(2) FORMULA FOR ALLOCATION.—From the amount appropriated under section 12006 for any fiscal year, the Secretary shall allocate each State an amount that bears the same ratio to such appropriated amount as the number of school-age children in such State bears to the total of number of school-age children in all the States. The Secretary shall determine the number of school-age children on the basis of the most recent satisfactory data available to the Secretary.

SEC. 12006. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out this title, $22,000,000,000 for fiscal year 2000 and a sum no less than this amount for each of the 4 succeeding fiscal years.

ASTHMA AWARENESS, EDUCATION AND TREATMENT ACT

HON. JUANITA MILLENDER-McDONALD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Ms. MILLENDER-McDONALD. Mr. Speaker, today I was honored to be joined by six-time Olympic medalist, Jackie Joyner-Kersee, for the unveiling of the Asthma Awareness, Education and Treatment Act, which I am introducing tonight. I am joined by 35 of my colleagues from both sides of the aisle introducing this important legislation to help children suffering from asthma.

Over the past several weeks, the safety, health and well-being of America's children have been in the hearts and minds of parents and families throughout the country. Today, we are addressing a critical health issue that is affecting the health of our children: asthma.

The Asthma Awareness, Education and Treatment Act establishes a grant to reach out to inner-city, minority and low income communities to fight asthma. Some of the initiatives include: asthma and allergy screenings; education programs for parents and teachers; a nationwide media campaign; tax incentives for pest control and air climate control businesses to alleviate the suffering of asthmatic children; and community outreach through nontraditional medical settings, including schools and welfare offices.

We must act now to help our children breathe more easily. African-Americans are five times more likely than other Americans to seek emergency room care for asthma. The asthma death rate is also twice as high among African-Americans and a staggering four times higher for African-American children. Asthma is also more prevalent among all age groups in lower income families. In families with an annual income of less than $10,000, 79.2 out of 1,000 individuals have asthma while in families with an annual income of $20,000 to $34,999, 53.6 out of 1,000 individuals have asthma—that means close to 400,000 more people with extremely limited earnings have asthma.

Whatever your income, we are all paying the price for the 160 percent increase in asthma among preschool children over the past decade. The total cost of asthma to Americans was close to $12 billion last year. Simply put, parents miss work, children miss school, and too many cases are treated in emergency rooms that could have been treated, or in some situations prevented, by medication and ongoing management by a physician.

Today, we are taking steps to curb this staggering growth in asthma cases, its high cost to society, and its disproportionate effect on minorities and low income families. With the Asthma Awareness, Education and Treatment Act, we will empower teachers, parents, coaches, and anyone who works with children to help those with asthma.

I represent some of the poorest areas of the country in South Central Los Angeles. I have seen the dire need for community assistance. And I know the tax incentives in this bill will jump start businesses that can make our communities better and ultimately save lives that otherwise may have been cut short by asthma.

I have been working with the Allergies and Asthmatics Network/Mothers of Asthmatics, the American Medical Women's Association, the American Lung Association, the Children's Environment Network, the Children's Defense Fund, the American Academy of Pediatrics, and the National Association of Children's Hospitals to help children and their families face and manage this critical disease.

I hope that my colleagues will join me, Jackie Joyner-Kersee and all of these groups in raising awareness of asthma and making sure that this bill is brought to the floor as soon as possible.

HONORING LEELA DE SOUZA AS A WHITE HOUSE FELLOW

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. RUSH. Mr. Speaker, it is with great pleasure today that I rise to commend Leela de Souza of Chicago, Illinois in recognition of her achievements this year as a distinguished White House Fellow.

A native of Chicago, Ms. de Souza graduated Phi Beta Kappa from the University of Chicago, earning an AB in biopsychology. She received her MBA degree from Stanford University Graduate School of Business. After college, she moved to Spain and became a volunteer teacher at the American School of Madrid. Prior to college, at the age of 18, she became a professional ballet dancer. By age 23, she was the prima ballerina for the Hubbard Street Dance Company, one of America's preeminent contemporary dance troupes. Ms. de Souza is a management consultant with McKinsey & Co. In San Francisco, where she works with clients in the packaged goods, energy and health care industries. In addition to her professional career, she has done extensive pro bono work with two national symphonies. Ms. de Souza has also been involved as a mentor and tutor in the I Have a Dream Program in East Palo Alto, California, and serves on the Business Arts Council of San Francisco.

Established in 1965, the White House Fellowship program honors outstanding citizens across the United States who demonstrate excellence in community service, leadership, academic and professional endeavors. The nearly 500 alumni of the program have gone on to become leaders in all fields of endeavors, fulfilling the fellowship's mission to encourage active citizenship and service to the nation. It is the nation's most prestigious fellowship for public service and leadership development.

As a White House Fellow, Ms. de Souza serves in a position with the Office of the First Lady. She works at the White House Millennium Council to help create national projects and initiatives to celebrate the promise of the new millennium. In this capacity, Ms. de Souza assists with various initiatives such as Millennium Evenings at the White House and Save America's Treasures. She is also the acting liaison with several of the First Lady's millennium projects, including speech writing, federal agency millennium initiatives, and with non-governmental organizations seeking to partner with the White House on national millennium projects.

