

The central point throughout the conflict has always been who will run Kosovo after Serb forces leave. The governing Security Council resolution authorizes an international security presence with "substantial" NATO participation. The command structure is not spelled out, and the Russians insist that their troops will not be under NATO command. If they are not, will they have their own occupation zone that will effectively partition Kosovo?

More muddle: Serbia is allowed a presence at the re-entry points for the refugees. Will that scare away the refugees? We don't know. And who is going to "demilitarize" the Kosovo Liberation Army?

I am not objecting to these compromises—they are the necessary accommodations to end an extraordinarily ill-conceived war. What I do object to is spinning it into a triumph. If this is such a triumph, does anyone imagine that we will ever repeat such an adventure?

And the final irony: Even if all the ambiguities are answered in NATO's favor, even if the Yugoslavs comply with every detail of the military agreement signed with NATO on Wednesday, what are we left with? The prize for victory: The United States and its allies are permitted to interpose their soldiers between mortal enemies in a continuing Balkan guerrilla war. For years.

#### SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

#### FUNDING FOR NIH, AND THE ANNUAL BUDGET IMPASSE

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

Mr. GEKAS. Mr. Speaker, later on this evening we plan to conduct a full special order of 1 hour on the subject of funding for the National Institutes of Health, an important budget item every year but increasingly important as we move closer to many discoveries and preventive disease matters that require the attention of the Congress. So we will be developing where we are and some of the plans that are in action towards that funding mechanism for that NIH.

In the meantime, though, I do want to bring the attention again of the Members to the pending year-end perennial budget impasse that we reach no matter what we try to do. The fiscal year ends September 30, and rarely, if ever, are we prepared on the next day to face a fully enacted new budget for the next fiscal year. What we have tried to do over the last 10 years, with some success but with increasing frustration that we are not able to complete the job, is to put in place an instant replay mechanism to prevent government shutdowns forever. That is to say that the appropriation bills that are incomplete on September 30 will be

re-enacted automatically with the previous year's numbers for the next fiscal year until such time as the appropriations process brings about a new fiscal plan for the ensuing year.

This makes so much common sense that I fear that that is the one ingredient that makes it almost impossible for us to come together to pass it. But we will make another effort this year to demonstrate the necessity for such a mechanism. We cannot, I repeat, we cannot tolerate a government shutdown.

Mr. CALLAHAN. Mr. Speaker, will the gentleman yield?

Mr. GEKAS. I yield to the gentleman from Alabama.

Mr. CALLAHAN. Mr. Speaker, with respect to the earlier part of the gentleman's statement, when he mentioned his debate that will take place tonight, I fully intended to join with him, however, I cannot join with the gentleman tonight. But I fully support the funding for the research projects that the gentleman is talking about and I have submitted comments for the record. Hopefully, they will be inserted sometime during the gentleman's statements tonight indicating my support for that.

As to the CR, we will debate that at a later time. I would suggest to the gentleman, however, that we ought to look seriously at biennial budgeting, which would accomplish the same thing. If we ever got to biennial budgeting, I think we would see surpluses growing that second year at record levels, as was the experience of the Alabama legislature.

So I just wanted to tell the gentleman that I support what he is doing with respect to adequate funding for research and for all of the institutions that do this research, and that we will debate the continuing resolution at a later time.

Mr. GEKAS. Reclaiming my time, Mr. Speaker, we will make certain the gentleman's comments are placed in the record with respect to the NIH, and then I will quarrel with him wherever and whenever I meet him, in the cloakroom or anywhere else, on the benefits that we can derive from an automatic CR on a year-to-year basis.

Mr. CALLAHAN. If the gentleman will continue to yield, far be it from me to match intelligence levels with the gentleman, because the gentleman is known for his knowledge of the institution. I just happen to have a greater depth of knowledge, I think, on the appropriation process, because I serve on that committee. But I thank the gentleman anyway.

Mr. GEKAS. Mr. Speaker, I am available to the gentleman and he can try to convince me of that. But I warn the gentleman, he will have a tough battle on his hands.

Mr. CALLAHAN. I look forward to that.

