

Air Act with respect to emissions of one or more ozone precursors.

(D) The term "ozone precursors" means air pollutants that are precursors of (ground level) ozone.

(E) The term "VMTs" means vehicle-miles-traveled.

(2) DESCRIPTION OF PROGRAM.—For purposes of subsection (a)(1) and other provisions of this section, the proposed pilot program described in this subsection is a pilot program under which the following would occur:

(A) Methods would be evaluated and developed for calculating reductions in emissions of ozone precursors that can be achieved as a result of reduced VMTs by telecommuting employees of participating employers.

(B) The estimated reductions in such emissions for the periods of time involved would be deemed to be items that may be transferred by such employers to other persons, and for such purpose the employers would be issued certificates indicating the amount of the reductions achieved for the periods (referred to in this section as "emission credits").

(C) A commercial trading and exchange forum would be made available to the public for trading and exchanging emission credits.

(D) Through the commercial trading and exchange forum, or through direct trades and exchanges with persons who hold the credits, regulated entities would obtain emission credits.

(E) Regulated entities would present emission credits to the Federal Government or to the State involved (as applicable under the Clean Air Act) and the amounts of reductions in emissions of ozone precursors represented by the credits would for purposes of the Clean Air Act be deemed to assist in achieving compliance.

(F) The Federal Government would (explore means) to facilitate the transfer of emission credits between participating employers and regulated and other entities.

(C) SITES FOR OPERATION OF PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary shall ensure that the design developed under subsection (a) includes (recommendations for) carrying out the proposed pilot program described in subsection (b) in each of the following geographic areas:

(A) The greater metropolitan region of the District of Columbia (including areas in the States of Maryland and Virginia).

(B) The greater metropolitan region of Los Angeles, in the State of California.

(C) Three additional areas to be selected by the Secretary, after consultation with the grantee under subsection (a).

(2) CONSULTATION.—The Secretary shall require that, in carrying out paragraph (1) with respect to a geographic area, the grantee under subsection (a) consult with local governments and business organizations in the geographic area.

(d) STUDY AND REPORT.—The Secretary shall require that, in developing the design under subsection (a), the grantee under such subsection study and report to the Congress and to the Secretary the potential significance of the proposed pilot program described in subsection (b) as an incentive for expanding telecommuting and reducing VMTs in the geographic areas for which the design is developed, and the extent to which the program would have positive effects on—

(1) national, State, and local transportation and infrastructure policies;

(2) energy conservation and consumption;

(3) national, State, and local air quality; and

(4) individual, family, and community quality of life.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making the grant under

subsection (a), there is authorized to be appropriated \$250,000 for fiscal year 2000. Amounts appropriated under the preceding sentence are available until expended.

STATEMENT ON THE 5TH ANNIVERSARY OF THE AMIA BOMBING

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 19, 1999

Mrs. LOWEY. Mr. Speaker, over the past decade, we have seen a horrifying increase in terrorist attacks around the world. Extremists in every corner of the globe have carried out violent, deadly attacks on innocent civilians in the Middle East, Latin America, the United States, and elsewhere.

One of the worst terrorist attacks in the 1990s was the bombing of the AMIA Jewish Community Center in Buenos Aires, Argentina. July 18, 1999 marks the fifth anniversary of this cowardly attack on the Jewish community of Argentina, which tragically took the lives of 86 people, and injured over 200 more.

I rise today to honor the memory of the victims of the AMIA bombing; to pay tribute to the families of those victims, who have carried on with tremendous strength and courage; and to join them in their call for justice.

Mr. Speaker, although it has been five years since the AMIA bombing—and seven years since the bombing of the Israel Embassy in Buenos Aires, which killed 29 people—the perpetrators of these terrorist attacks have not yet been brought to justice.

Last year, I had the privilege of visiting Buenos Aires and meeting with representatives of the Jewish community there. I stood with members of Memoria Activa, AMIA, DAIA, and others affected by these bombings, and I joined them in their demand that the Argentine government do more to arrest and prosecute those responsible for these terrible attacks. But our calls have gone unanswered.

The absence of swift and sure justice for the terrorists who carried out these attacks is a tragic mockery of the memory of those who lost their lives. A terrorist attack anywhere in the world is a threat to all of us. And a terrorist attack that goes unpunished, is an invitation for these cowards to strike again.

Mr. Speaker, today we honor the memory of the victims of the AMIA bombing. The greatest gift we can give to their friends and family is to bring their killers to justice. I can upon our own government and the Argentine government to do everything in their power to close this horrible chapter in our fight against terror.

HALTING THE ANTHRAX VACCINATION PROGRAM, H.R. 2548

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 19, 1999

Mr. GILMAN. Mr. Speaker, I rise today to introduce H.R. 2548, a bill to halt the implementation of the Department of Defense' Anthrax Vaccination Program. I urge my colleagues to join me in supporting this worthy legislation.

This legislation would halt the continued implementation of the force-wide Anthrax Vaccination Program within the Department of Defense. As my colleagues may know, this program was the result of a decision reached by the Secretary of Defense early last year that mandatory vaccination of all personnel in the U.S. Armed Forces was necessary.

Concerns about the program began shortly after its implementation earlier this year and have increased as the number of troops receiving the vaccine has increased. These problems attracted the attention of the Government Reform Subcommittee on National Security, which initiated a series of hearings in March. To date, the subcommittee has had three hearings, with a fourth scheduled for this week.

The congressional hearings held in March, April, and June have raised a number of concerns about the vaccination program including its purpose, its value, the manner in which it is being carried out, and its effects on those who serve in uniform. These concerns have been heightened by recent media reports and information circulating among those affected by the vaccine. Subsequently, my office, and those of many of my colleagues, has received an increasing number of contacts from concerned constituents, both members of the Armed Forces, as well as their distraught parents or relatives.

The Secretary of Defense set out four specific conditions that had to be met before the vaccination program could start: First, supplemental testing to assure sterility, safety, potency, and purity of the vaccine stockpile; second, implementation of a system for fully tracking anthrax immunizations; third, approval of operational plans to administer the vaccine and communications plans to inform military personnel; and fourth, review of medical aspects of the program by an independent expert.

According to the hearing testimony before the subcommittee, none of these conditions was satisfactorily addressed before the vaccine program was implemented.

The most prominent concern raised relates to the overall effectiveness of the vaccine. The FDA approval cited by the Defense Department was for a vaccine that was designed to protect workers in the woolen industry from cutaneous contact with anthrax spores. Conversely, the primary anthrax threat facing military personnel is not from cutaneous, but weaponized versions of the bacteria, which are inhaled by their victims. There has been little or no testing of the vaccine's effectiveness in humans against this form of anthrax. Some testing has been done on animals with mixed results, the most promising returns coming from laboratory monkeys. However, to assume a drug that has achieved moderately successful results in primates will have a similar response with humans is only the start of basic research, not a definitive conclusion based on solid scientific evidence.

Moreover, Mr. Speaker, there is no evidence from the Defense Department that this vaccine would be effective against altered or multiple anthrax strains. Given that the Soviet Union placed a high priority on the development of the deliverable multiple anthrax strains, this is a legitimate concern. Analysis of tissue samples from Russians killed in an accidental anthrax release from a production facility in the 1970's have indicated infection from a combination of individual strains.