families that are willing to maintain their farming operations is dwindling. Time after time, as I visit with families in Minnesota, I hear the common refrain, we have decided that with a good education, the young people that grew up on this farm ought to be pursuing a career in town. We do not think it is a good idea for them to try to continue farming.

As one after another of these farming units disappears, what we see is a phenomenon that is altogether too common and too distressing. It is the collapse of a rural economy and of a rural way of life.

Now, some may say that is just the way the market works. It is the wonders of the marketplace. But before I turn to a couple of things that we can do to try to respond to this and were discussed at the hearing, I would like to focus on the fact that the farm economy does not have the resiliency that some other parts of our economy have. You cannot downsize your operation quickly to respond to changing economic times. Your investment in fixed assets, land principally, but machinery is enormous. You have to use those assets.

At the same time you have risks that are phenomenal, the risk of weather, of course, is familiar to all of us, but the risk of disease, such as they have suffered in the Red River Valley, the risk of markets such as the collapse of markets in Southeast Asia, which were the promising opportunities for American agricultural exports, all of these things combine to haunt agriculture.

What is the response? Just in a couple of sentences, first, an emergency disaster package for crop insurance that is a bipartisan proposal; second, accelerating the payments coming under the Freedom to Farm Act, a partisan proposal; third, extending the marketing loan period, something we might have bipartisanship on; raising or uncapping the marketing loan program. These are a variety of things that were discussed.

I recommend or urge my colleagues to look more closely at what is happening in rural America.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Nebraska (Mr. BEREUTER) is recognized for 5 minutes.

(Mr. BEREUTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

H.R. 4355, THE YEAR 2000 INFORMATION DISCLOSURE ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, when it comes to the year 2000 problem, we all know that time is running out and we are competing in a race against the calendar to avert an impending computer catastrophe. This Congress is firmly committed to moving the Federal Government and private industry toward correcting the year 2000 problem in a timely and effective manner.

In order for private industry to be Y2K compliant, given the relatively brief amount of time left before the January 1, 2000, deadline, we must foster an environment for the exchange and the free flow of information among businesses. Allowing information about year 2000 solutions to be widely available can help private industry move expeditiously to correct the problem. But, unfortunately, liability concerns have made many in the private sector reluctant to exchange such information.

At the request of the President, I join today with my colleagues on both sides of the aisle to sponsor H.R. 4355, the Year 2000 Information Disclosure Act. While the bill in its current form may not fully address the liability problems associated with information sharing, I believe it is important to begin the debate on addressing this issue.

As the co-chair of the House Y2K task force along with my co-chair the gentleman from California (Mr. HORN), I intend to work with the appropriate committees of jurisdiction in Congress and with the private industry to craft an effective bill which will promote the open sharing of information about year 2000 solutions.

By working together, and only by working together, we have an opportunity to effectively address the liability concerns of private industry and to encourage the sharing of important information about solutions to correct the Y2K problem.

Let us move ahead.

Mr. Speaker, I include a statement by the ranking member of the Subcommittee on Technology, the gentleman from Michigan (Mr. BARCIA).

Mr. BARCIA. I want to join my colleagues in introducing the Year 2000 Information Disclosure Act.

We have all read about the potential effects of the Year 2000 computer problem. The Subcommittee on Technology and the Subcommittee on Government Management, Information, and Technology have been at the forefront of publicizing the nature of this problem, and have consistently pushed Agency officials to fix their computer systems. As my colleagues have already outlined the scope of the problem and the provisions of this bill, I want to focus on a few key elements.

First, I want to commend the Administration and especially Mr. John Koskinen, Assistant to the President and Chair of the President's Council on Year 2000 Conversion, for drafting this legislation. Although there has been much discussion regarding what actions Federal agencies should take to correct their systems, the larger private sector issue has been largely ignored. This legislation is the first of several steps necessary to assist the private sector in addressing the Y2K problem in a open and constructive way.

By protecting those who share Y2K information in good faith from liability claims based on exchanges of information, this bill promotes an open and public exchange of information between companies about Y2K solutions. Throughout the Subcommittee on Technology's examination of the Year 2000 computer problem, I have continued to be surprised about the lack of hard facts. The goal of this bill is to make companies feel more secure in sharing information about this problem.