Mr. Speaker and fellow colleagues, it is an honor to pay tribute to Leela de Souza for her outstanding service as a White House Fellow.

HEALTH INFORMATION PRIVACY ACT

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. MARKEY. Mr. Speaker, last night I joined Mr. CONDIT and Mr. WAXMAN in introducing the Health Information Privacy Act of 1999, the ''Condit-Waxman-Markey'' bill.

Without question, the rapid advance of the Information Age is revolutionizing the American economy and forcing the evolution of new relationships both good and bad. There is no area of its development that causes more anxiety for ordinary people than the area of privacy. And there is no area of privacy that causes more anxiety for Americans than the privacy of their most personal health information.

Today, we are experiencing the erosion of our medical privacy. With the stroke of a few keys on a computer or the swipe of the prescription drug card, our personal health information is being accumulated and tracked.

This erosion of our privacy threatens the very heart of quality health care—doctor/patient confidentiality. By undermining this sacred relationship, we destroy the trust that patients rely on for peace of mind, and doctors depend on for sound judgment.

In an HMO today, anywhere from 80–100 employees may have access to a patient's medical record according to the Privacy Rights Clearinghouse in San Diego California. With such unrestricted access to one's personal health information, it's impossible to separate the health privacy keepers from the ''just curious'' peepers.

Not to mention the greatest threat to your medical privacy—the information reapers.

The evolution of technology has provided the ability to compile, store and cross reference personal health information, and the dawning of the Information Age has made your intimate health history a valuable commodity.

Last March, the Wall Street Journal wrote about the ultimate information reaper—a company that is ''seeking the mother lode in health 'data mining' ''. This company is in the process of acquiring medical data on millions of Americans to sell to any buyer.

Currently there is no federal medical privacy law to constrain the information reapers as

they delve into large data bases filled with the secrets of millions of individuals. These data bases represent a treasure chest to privacy pirates and every facet of your medical information represents a precious jewel to be mined for commercial gain.

With this unfettered access, patient confidentiality has become a virtual myth, and the sale of your secrets a virtual reality.

Because of the rapid evolution of technology, we have fallen behind in assuring a right that we have come to expect—the fundamental right to keep our personal health information private.

Due to the deadline imposed by the Health Insurance Portability and Accountability Act 1996, Congress has until August 21st to enact a medical privacy law. We have no time to waste. Now is the time to unite in an effort to move legislation forward. The Condit/Waxman/Markey bill is a good consensus and comes at a time when consensus is crucial.

This bill creates an incentive to use information which is not personally identifiable wherever possible, it would require a warrant for law enforcement to access medical records and it would provide a federal floor creating a uniform standard without preempting stronger state laws.

I look forward to working with Rep. CONDIT and Rep. WAXMAN and the rest of my colleagues in the House of Representatives on this important issue. I believe together we will succeed in passing a strong federal medical privacy bill which will give patients the right they deserve—the right to medical privacy.

CRISIS IN KOSOVO (ITEM NO. 6), REMARKS BY AMBASSADOR JONATHAN DEAN, UNION OF CONCERNED SCIENTISTS

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. KUCINICH. Mr. Speaker, on May 6, 1999, I joined with Representative JOHN CONYERS, Representative PETE STARK, and Representative CYNTHIA MCKINNEY to host the third in a series of Congressional Teach-In sessions on the Crisis in Kosovo. If a peaceful resolution to this conflict is to be found in the coming weeks, it is essential that we cultivate a consciousness of peace and actively search for creative solutions. We must construct a foundation for peace through negotiation, medication, and diplomacy.

Part of the dynamic of peace is a willingness to engage in meaningful dialogue, to listen to one another openly and to share our views in a constructive manner. I hope that these Teach-In sessions will contribute to this process by providing a forum for Members of Congress and the public to explore alternatives so the bombing and options for a peaceful resolution. We will hear from a variety of speakers on different sides of the Kosovo situation. I will be introducing into the CONGRESSIONAL RECORD transcripts of their remarks and essays that shed light on the many dimensions of the crisis.

This presentation is by Ambassador Jonathan Dean, who joined the Union of Concerned Scientists in 1984 as advisor on international security issues. He was United States Representative to the NATO-Warsaw Pact force reduction negotiations in Vienna between 1978 and 1981. Before that, he was deputy U.S. negotiator for the 1971 Four Power Berlin Agreement with the Soviet Union.

Ambassador Dean discusses the need to negotiate a peace with Russia as the leading mediator. With regards to the peace keeping force to be in place after the conflict, Mr. Dean reiterated the necessity to have a UN peace keeping force in place rather than a NATO led force. He also addresses the importance of having more preventative measures in place to help avert such conflicts in the future.