#### REPEAL OF PRESSLER AMENDMENT MEANS MORE ARMS FOR RADICAL MILITANTS IN KASHMIR

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

Mr. PALLONE. Mr. Speaker, as both Houses of Congress work to lift the unilateral American economic sanctions on India and Pakistan, an effort I strongly support, another dangerous issue has been introduced into the mix, threatening stability in South Asia.

Mr. Speaker, a provision in the defense appropriations bill, recently approved by the other body, the Senate, would suspend for 5 years the sanctions imposed last year on India and Pakistan after the two countries conducted nuclear tests. Last week, in this body, legislation was approved that would continue for 1 year the President's authority to waive the sanctions. These are worthy initiatives that I hope we can build on.

But, Mr. Speaker, the Senate legislation also includes language that would repeal the Pressler amendment prohibition on U.S. military assistance to Pakistan.

In 1985, Congress amended the Foreign Assistance Act to prohibit all U.S. aid to Pakistan if the President failed to certify that Pakistan did not possess a nuclear explosive device. Known as the Pressler Amendment, after the distinguished former Senator who sponsored the provision, this law arose from the concern that Pakistan was ignoring U.S. concerns about proliferation, despite promises of billions of dollars of U.S. assistance. In 1990, President Bush invoked the Pressler amendment to block aid to Pakistan.

Now, the Senate has acted to repeal the Pressler amendment.

Mr. Speaker, I believe this is a serious mistake, as nothing has changed to justify the repeal of the Pressler amendment. Indeed, in recent weeks we have seen strong indications of Pakistani support for militants who have infiltrated into India's side of the line of control in Kashmir. Besides the so-called political and moral support for the militants that Pakistan acknowledges, there is growing evidence that Pakistan is providing material and logistic support for the militants, and that Pakistani army regulars are actually taking part in breaching the internationally recognized line of control in Kashmir. This is really in a cynical bid to ratchet up the tensions between India and Pakistan, and at such a time it does not seem prudent, in my opinion, to renew military transfers to Pakistan.

Mr. Speaker, given the long and well-documented history of Pakistani support for and collaboration with the militants who have been perpetrating a reign of terror in Kashmir, there is every reason to believe that providing U.S. arms to Pakistan would result in

these American weapons being funneled to the militants.

By arming Pakistan, we would be arming the militants responsible for the deaths of thousands of civilians in Kashmir, and who are now contributing to the escalating tensions with India.

Mr. Speaker, there was an article in Saturday's New York Times entitled "Kashmir Militants Seek Islamic State," and it describes how Islamic militants from several different nations are working to transform Kashmir from a tolerant secular democratic state, that people from many faiths call home, into an area under strict Islamic religious rule. I wanted to quote from this article by Times reporter Steven Kinzer. He says,

The campaign is in part a legacy of the proxy war the U.S. waged against Soviet forces in Afghanistan during the 1980s.

The article describes how having succeeded in driving the Soviet forces out of Afghanistan and establishing a form of religious rule there under the Taliban, these warriors are now turning their attention to Kashmir. And quoting again from the Times article, it says that,

In Srinigar, the summer capital of Kashmir, militants from countries as far apart as Indonesia, Sudan and Bahrain have given interviews asserting that they learned the art of war from Americans and are now using their skills to fight the Indian Army. Many are evidently using not only tactics that Americans taught them, but also weapons Americans gave them.

In fact, the article notes how an Indian helicopter was shot down by an Islamic guerilla using an American made stinger missile, and that about a dozen more stingers, each capable of shooting down a plane or a helicopter, are unaccounted for in the region. The U.N. envoy in Srinigar is quoted as saying that,

Weapons provided for Afghanistan with large help from the Americans and CIA are now in the hands of the militants.

An Indian Army colonel states that, "The militants are using not only small arms that they got from the Americans, but also Stinger missiles and American anti-tank weapons. It's not only weapons, but also battle-hardened troops. It's a direct result of the American policy in Afghanistan."

Mr. Speaker, the Soviet defeat in Afghanistan was an important turning point contributing to the collapse of the Soviet Empire. Yet, one of the unintended consequences has been the creation of a radical movement of armed terrorists, mercenaries and militants who have imposed a repressive regime in Afghanistan, are trying to take over Kashmir, and who seem to have a great deal of influence within the Pakistani government and armed forces.