However, this is only a first step, and many important issues remain to be addressed. I believe that the most important element of any national Y2K strategy is informing consumers and small- and medium-sized businesses on how the Y2K problem could affect them. The public needs a Y2K checklist and they need to know what questions to ask. I know my colleagues on the House Y2K Task Force, Representatives HORN, KUCINICH, and MORELLA, share my concerns and I look forward to working with them to develop an appropriate strategy.

In closing, I urge the swift action on this important piece of legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Massachusetts (Mr. MEEHAN) is recognized for 5 minutes.

(Mr. MEEHAN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE PROPOSAL FOR SENIORS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Vermont (Mr. SANDERS) is recognized for 5 minutes.

Mr. SANDERS. Mr. Speaker, I want to alert Members about a very disturbing proposal recently offered by the chairman of the House Committee on Ways and Means Subcommittee on Health. This proposal would charge senior citizens in this country an $8 copayment for Medicare home health care visits. At present, as you know, these visits are now without cost for the patient.

Mr. Speaker, in my judgment, if this very terrible proposal were ever passed into law, and let us make sure that it is not, it would cause enormous pain and hardship for some of the weakest and most vulnerable people in this country, low income and sick elderly people. Why, in God's name, would we be making life more difficult for so many people who today are finding it difficult just to pay their bills?

Mr. Speaker, as you know, nearly half of all senior citizens in our country have incomes of less than $15,000 a year, and about 12 percent of them live in poverty.

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Many of them today are finding it extremely difficult to pay their bills, to

provide for their prescription drugs and to take care of their other basic necessities of life. These are not the people that we should be going after and making life more difficult for. The thought of forcing sick, fragile, low-income seniors to pick up a new cost which for someone requiring home health care visits 7 days a week could run as high as $2,500 a year is literally beyond comprehension. Does anyone really think that a sick, needy senior citizen with an income of $10,000 a year should be asked to pay an additional 6 percent of his or her entire income on health care costs?

And what about some seniors whose incomes may be even lower than the national average. What an outrage to go after low-income senior citizens who are sick, who are fragile, who need home health care visits and tell those people that you have got to pay substantially more for your health care needs.

Mr. Speaker, what I find particularly obscene about this proposal is that it comes one year after the so-called balanced budget agreement which cut Medicare by $115 billion and most of those savings went for tax breaks for the very wealthy. Three-quarters of the tax breaks went to people making $100,000 a year or more. So what Congress did last year is cut Medicare, give huge tax breaks for the rich, and then this year the chairman of the relevant subcommittee is saying, ''Gee, we don't have enough money for Medicare. I guess we're going to have to ask low-income sick seniors to pay more for home health care visits.'' This is the Robin Hood proposal in reverse. We take from the poor and some of the most desperate people in this country and we give to some of the wealthiest. This is a proposal that I would hope would be dead on arrival.

Mr. Speaker, 22,000 Vermonters receive home health care in my State. But with last year's Medicare cuts, many are in danger of losing services through the reduction of payments to efficient home health care agencies that exist in Vermont and a number of other States. In other words, what Vermont was penalized for is having an efficient, cost-effective home health care visitation program. What we should be doing is correcting that absurd formula, making sure that more money goes throughout this country to help agencies like the Visiting Nurses Association provide the quality health care and home visits that they have been doing. We should not be making a bad situation even worse.

Mr. Speaker, I believe that if members of both parties alert the chairman that this horrendous proposal is unacceptable, it will never get off first base, and that is what we should be doing.

RECOGNITION OF HEROIC EFFORTS OF BOY SCOUT TROOP 22 OF LOS ALAMOS IN DEATH OF TROOP LEADER DENNIS CARUTHERS

The SPEAKER pro tempore (Mr. PEASE). Under a previous order of the House, the gentleman from New Mexico (Mr. REDMOND) is recognized for 5 minutes.

