On June 23, 43 Democratic Senators wrote to Senator Lott to urge him to allow a full debate and votes on the merits of the Patients' Bill of Rights before the August recess.

In response, on June 24, Senator Lott simply repeated his earlier unacceptable offer.

On June 25, Senator Daschle proposed an agreement under which Senator Lott would bring up a Republican health care bill by July 6, Senator Daschle could offer the Democratic Patients' Bill of Rights, and other Senators could offer only amendments relevant to the HMO reform issue. We would not allow amendments on any other subject—just those relevant to the Patients' Bill of Rights.

However, Senator Lott rejected this offer. And on June 26, he offered once again an agreement that allowed Senator Lott to withdraw the legislation—essentially killing the Patients' Bill of Rights—after further consideration of any health care legislation for the remainder of the year.

On July 15, after a long silence, Senator Lott made yet another offer. This time he proposed an agreement that allowed for no amendments. He could bring up his bill. We could bring up ours. And that is it. It would be all or nothing. The American people would be denied votes on specific issues.

No vote on whether all Americans should be covered, or just one-third as the Republicans propose.

No vote on whether there should be genuine access to emergency room care.

No vote on whether patients should have access to the specialists they need when they are seriously ill.

No vote on whether doctors should be free to give the medical advice they feel is appropriate, without fear of being fired by the HMO.

No vote on whether patients with cancer or Alzheimer's disease or other illnesses should have access to clinical trials after conventional treatments fail.

No vote on whether patients in the middle of a course of treatment can keep their doctor if their health plan drops the doctor from the network, or the employer changes health plans.

No vote on whether patients should have meaningful independent review of plan decisions—or whether health plans should continue to be judge and jury.

No vote on whether the special health needs of persons with disabilities, and women, and children should be met.

No vote on whether health plans should be held responsible for decisions that kill or injure patients.

The list goes on and on. But the Republican Leadership just wants an all-or-nothing vote on their plan and our plan. They don't want a genuine debate on patient protection. They don't want to be held accountable by the American people for defending the profits instead of patients. They want to gag the Senate, and allow HMOs to continue to gag doctors.

On July 16, Senator Daschle proposed that we agree on a limited number of amendments—20 per side, directly related to the legislation, on extraneous issues.

This offer by Senator Daschle reflects the best traditions of the Senate. It is consistent with the conditions under which we have greeted many major legislative proposals in the Senate this year.

We had 7 days of debate on the budget resolution, and considered 105 amendments. Two of those were offered by Senator Nickles.

We had 6 days of debate on the defense authorization bill, and considered 150 amendments. Two of those were offered by Senator Lott, and he cosponsored 10 others.

We had 8 days of debate on IRS reform, and considered 13 amendments.

We had 17 days of debate on tobacco legislation—a bill that was completed—and considered 18 amendments.

We had 5 days of debate on the Agriculture Appropriations bill and 55 amendments.

Senator Lott has said to reporters that Democrats might be able to offer 3 or 4 amendments. But that means we would have to decide which issues of concern to the American people are debated, and which are discarded. Do we debate access to emergency rooms, but put aside all concerns about access to specialists? Do we offer an amendment to ensure that all Americans are covered by the legislation, and not just the one-third the Republican plan proposes, but put aside concerns about access to clinical trials that could save lives?

This debate should not be an unfair choice. We agree that the number of amendments should be limited. But the number should be balanced to accommodate the large number of legitimate issues that need to be debated as part of this important reform.

If the Republican leaders are serious about fair debate, they know how to do it. We do it every day in the Senate, and we should do it now. If they are serious about passing meaningful patient protection legislation, they should call up the bill now. We all have asked for 135 amendments per side. It will take at least 20 amendments to even begin to remedy the major defects in the Republican proposal.

Since the Republican leadership plan was introduced a week ago, we have held meetings and forums with doctors, nurses and patients to explore the critical issues that must be addressed if a Patients' Bill of Rights is to be worthy of its name.

In each case, doctors, nurses and patients have reached the same conclusions. The abuses by HMOs and managed care are pervasive in our health
system. Every doctor and patient knows that, too often, managed care is mismanaged care. Every doctor and patient knows that medical decisions that should be made by doctors and patients are being made by insurance companies. Every doctor and patient knows that profits, not patient care, have become the priority of too many health insurance companies.

The message in each of these forums from doctors, nurses and patients has been the same. Pass the Patients’ Bill of Rights. Reject the Republican leadership plan. It leaves out too many protections. It leaves out too many patients. Even the protections it claims to offer have too many loopholes. It is a plan to protect industry profits, not patients.

