This study grew out of Senator Frist and my concerns that Congress was unduly influencing the process by which priorities are set at NIH through the practice of the earmarking of funds for disease-specific research. We were concerned that the priority setting process at NIH was becoming less science-based and more politically drive. It was clear that our concern was shared by the majority of the Senate, as they voted to include this amendment in the appropriations bill.

In July of this year, IOM completed its work and reported its findings to Congress. The study cited the need for greater public involvement, specifically, and I quote, ''The director of NIH should establish and appropriately staff a Director's Council of Public Representatives, to facilitate interactions between NIH and the general public'' and that, ''* * * public membership of NIH policy and program advisory groups should be selected to represent a broad range of public constituencies.'' unquote. It is interesting to note that both these recommendations focus public input directly to NIH, rather than to Congress.

This is very much in line with another recommendation; quote, ''The U.S. Congress should use its authority to mandate specific research programs, establish level of funding for them, and implement new organizational entities only when other approaches have proven inadequate.'' unquote.

The findings of this study are clear. For the purpose of priority-setting, public input-including organized input via lobbying efforts—are most appropriately directed to NIH, where it can be evaluated by appropriate science-based criteria. Only when there is evidence that NIH is unable or unwilling to apply this input appropriately to their priority-setting process and criteria, should Congress influence the process through legislative mandates. It is my contention that if the litmus test were applied to all earmarks, most would be stripped from legislation.

The message is clear: Congress should avoid the practice of earmarking within NIH appropriations. The findings of the research conducted by the independent and impartial experts clearly indicates that the concern regarding the pricess of priority setting at NIH was warranted.

As the Senate considers the future appropriations and authorization legislation for NIH, I would urge my colleagues to consider, with a critical eye, any disease-specific earmarks. I would urge my colleagues to ask themselves whether there is evidence that NIH has somehow failed to appropriately consider and apply science-based priority-setting criteria. In the absence of such evidence, I would urge my colleagues to not impose earmerks or other legislative mandates on the NIH.●

A TRIBUTE TO JOSEPH PINGA

● Mr. CHAFEE. Mr. President, I would like to take this opportunity to pay tribute to the late Joseph Pinga, a community leader who passed away on September 1st, in West Warwick, Rhode Island. Mr. Pinga was best known for his community giving and his vigilance that helped to reform the West Warwick town government.

Mr. Pinga served honorably in the U.S. Navy and worked to establish his business, Westcott Baking Company, of which he was the owner and operator for over forty years. In this capacity, Mr. Pinga was regarded not only as a local pioneer, but also as a defender of rights for small business owners. In fact, in 1978, *Time Magazine* recognized Joe's perseverance in an article about his struggle with the Occupational Safety and Health Administration.

Joseph Pinga certainly was a believer in community involvement. Numerous charitable organizations could always count on Mr. Pinga's generosity without ever requesting any public acknowledgement. In addition, Joe ran for mayor of West Warwick in 1990 and was a member of the local Elks Lodge.

Mr. President, I join with all Rhode Islanders in extending to Mr. Pinga's family our sympathy and best wishes.●

HONORING WALTER SELLERS

● Mr. DEWINE. Mr. President, I rise today to pay tribute to the distinguished career of Walter G. Sellers of Wilberforce, Ohio—who has recently completed his term as president of Kiwanis International.

Mr. Sellers is the first African-American to serve as Kiwanis International President. For 32 years, he was a member of the Kiwanis Club in Xenia, Ohio. In 1990, he was elected to the Kiwanis International Board of Trustees. he served as Vice President and Treasurer before becoming President.

All Ohioans are proud of Mr. Sellers' outstanding stewardship of one of the largest service clubs in the world. But we also know that his service to our community extends beyond his work with the Kiwanis organization. He has served as President of the Xenia Board of Education and President of the Ohio School Boards Association. And he has done great work on many other public-service boards in Ohio.

Walter Sellers has dedicated his life to improving the lives of the people of Ohio, especially in the field of education. We are all extremely grateful for his efforts and I ask my colleagues to join me in wishing him all the best in his next endeavors.●

THE FUTURE OF FAMILY FARMING AND RANCHING

● Mr. JOHNSON. Mr. President, today I rise to express—in very stark terms—my deep and increasing concern for the future of family farming and ranching in this country. The truth is, our country's family farmers and ranchers are under increasing economic pressure from concentration in agriculture—concentration in meatpacking, concentration in food-retailing, concentration in rail and other forms of transportation, concentration in banking, concentration in the grain-trading companies, and concentration in production itself.