PRESENTATION BY AMBASSADOR JONATHAN DEAN TO CONGRESSIONAL TEACH-IN ON KOSOVO

I want to thank the Chairman for conducting these hearings, both as regards the subject matter, which is acutely important for our country, and for the format in which you are doing this. I find this mixture of views to be very useful. I am much more used to the atmosphere in the UN where the NGOs are permitted to come in for 5 minutes to address the delegates from a distance. This is a great device for encouraging dialogue, particularly on this important subject. I've learned a great deal from the two insightful statements we have heard today.

As we think of a negotiated outcome for the Kosovo crisis, which is what we should be working for hard, we can't forget that Milosevic is responsible for the ongoing, widespread brutal killing of Kosovo Albanians. And it is justified to negotiate with him only in the interest of stopping the killing in Yugoslavia. It's still possible to reach a negotiated settlement on the Kosovo issue, quite rapidly, even within a few days. This is because many issues are close to solution. The removal of Serbian forces, the return of the Kosovars, continuation of Kosovo as an autonomous part of Serbia (at least for the time being), and the presence of an international force. As the Bonn group meeting earlier today showed, the main issue in what is now a three-cornered dialogue—between Milosevic, Chernomyrdin, and the Western NATO countries—is the nature of that force, its armament and its composition. All three parties agree that the force should be legitimatized by a mandate from the Security Council and that is important. Milosevic has been holding out for a lightly armed UN force. The NATO countries for a heavily armed NATO force.

But this question of the level of armaments is secondary to the issue of the nature of the force itself. President Clinton and other NATO leaders have been insisting that the core of the force be a NATO force, directed by NATO in effect with some Russians and others added. It's very clear that the Administration has in mind the poor performance of the UNPERFOR force in Bosnia, and the more successful model of the successor IFOR force with NATO plus forces from Russia and other partners for peace. Moreover, the Administration is clearly worried that good Security Council guidance on a UN force may not be forthcoming. The position of Russia, China and France in the Security Council is uncertain. Beyond that, a UN force may not be capable militarily of handling possible Serbian resistance.

There are other factors here that we have to bear in mind. The resistance of the Clinton Administration to acceptance of a UN-directed force in Kosovo. The United States would by implication face a certain implied humiliation if it has to accept a UN force for Kosovo and drop NATO. There is no doubt that the Congressional majority would make life hard for the Administration. And beyond that, the United States would end up having to pay its peacekeeping dues to the UN.

For his part, Milosevic wants a UN force over a NATO force. Accepting outright NATO occupation of Kosovo would be a very severe domestic defeat for him, possibly his political end. NATO is his enemy. A NATO force in Kosovo could enter and at some point conquer the rest of Serbia. And it could accelerate the secession of Kosovo from Serbia. Both sides are being obstinate on this point and that's the closing point in negotiation over the future of Kosovo.

I believe that the Clinton Administration should accept a UN force because a refusal to do so confronts NATO with the grim prospect of bombing Serbia to its knees and then going in with ground forces, a long and even more bloody and expensive process. We can improve the past performance of UN peacekeeping forces and the composition of that force for Kosovo. But we will have to work with the Security Council more carefully and that is the big crime of omission if there is one in this picture for the Clinton Administration.

As regards the Security Council, the warning came last August on Iraq when France, Russia and China voted against the United States in the Security Council on the issue of continuing UNSCOM, the special commission for Iraq. Although it was ready engaged in negotiation with Serbia, the Administration failed to use the time between then and the Holbrooke mission to Milosevic in October, to improve the situation of the Security Council. That was a great omission, in my opinion, because we could have gotten a Security Council legitimation for the actions undertaken by NATO, or possibly even a wider UN military action. For the future we must act to prevent the Security Council from degenerating into cold war paralysis because this would definitely not be in the national interest of the US. I am arguing this point because it is very relevant to whether or not we should have a UN force in Kosovo.

Among the methods: better diplomacy. One can think of an informal agreement among the five permanent members of the Security Council to limit the veto on certain specified occasions. This is not something that is often proposed, i.e., an amendment of the charter, but an informal understanding. In particular Russia, Britain and Frances would be interested in preventing a degeneration, a deterioration, of the Security Council, which is one of their major claims to international status. They would be interested in talking about some kind of understanding. There is, and has long existed, an informal coordinating committee, of the permanent member of the Security Council.

Another possibility, that could be done very rapidly, is to establish a General Assembly conflict prevention panel or committee which could act to head off matters of this kind, and could be sued to give legitimation. There is the Uniting For Peace procedure, which could have given General Assembly authority for the present action in Kosovo even in the face of Russian veto in the Security Council

We all know there is going to be a very intense and quite painful review of humanitarian intervention by bombing, an experiment that it not likely to be repeated. There will also be a review, certainly by NATO, of how it should conduct humanitarian intervention. I personally consider NATO intervention justified, and does represent the implementation of a national interest of the United States in two senses. (1) Stewardship of human rights, or accountability of governments for their performance in this field, is very clearly emerging as an international norm justifying humanitarian intervention