One of the aspects of their legislation that the Republican leadership likes to tout is its alleged protections for women. As part of their ongoing disinformation campaign about their legislation, the Republican leadership has a press conference this morning to proclaim the benefits of their legislation for women. But no credible organization representing women endorses their bill—because their so-called protections for women are a sham.

Nowhere is the difference between the bipartisan Patients’ Bill of Rights and the Republican Bill of Wrongs more evident than on the issue of protecting women’s health. The Republican leadership bill leaves out more than 100 million out. It provides none of the 27 key patient protections. Even the protections it does include are more cosmetic than real. And even those cosmetic protections are limited to fewer than one-third of the privately insured patients who need help.

We held a forum yesterday afternoon during which leading organizations for women released a letter urging Senators to support the Patients’ Bill of Rights and to reject the Republican leadership plan. The letter is signed by more than 30 women’s groups, representing millions of women in communities across the country.

Last Friday, we heard from Diane Bergin of College Park, MD. She has ovarian cancer, and is currently enrolled in a clinical trial. She eloquently described the need for plans to cover such trials and the importance of having access to specialty care. Diane is a vivid example of the promise of such therapies and the need to see that patients have genuine access to specialists.

Women need to know that they will receive the benefits covered by their plan and recommended by their treating physician—without being overruled by insurance company accountants.

Women need to know that they can choose their gynecologist to be their primary care physician.

Women need to know that they will never have to drive past the nearest emergency room, because a more distant hospital is part of their managed care plan.

Women with mental illness need to know that they will have access to psychiatrists, psychologists and other mental health professionals.

Women with ovarian cancer—like Diane Bergin—or other life-threatening conditions need to know that their health plan will let them participate in clinical trials by covering routine costs of such care.

Women whose plans provide pharmaceutical benefits need to know that they will have access to drugs that are not on the plan’s list.

Women need to know that they will have access to a quick and independent appeal if their plan overrules their doctor.

Women need to know that they have a genuine remedy when plan abuses result in injury or death.

The Patients’ Bill of Rights guarantees third party appeal, but Consumer’s Union analyzed their proposal and called it “woefully inadequate and far from independent.”

Virtually every protection they claim to have included turns out to fail the truth-in-advertising test—and the protections they have left out are a dishonor roll of insurance industry abuses.

Part of democracy is accountability. We have votes in the Senate to pass or defeat bills. We have votes on amendments to improve bills. We record these votes, because we are elected by the people of our states to represent them. The people have a right to know where we stand on important issues.

I ask the Republican leadership why he doesn’t want the American people to know where members of the Senate stand on whether protections for patients should apply to all 161 million privately insured Americans—or leave more than 100 million out.

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I ask the Republican leader why he doesn’t want a vote on whether doctors and patients, not accountants, should make medical decisions.

I ask the Republican leader why he doesn’t want a vote on whether doctors who stand up for their patients should be protected from retaliation by insurance companies.

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plan, and it provides significant patient protections. But it lacks many of the most important protections in our Patients’ Bill of Rights.

Key provisions omitted in the Chafee plan include the lack of needed protection for patients from drive-through mastectomies and access to reconstructive surgery—the lack of fair opportunities for patients to join health plans allowing them to go to the physician or specialist of their choice—the lack of protection for health professionals who point out problems in the quality of care provided by health plans or facilities—and the lack of adequate remedies for patients injuries or killed by HMO abuses.

All of these reforms are needed, and all of them are strongly supported by an unprecedented alliance of physicians, nurses, patients, and working families.

Despite these significant gaps, the Chafee plan has the wall of opposition by Senate Republicans to genuine reform is continuing to crack, and it shows that at least some Republicans in the Senate are serious about reform. Now is the time for the Republican leadership to respond. As the Chafee plan's industrial-age protection plan is becoming less and less tenable with each passing day. The American people demand action, but the Republican leadership still refuses to bring patient protection legislation to the floor for full debate and action.

The Republican Leadership in Congress deserves the failing grades it’s getting for fumbling the issue of HMO reform. At least since last January—when press reports began noting that Oscar-winning actress Helen Hunt in the movie “As Good As It Gets” was electrifying audiences with her attack on her HMO—it has been clear that a tidal wave of support is building to end managed care abuses and stop HMOs from profiteering in ways that jeopardizing patients’ health or their very lives.

The GOP-HMO line of defense continues to be to block any legislation, refuse to allow fair debate, and give the HMO industry's anti-reform TV ads a chance to bite. But the genie is out of the bottle, and that cynical strategy will fail.