The strands of these varied concentrations are tightening around the throats of family farmers and ranchers, threatening not only the farmers and ranchers themselves, but also their families, the small-town businesses that depend on them, their schools, their churches, and the very social fabric that makes rural America such a special and wonderful place to live—the reasons why we should do whatever we can to preserve and promote our system of family farming and ranching.

But there is more at stake here than just our farmers and ranchers and their families, critically important as they are. What's also at stake is the very system that produces our food, that gives us life. Study after study shows that family agriculture is the most efficient way, the most environmentally safe way, to produce our food. And that is another reason why we should do whatever we can to preserve and promote our system of family farming and ranching.

But, frankly, there is a troubling movement in our country toward the corporatization of family agriculture. Look at the pork industry—it has become increasingly dominated by giant corporate hog factories, a fact which has gone hand-in-glove with lower and lower prices for hogs, to the point that many family pork producers can't make a living at it anymore, and have simply given up.

A case in point is the state of North Carolina, which has seen the biggest influx of corporate hog factories in the United States. In 1984, there were 24,000 hog farmers in that state, just before the growth of hog factories skyrocketed. Now, there are 7,000 hog farmers in North Carolina, almost all of them working on contract, little more than hired hands working for outside corporate investors. However, at the same time that independent family hog producers have almost disappeared in North Carolina, the number of hogs produced there has tripled, thus leading to enormous environmental problems—fish kills numbering in the tens of millions, rapidly rising nitrates in groundwater used for drinking, increasing levels in airborne ammonia, stench that makes the eyes water, and a corresponding and unsurprising drop in tourism. The North Carolina experiment has clearly not worked.

What has happened in North Carolina, and what is happening in many other states, is nothing less than a human tragedy. My ancestors, and the ancestors of many people here today, left Europe to escape the feudal system of agriculture, a system of inequality and unfairness where a baron controlled the land and the peasants worked for him as little better than slaves.

I do not want to return to a ''new feudalism'' in which the baron is replaced by out-of-state corporate investors, nor do I believe that the people of my state desire to do so, either. It is for that reason that I have opposed the concentration in agriculture at all levels, because it ultimately is fair to neither food producers nor food consumers.

And it is also the reason that I plan to vote for ''Amendment E,'' an initiated measure that will appear on the November 3rd, 1998 South Dakota general election ballot. This measure corresponds very closely to a similar measure in Nebraska, which has been deemed constitutional by the United States Supreme Court, and has allowed Nebraska to maintain both market share and number of producers much better than its neighboring states, including South Dakota. I'm not telling any South Dakotan how to vote on this or any other issue, but I do want to add my voice to those who believe the move toward the corporatization of our family farming system has gone too far. We have far too much at stake to simply sit silently by while the best food producing system ever devised by humankind is allowed to die a slow and painful death.●

THE VA HEALTH CARE SYSTEM AND DR. KENNETH W. KIZER

● Mr. SESSIONS. Mr. President, I rise to make a few remarks concerning the VA health care system, a system that is currently undergoing dramatic changes and reorganization. I would note that these changes, in turn, to include managerial reforms, facility consolidations, and reallocation of resources, all initiated by the Under Secretary for Health, Dr. Kenneth W. Kizer M.D., M.P.H., are having a dramatic impact on when, where, and how VA is providing for our veterans, many of whom are in my home state of Alabama.

The private health care sector is likewise undergoing massive managerial and resource changes. We saw evidence earlier this week of the erosion in care for elderly Americans, for instance, when a number of HMO's decided not to participate any further in Medicare+Choice. Over at the VA, using managed care models, Dr. Kizer also shifted inpatient care to outpatient care and heightened the focus of primary care at the expense of specialty care and specialized services. So elderly veterans, and those in speciality care programs around the country, are under the same stresses as their civilian neighbors.

Dr. Kizer apparently likes decentralized decision making, and I cannot say that I necessarily disagree with that style. It can be very effective at times and in certain organizations. He has given local VA managers incentives and authority to design and run their own health care operations independent of VA's National Headquarters. In many respects these reforms have been beneficial, even bold I am told, particularly at a time when the VA budget is under severe stress.

