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

multiple different drugs that we are now using.

The important feature of this article is that what they have documented in this article is there was a gentleman who had developed AIDS in 1990 and had been on multiple drugs over 8 years and had developed a variant of the AIDS virus that was resistant to those drugs. That gentleman had homosexual relations with a gentleman, passed AIDS to that gentleman, and this occurred in San Francisco, and the gentleman who acquired AIDS acquired a form of AIDS that was now resistant to all of the drugs that his partner had been resistant to.

The accompanying editorial reads, ''Transmission of Multiresistant Human Immuno Deficiency Virus, the Wake-up Call,'' a very appropriate title for this editorial.

This is, I would like to say, a very, very serious public health development that we are now seeing, the transmission of multidrug resistance to AIDS.

Unfortunately, the gentleman in this editorial did not address the underlying problem, and this is really the focus of what I want to get at. This disease, as well as the transmission of other sexually transmitted diseases, is a behaviorally transmitted disease and we are not addressing that issue as a public health issue.

Indeed, the authors of this editorial make a glancing comment about how, again, we need more sex education.

Until we as a nation truly begin to lift up abstinence and point out how many of these so-called safe sex regimens are not truly safe, we are never going to be able to deal with this problem.

I would like to draw the Speaker's attention and Members' attention to a very important article that appeared in the Atlanta Journal Constitution just yesterday, and the Surgeon General, David Satcher, spoke at a meeting of the Southern Christian Leadership Conference, where he again reiterated the mantra of the Clinton administration's approach to this problem that we need more sex education and more use of condoms, and in an interview afterwards with the President of the Southern Christian Leadership Conference, Martin Luther King, III, he had this very important statement to make, and it is this: The only way is abstinence. Sex should not be something that we just casually engage in and take lightly.

I am very, very pleased that Mr. King made this statement, particularly in light of the fact that while blacks only make up 13 percent of the U.S. population, they are accounting for 57 percent of the new cases of AIDS. It is time for America to wake up and say that the sexual revolution was a fraud; that the old way was the better way.

I am very disappointed with Drs. Fauci and Cohen that they do not tackle this issue head on but instead make comments about how we need to encourage safe sex more. This is a fraud and a lie.

We are going to begin to see in this country the emergence of multidrug resistant AIDS and we are going to have to invest even more money in developing new drugs, and until we recognize the fact that this is a behavioral problem and that safe sex is not the way to go but abstinence is the way to go, we will never deal with the problem.

THE YEAR 2000 INFORMATION DISCLOSURE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from California (Mr. HORN) is recognized for 60 minutes as the designee of the majority leader.

Mr. HORN. Mr. Speaker, yesterday, the administration sent to Congress the Year 2000 Information Disclosure Act. As the chairman, with the gentlewoman from Maryland (Mrs. MORELLA) as cochairman of the House Task Force on the Year 2000 Problem, we are encouraged to see the President has recommended action on this issue.

Our subcommittees, the gentlewoman from Maryland (Mrs. MORELLA) as chairman of the Subcommittee on Technology of the Committee on Science, myself as chairman of the Subcommittee on Government Management, Information and Technology of the Committee on Government Reform and Oversight, have long waited for the administration to start very active work in this area.

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This issue should be a national priority. The Year 2000 Information Disclosure Act is an attempt to facilitate the Year 2000 repairs in the private sector. For those that do not know the meaning of that, what we are talking about is what happened in the 1960s when we had large mainframes in computing, and there was very little storage capacity. Somebody had the bright idea, ''Hey, why are we always putting the year in as a four-digit year? Why do we not just have 67, not 1967 to represent the year. Indeed, that loosened up a lot of storage space in the very small capacity computers of the day.

Thirty five years later, we face the music. They knew in the 1960s that we would have this year 2000 problem as we passed January 1, 2000; and that is, on that date, the computer will read 00; it will not know if it is 2000 or 1900. With that fact comes some of the chaos with which we are involved.

So this Presidential initiative is correctly an urgent matter for both the administration and Congress. This legislation deserves our very serious consideration in a timely way. This is a bipartisan effort.

Yesterday, by request, the gentleman from Indiana (Mr. BURTON), chairman of the Committee on Government Reform and Oversight, myself, the gentlewoman from Maryland (Mrs. MORELLA), and 24 original cosponsors introduced H.R. 4355.

Although the year 2000 computer problem is complex and technological, the key to solving it is committed and effective management. Senior executives—whether they are in the Federal Government, whether they are in the State or local governments or in our local hospitals or in our nonprofit organizations as well as the thousands of small businesses and the many large businesses which face a major problem as they rearrange their priorities to make sure that they have freed up the fiscal and the human resources to do that job.

That job begins with an assessment of the situation, that job is then one of fixing and renovating the two-digit years into a four-digit year. Or the job could be doing away with the year if it is no longer needed. Ultimately, the whole phase needs to be completed: testing, validation, and implementation of the computer programs which have been done so that they can make sure that the program will put it back in the operational mode, make sure those computers are working on January 1, 2000.

As many of my colleagues know, we have been grading the executive branch on their degree of compliance. There is a lot of lagging. Social Security is way ahead of the other departments and independent agencies. Social Security is about 93 percent done with a year and a half to go. That is important. Social Security had the wisdom and the vision to start in 1989. No other Federal agency did. A few organizations in the private sector did. But Social Security has set the example of the time we need to assess, to revamp, to implement, and then really test it to be certain that the program works when they are run through the date of January 1, 2000.

The key is the management. Although this problem is in many aspects, ''Technical,'' but nothing is going to happen if management does not take the responsibility and make sure that the technological and human resources are motivated, are dealt with so they can divide up the problem and get that problem solved in a timely way.

That is what this is all about, time. No one by executive order or anything else can change the coming of January 1, 2000. We have to deal with that. This is a worldwide situation. The estimate has been made that the cost of conversion is between $300 billion to $500 billion or half a trillion dollars to remedy this problem in both the private and the public sector in the United States.

We have half the computers in the world. So the rest of the world has a similar problem. Needless to say, some organizations are not going to be as active in solving the problem and reaching the goals as will many of the major American firms. This will result in another problem, if we interact with computers from Asia and Europe, Africa,