It’s time for Congress to end the abuses of patients and physicians by HMOs, to end care health care for the poor, and to protect health care for all. Too often, managed care is mis-managed care. No amount of distortions or smokescreens by insurance companies can change the facts. A real Patients’ Bill of Rights can stop these abuses. Let’s pass it now, before more patients have to wait.

Mr. President, I ask unanimous consent that two articles on the film “As Good As It Gets” be printed in the RECORD. The first is a March 29 Boston Globe column by Ellen Goodman. The second is a January 12 article in The St. Louis Post-Dispatch, which to my knowledge is the first report of the extraordinary impact of the film on the HMO debate, and which mentions State Representative Thomas Holbrook of Belleville, Missouri as the first elected official to recognize this impact.

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

(From The St. Louis Globe, March 29, 1998)

[By Ellen Goodman]

THE HMO HORROR SHOW

Too bad they don’t have a Oscar for the Single Best Line in a movie. A zeitgeist award for the sentence you want to freeze-frame and frame in your living room. A Hollywood fantasy meets daily life, with they get it absolutely right.

Helen Hunt and Jack Nicholson picked up a couple of statuettes last week for Best Actress and Best Actor in “As Good As It Gets.” But the Best Line prize belongs to the scribbler who put a string of ungentle words in Hunt’s mouth. When the distraught mother gave her opinion about the managed medical attention being given her asthmatic son, she exploded: “F------ HMO B------ Pieces of S---!”

This outburst—with note of the expletives deleted—audiences all over America spontaneously burst out in applause. It was one of the highlights when you know the tide has turned.

HMOs have become the new expletive—undated. Managed-care companies are rapidly replacing tobacco companies as corporate demons. Indeed, if you watch “The Rainmaker,” the HMOs are taking the place of the Russkies as the bad guys. As Ronald Glasser, a Minneapolis pediatrician, HMO critic, and moviegoer who was downing pop-corn when the audience roared at Hunt, explains, “I looked around and said, ‘My God, the people are way ahead of the politicians on this.’”

A few years ago, the public saw doctors as rich professionals who overcharged on Tuesday and played golf on Wednesday. The weakness in the system was cost control—or cost out of control.

Now doctors and consumers are becoming allies on the same side, fighting the HMOs, hassling the 800 numbers, trapped in a medical system we suspect is being run by accountants. The weakness in the system is trust. Or rather, the lack of it.

It is an astonishingly swift transformation. Bob Blendon, who polls health care issues at Harvard’s School of Public Health, is about to publish a study of the consumer backlash that confirms Helen Hunt’s less professorial opinion. His survey of surveys proves, he says, that “we have changed the whole politics of the health field. Essentially patients and doctors have come together in a new class of exploited people.”

On the one hand, polls show that most Americans are satisfied with their own health care plans. On the other hand, they favor some type of government regulation. There aren’t cracks yet in the wall of favor, but the backlash is based on the widespread anxiety about what happens if they get sick.

People have come to believe,” says Blendon, “that these plans won’t do the right thing for them when they are very sick.”

There isn’t yet much objective research to show how often health care is refused, or how often the hassles and hurdles have lethal consequences. The backlash is driven by horror stories of patients who can’t pay for emergency care, by anecdotes of cancer referrals denied or delayed, by firsthand stories about a mother, a sister, a neighbor, a friend.

We have gotten the big picture as well. About 15 percent of the population accounts for 80 percent of the medical bills. In the phrase Glasser used in the March issue of Harper’s, HMOs are “a Ponzi scheme” in which the premiums have to keep ahead of claims.

But the backlash scenario presents the HMOs with a dilemma. On the one hand, employers and employees may choose a system because they are now at the mercy of the other hand, HMOs want to enroll the very healthy.

In general, managed-care companies have shown the public the relations skills of Ken Starr. In the past year or so, we’ve heard reports of outpatients breast surgery and deliveries, and we’ve seen in return is HMO defensiveness.

Now politicians who read the papers and go to the movies are playing catch-up. There have been about 1,000 bills in state legislatures to protect the consumers from the managers.

In Washington, Congress is still dithering around with various forms of a patients’ bill of rights, with Republican leadership trying to stall, duck, and weave. But it is getting pushed closer to a law that would provide for an independent appeal to the HMO, access to emergency room, and an ombudsman program.

For the HMO’s those folks who brought us Harry and Louise are now warning us about Frankenstein. The latest ads say, “Washington: Be careful how you play doctor. This might mandate their treatment they don’t want.”

A monster? It’s the unmandated, unregulated system that has now produced the horror movie running in everybody’s head. Any way you look at health care, even in a darkened theater, this is not as good as it gets.