However, I expressed my personal concern to Dr. Kizer in a phone call earlier this week that there is one area where I believe decentralization and certainly the shifting of resources is having a very negative effect on one of the VA's core missions, and that is, the provision of specialized services for veterans with spinal cord injury and dysfunction.

Mr. President, the Congress mandated in P.L. 104–262 that the VA would maintain its capacity to provide specialized services, such as care given in VA's 23 Spinal Cord Injury (SCI) centers. Many have wondered, and rightly so I believe, that budget pressures, reorganization and decentralization of management have created the incentive for local managers to downgrade these expensive specialized programs, generally shifting resources and staff out of one area to make up for shortfalls in others areas. Costs are thereby reduced at the expense of the care for the veterans who need it the most.

Specialized programs, including blind rehabilitation, amputation care, specialized health programs, as well as spinal cord injury care, are core disciplines of the VA health care system. They, least of all, should be subject to re-engineering until all aspects of that care have been analyzed from a headquarters perspective. I don't think allowing numerous mangers to make that kind of decision is in the national interest or in the interest of our veterans.

Former Senator Alan Simpson from Wyoming, then Chairman of the Senate Committee on Veterans' Affairs, presided over the passage of the legislation protecting specialized services. Addressing this particular provision, he said: ''VA is required to maintain special programs (such as treatment of spinal cord dysfunction, blind rehabilitation, amputation and mental illness) at least at the current level. On a per capita basis, these services are expensive to provide and it is not the intent of the Committee to allow VA to reduce them in order to pay for other kinds of routine care.''

Mr. President, I am afraid what Senator Simpson and the Congress feared could happen to specialized programs in general and spinal cord injury programs specifically under VA's current reorganization initiatives is, in fact, happening.

Nearly a month ago, I had a visit from Mr. Aubrey L. Crockett, the President of the Mid-South Chapter of Paralyzed Veterans of America. Aubrey represents the health care interests of 1830 spinal cord dysfunctional veterans in Alabama. As he sat confined to his wheel chair, he raised serious concerns that the VA was not maintaining the quality and quantity of its specialized health care services for the over 120,000 veterans nationwide with spinal cord dysfunction.

Last month, Gordon Mansfield, the National Executive Director of the Paralyzed Veterans of America addressed the same subject from a national perspective during hearings on the Hill. PVA's leadership has expressed its concerns to me as well. Over 75 percent of their membership, a larger percentage than any other veterans service organization, rely on the VA for all or part of their specialized health care needs. For these individuals with chronic and catastrophic disabilities, any erosion in the care they require can be life threatening. Aubrey indicated that something as simple as a pad for a wheel chair can make a big difference for a veteran.

I have come to believe that PVA's concerns need to be addressed. I further believe that any erosion in staffing, bed availability or the quality of care at our nations VA Spinal Cord Injury Centers cannot stand without a review of the underlying reasons, and that the VA must direct the resources to fix the problems in order to comply with the intent of Congress as mandated in the statutes.

In an era of tight budgets, local hospital administrators and managers don't see these programs, such as the Spinal Cord Injury programs, as being ''National Programs.'' Ignoring the national mandates, local managers acting under Dr. Kizer's administrative decentralization guidelines have been left to do whatever they felt was warranted. We may disagree on the numbers of reported beds and staff in SCI centers, but even GAO has criticized the inaccuracy of VA data collection efforts. So, it should not be surprising that a number of Senators have questioned VA's procedures and policies as applied to managing its specialized programs. Paralyzed veterans, I think, are the only true judges of the state of the health care they receive. They are the reason the VA health care system exists. If paralyzed veterans have a concern then the Congress must listen, and more importantly, if warranted we must act on their behalf.

On September 29, 1998, I wrote to my colleague from Pennsylvania Veterans Committee Chairman ARLEN SPECTER expressing my concerns in this matter. I indicated that ''I will consider placing a hold on the re-nomination'' of Dr. Kenneth Kizer, ''until my concern regarding the maintenance of specialized services within the Veterans Health Administration is adequately addressed.''

Mr. President, I want to commend Senator SPECTER, and the Committee for its support in this matter. The Committee met every request I had in a timely fashion. Moreover, it helped coordinate a solution acceptable to all parties. America's veterans owe Senator SPECTER a debt of gratitude for his hard work on their behalf.

The solution I had in mind when I wrote to Dr. Kizer was to bring the reins of control for SCI programs back to the National Headquarters level and