Mr. Speaker, I just want to say that during the Cold War our fear of Soviet expansionism led us to embrace regimes like Pakistan that do not share our values of democracy and tolerance. But in the post-Cold War era, there is

no justification for militarily propping up such a regime. Maybe we cannot completely stop the militants who threatened Democratic India as well as American and western interests, but we can at least make sure we do not give them what they want most, and that is American arms. Sending military assistance to Pakistan amounts to a guaranty that these American weapons will be funneled to the militants. And given this sad reality, we must not repeal the Pressler amendment.

#### TRIBUTE TO NUTRITION PROFESSIONALS

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

Mr. BILIRAKIS. Mr. Speaker, I rise today to pay tribute to the dedicated nutrition professionals who work in hospitals, WIC clinics, nursing homes, school lunch and breakfast programs, and many other settings where they are striving to improve the nutritional health of our Nation's citizens.

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I would like to call special attention to one important segment of our population where nutrition services have proven to make a significant difference among our senior citizens.

In many ways, our Nation's health care system is the best in the world, partially because our free market system allows innovations to occur at a pace that is demanded by the health care consumer.

Unfortunately, too often the largest health program in the country, the Medicare program, is unresponsive and fails to keep pace with the advances that medical science demonstrates are effective.

In recent years, as science and society have uncovered more information about the critically important role of nutrition in the prevention, treatment and management of disease, more and more Americans have demanded that nutrition services be a standard part of their health care protection. In fact, by one estimate, 75 percent of all managed care health plans in America now offer some degree of coverage for nutrition therapy services.

Therefore, it is disheartening, Mr. Speaker, though perhaps not surprising, to realize that nutrition services are inadequately covered under the Medicare program. While the science of nutrition has advanced at a rapid pace over the last several decades, Medicare's coverage of nutrition services has remained largely static.

Under Medicare's conditions of participation, appropriate nutrition care is a standard part of the hospital program. However, the outpatient, or Part B, portion of the program fails to provide reliable nutrition coverage. It

makes little sense to me that Medicare beneficiaries can receive comprehensive nutrition care only after they have become so sick that they are admitted to the hospital. For many years, health care treatment has been shifting away from inpatient facilities like hospitals and more toward outpatient settings. And yet, still we find Medicare adhering to an outdated system where nutrition therapy services are available only in the acute-care setting.

This clearly is a reflection of a system that is in need of change. Our modern health care program ought to ensure the adequacy and equitability of nutrition services in both inpatient and outpatient settings. A great number of diseases can be prevented and managed throughout patient nutrition therapy. Research proves that renal disease, diabetes, cancer, heart disease, and other illnesses respond well to nutrition interventions.

Nutrition professionals have documented the ability of well-nourished individuals to better resist disease and to tolerate other therapy than those who are under-nourished. These individuals are also better equipped to recover from acute illness, surgical interventions, and trauma. As a result, they experience fewer and shorter hospital stays, need less medication, and suffer fewer medical complications. All this can save money and lives.

A constituent of mine recently visited me and explained just how effective these services can be and what a difference they can make in people's lives. The constituent is a dietician from Florida who told me about a case involving her mother-in-law who lives in a different State.

During a routine medical visit, her mother-in-law was found to have a high blood sugar level. Her physician gave her medication and a blood glucose monitor to check her blood sugar level but gave her no directions about using the monitor or changing her diet. Within 2 weeks, she was hospitalized with severe low blood sugar and heart palpitations.

After working with a dietician, she is now off the medication and able to control other blood sugar level. However with nutrition counseling from the beginning, that hospitalization could have been avoided, saving the cost of the hospitalization as well as saving that mother-in-law from a life-threatening situation.

Now, I do not know if that physician lacked knowledge about the importance of nutrition in the treatment of diabetes or, knowing that the services were not likely to be reimbursed, did not want to put his patient to that expense. But the bottom line is that our health care system must provide patients with access to this important service.

According to my constituent, there are many other diseases that can be