(From the St. Louis Post-Dispatch, January 12)

HMOs May Highlight Hot Topics in Legislature; Bills Would Target Myriad of Patients’ Complaints

State Rep. Thomas Holbrook, D-Beltsville, got a preview of what may lie ahead in this year’s Illinois legislative session when he saw the new Jack Nicholson movie, “As Good As It Gets.”

In one scene, co-star Helen Hunt, playing the mother of a chronically ill boy, spouts vulgarity about a health maintenance organization that is refusing to give her son the treatment he needs.

“She starts raving on this HMO, and people in the theater actually stood up and started applauding,” says Holbrook last week. “When’s the last time you saw that happen in a theater? That’s not an undercurrent, it’s a tidal wave.”

Proposals to make HMOs more user-friendly to consumers are among the major issues likely to face Illinois legislators when the year’s legislative session opens Wednesday. Other potential topics include clamping more restrictions on the campaign and contracting practices of state politicians; continued controversy over hog farm waste; discussion of new transportation projects in the Metro East area; and minor adjustments to the major education funding changes passed into law last year.

Technically, this year is the second half of a two-year legislative session. By legislative rule in Illinois, legislators in the second year of a two-year session are supposed to consider only budgetary matters and emergency issues.

That has historically been among the most ignored rules in state government, especially since even-numbered years are also election years. And, with the Senate and House under opposing parties—and with the House, especially, under a razor-thin majority—much of the debate this year is likely to be partisan and acrimonious.
Mr. ABRAHAM. Mr. President, I ask unanimous consent reading of the amendment be dispensed with.

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

The amendment is as follows:

Add at the end the following new title:

TITLE —MONITORING OF HUMAN RIGHTS ABUSES IN CHINA

SEC. SHORT TITLE.

This title may be cited as the “Political Freedom in China Act of 1998”.

SEC. FINDINGS.

Congress makes the following findings:

(1) Congress concurs in the following conclusions of the United States State Department on human rights in the People’s Republic of China in 1997:

(a) The People’s Republic of China is “an authoritarian state” in which “citizens lack the freedom to peacefully express opposition to the party-led political system and the right to change their national leaders or form of government”.

(b) The Government of the People’s Republic of China has “continued to commit widespread and well-documented human rights abuses, in violation of internationally accepted human rights norms, the authorities’ intolerance of dissent, fear of unrest, and the absence or inadequacy of laws protecting basic freedoms”.

(c) “[a]lthough the Government denies it, there is credible evidence of torture and mistreatment of prisoners, forced confessions, and arbitrary and incommunicado detention”.

(d) “[p]rison conditions remained harsh [and] [t]he Government continued severe restrictions on freedom of speech, the press, assembly, association, religion, privacy, and worker rights”.

(e) “[a]lthough the Government denies it, there is evidence that it holds political prisoners, the number of persons detained or serving sentences for ‘counterrevolutionary crimes’ or ‘crimes against the state’ or, for peaceful political or religious activities are believed to number in the thousands”.

(f) “[a]nonapproved religious groups, including Protestant and Catholic groups... experienced intensified repression”.

(g) “[s]erious human rights abuses persist in minority areas, including Tibet, Xinjiang, and Inner Mongolia, and in religious and other fundamental freedoms in these areas have also intensified”.

(h) “[o]ver the past year, the authorities stepped up efforts to cut off expressions of protest or criticism. All public dissent against the party and government was effectively silenced by intimidation, exile, the imposition of prison terms, administrative detention, or house arrest. No dissidents were known to be active at year’s end”.

(2) In addition to the State Department, credible independent human rights organizations have documented an increase in repression in China during 1996, and effective destruction of all independent human rights groups, “state的秘密” intolerance of dissent, fear of unrest, and the absence or inadequacy of laws protecting basic freedoms.

(3) In order to promote democracy, civil society, and the development of the rule of law in China.

(4) In order to promote democracy, civil society, and the development of the rule of law in China.

There are authorized to be appropriated to support personnel at diplomatic posts to monitor human rights in the People’s Republic of China.

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SEC. AUTHORIZATION OF APPROPRIATIONS FOR ADDITIONAL PERSONNEL AT DIPLOMATIC POSTS TO MONITOR HUMAN RIGHTS IN THE PEOPLE’S REPUBLIC OF CHINA.

There are authorized to be appropriated to support personnel at diplomatic posts to monitor human rights in the People’s Republic of China.

SEC. DEMOCRACY BUILDING IN CHINA.

There are authorized to be appropriated to support personnel at diplomatic posts to monitor human rights in the People’s Republic of China.