Mr. REDMOND. Mr. Speaker, I rise today to pay tribute to two Boy Scout leaders and five Boy Scouts of Troop 22 of Los Alamos, New Mexico. Yesterday morning while on a canoe trip between in the boundary waters between the United States and Canada, tragedy struck Troop 22. One of the troop leaders, Dennis Caruthers, suffered a heart attack during a portage. Under the leadership of Mr. Charles Golding, he and the five Boy Scouts tried to save Mr. Caruthers' life. The boys carried Mr. Caruthers 100 rods from the center of the portage to the rescue site. For two hours the Boy Scouts took turns administering CPR until the rescue plane arrived to save the life of their leader. Unfortunately, they were unsuccessful. The medical professionals praised the boys for their excellent emergency response skills. In spite of the loss, the five Boy Scouts had done everything right.

To the Caruthers family, Laurie and the children, we extend our sympathy for your loss and thank you for sharing Dennis with us. To Mr. Charles Golding, we give our thanks for your superb leadership and example for our boys in a time of great crisis. To the boys of Troop 22, Billy Golding, Joseph Matthews, Mason Sturm, David Hunter and Jordan Redmond, we thank you for your heroic effort to save the life of your leader. To our friend Dennis Caruthers, we thank you for your many years of dedicated service to the Boy Scouts of Los Alamos. You were a fine example, a great American.

Dennis, we will miss you.

PERSONAL EXPLANATION

Mr. HINOJOSA. Mr. Speaker, on Wednesday, July 29, due to a death in my family, I was unavoidably absent for rollcall votes on the Texas Radioactive Waste Disposal Act.

Had I been present, I would have voted ''no'' on rollcall vote 343, and I would have voted ''no'' on rollcall vote 344.

ONGOING RAMIFICATIONS OF SEXUAL REVOLUTION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WELDON) is recognized for 5 minutes.

Mr. WELDON of Florida. Mr. Speaker, I rise to draw the attention of my colleagues and the American people to a very important article that was recently published in the New England Journal of Medicine, the July 30, 1998 issue, and in particular as well an accompanying editorial authored by Drs. Cohen and Fauci of the National Institutes of Health. This article is entitled ''Sexual Transmission of HIV–1, Variant Resistance to Multiple Reverse Transcriptase and Protease Inhibitors'' authored by Dr. Hecht as well as many others.

Now, it may seem a little bit unusual for a Member of Congress to be rising talking about something like this article and this accompanying editorial, but let me just say from the outset that as many of my colleagues know, I am a physician and as well I did part of my training in San Francisco in the early 1980s at a time when the AIDS epidemic was just emerging as a critical national health problem. Additionally, after finishing my training and ultimately going into private practice in Florida, I had the opportunity to take care for many years of many AIDS patients. And so this has always been an area of tremendous interest for me, particularly as it relates to government spending, public health, and a lot of social phenomena that has occurred in this country over the last 30 years, in particular as it relates to the sexual revolution.

There were many features of the sexual revolution that occurred in the United States. Having only 5 minutes, I would not be able to dwell on all of them, but I would like to touch on several of the critical features of the sexual revolution, one of which is that premarital sex and having sex with multiple partners, contrary to centuries-long taboos, was now considered socially okay, and indeed as well that homosexual sex and sex with multiple partners was as well considered okay, if it involved two consenting adults.

As we are beginning to see in this country today, there are indeed some significant societal impacts of this revolution, particularly in the form of the explosion of sexually transmitted diseases and its consequences. For example, 20 percent of all Cesarean sections done in the U.S. today are done because of the presence of a sexually transmitted disease in the mother. This has significant public health impact. It has a significant cost impact for our government-run health care, programs like Medicare and Medicaid, and as well the sexual revolution in the homosexual community which led to the AIDS epidemic ultimately spilling over into the heterosexual community.

What is very important about this article, I want to draw to Members' attention, is that we have seen in recent years the good development of the availability of multiple drugs for the treatment of AIDS. Unlike when I first started practicing where the people would develop AIDS and they would die very quickly, we now have this very, very good armamentarium of drugs that allow people to live for years and the death rate from AIDS has dropped off significantly.

There has been in recent years a very, very ominous development of resistance within patients with AIDS to