

we can have no results on tariffs at the Senate WTO Ministerial. But completing accelerated tariff elimination should be contingent on successfully concluding the entire package, including agriculture and services.

INSTITUTIONAL ISSUES

We now have almost five years of experience with the operation of the Uruguay Round agreement and the WTO. That experience has uncovered some areas for improvement. Chief among these is the need for greater transparency in WTO operations. In the state of Montana, we have a strong tradition of open government which serves us well. The WTO is a governmental body. The citizens of the nations which compose the WTO have a right to know what it is doing. We also need to speed up the WTO system for resolving trade disputes.

ISSUES NOT FOR NEGOTIATING

There are several issues which the Administration should not include in the overall negotiation. In some cases, including them would most likely weaken the results we obtained in the Uruguay Round. In other case, I do not believe that a global negotiation would benefit the United States. Issues such as textiles and apparel, antidumping rules, competition policy, and investment should not be part of the next round of negotiations.

OTHER TRADE ISSUES: ENVIRONMENT AND LABOR

Finally, Mr. President, my resolution lists a number of specific trade issues which the Administration should address in the next round of trade negotiations. These include questions such as government procurement and electronic commerce. Let me mention two particular matters which are especially important: the environment and labor.

My resolution instructs the Administration to make specific progress in both of these areas. On the environment, it requires an environmental assessment of any new global trade agreement, and a WTO consensus on determining when multilateral environmental agreements are consistent with international trade rules. It also requires tariff reductions on environmental products in order to increase the flow of environmental technology.

As to labor, my resolution requires the Administration to correct a deficiency which has existed in trade law since the United States signed the GATT in 1947: it does not allow countries to treat products made with forced labor or child labor differently. We should all have the right to prohibit such goods from entering our countries. It also calls for joint research between the WTO and the International Labor Organization, and for a regular examination of how WTO members are living up to their 1996 commitment on core labor standards. Rhetoric is not a substitute for action.

GOAL: IMPROVE QUALITY OF LIFE

Let me close, Mr. President, with a word about why this is important to all of us. Since the end of World War Two, we have come a long way in shaping the world economy. When the GATT was signed in 1947, the world was engaged in a bitter debate over fundamental values. The central question was whether national economies should be organized by market forces and open societies or by central government planners. Which is better: democracy or communism? The world now knows the answer to this question with absolutely no ambiguity. Today, anyone who thinks that central planning wins over market forces need only compare Seoul to Pyongyang.

In the past decade, the former Soviet bloc national have struggled to turn from central planning to market forces and citizen participation. Developing countries abandoned bankrupt nations like "import substitution" in favor of market-based solutions. OECD countries deregulated and dismantled trade barriers. New technology, especially information technology, provided the means to take advantage of newly opened markets. Goods and capital move with amazing speed.

Open markets make the global economy more efficient. But there's a distinction between efficiency and equity. Open markets do not make prosperity more fair. Many citizens believe it is not fair enough. They see widening income gaps, job insecurity, environmental damage, a less certain future.

The next round of global trade talks can't make opening markets an end in itself. We no longer have to convince the world that our economic system is more efficient. The task now is to show that our system also improves the quality of their lives. We need to show that our system delivers benefits to them. It has to make them better off. If we fail to do that, we will face a world polarized by poverty as it was once polarized by cold war ideology.

SENATE RESOLUTION 179—DESIGNATING OCTOBER 15, 1999, AS "NATIONAL MAMMOGRAPHY DAY"

Mr. BIDEN submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 179

Whereas according to the American Cancer Society, in 1999, 175,000 women will be diagnosed with breast cancer and 43,300 women will die from this disease;

Whereas in the decade of the 1990's, it is estimated that about 2,000,000 women will be diagnosed with breast cancer, resulting in nearly 500,000 deaths;

Whereas the risk of breast cancer increases with age, with a woman at age 70 years having twice as much of a chance of developing the disease as a woman at age 50 years;

Whereas at least 80 percent of the women who get breast cancer have no family history of the disease;

Whereas mammograms, when operated professionally at a certified facility, can provide a safe and quick diagnosis;

Whereas experts agree that mammography is the best method of early detection of breast cancer, and early detection is the key to saving lives;

Whereas mammograms can reveal the presence of small cancers up to 2 years or more before a regular clinical breast examination or breast self-examination, reducing mortality by more than 30 percent; and

Whereas the 5-year survival rate for localized breast cancer is currently 97 percent: Now, therefore, be it

Resolved, That the Senate—

(1) designates October 15, 1999, as "National Mammography Day"; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe such day with appropriate programs and activities.

Mr. BIDEN. Mr. President, today I am submitting a resolution designating October 15, 1999, as "National Mammography Day". I have submitted a similar resolution each year since 1993, and on each occasion the Senate has shown its support for the fight against breast cancer by approving it.

Each year, as I prepare to submit this resolution, I look at the latest information from the American Cancer Society about breast cancer. This year, the news is depressingly familiar: in 1999, an estimated 175,000 women will be diagnosed with breast cancer and an estimated 43,300 women will die of this disease.

In the midst of these gloomy numbers, however, one statistic stands out like a beacon of hope: the 5-year survival rate for women with localized breast cancer is a whopping 97%. Moreover, we already know one sure-fire method for detecting breast cancer when it is at this early, highly curable stage: periodic mammograms for all women over age 40. Periodic mammography can detect a breast cancer almost 2 years earlier than it would have been detected by breast self-examination. The importance of periodic mammography for women's health is recognized by health plans and health insurers, and virtually all of them cover its cost. Low-income women who do not have health insurance can get free mammograms through a breast cancer screening program sponsored by the Centers for Disease Control and Prevention.

Given all this, that modern mammography is highly effective in discovering breast cancer at a very early stage, rarely causes any discomfort, and generally cost nothing, why aren't all women over 40 getting this valuable test every year? One answer is that we are human, and we all forget things, especially as we get older. Even if we remember that we need a mammogram, we often have so many things going on in our lives that we just keep putting the mammogram off for that "less busy" day that never comes. Consequently, we need a "National Mammography Day" to remind us that we

need to make sure all the women in our lives don't overlook this crucial preventive service.

How should we use "National Mammography Day" to achieve our goal of fighting breast cancer through early diagnosis? This year, National Mammography Day falls on Friday, October 15, right in the middle of National Breast Cancer Awareness month. On that day, let's make sure that each woman we know picks a specific date on which to get a mammogram each year. I well understand how easy it is to forget do something that comes around only once per year, but for each of us there are certainly some dates that we don't forget: a child's birthday, an anniversary, perhaps even the day our taxes are due. On National Mammography Day, let's ask our loved ones: pick one of these dates, fix it in your mind along with a picture of your child, your wedding, or another symbol of that date, and promise yourself to get a mammogram on that date every year. Do it for yourself and for the others that love you and want you to be part of their lives for as long as possible.

Mr. President, I urge my colleagues to join me in the ongoing fight against breast cancer by cosponsoring this resolution to designate October 15, 1999, as National Mammography Day.

AMENDMENTS SUBMITTED

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

LOTT AMENDMENT NO. 1621

Mr. BOND (for Mr. LOTT) proposed an amendment to the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes; as follows:

On page 62, line 10, add the following before the period "*Provided*, That within the funds available, \$250,000 shall be used to assess the potential hydrologic and biological impact of lead and zinc mining in the Mark Twain National Forest of Southern Missouri: *Provided further*, That none of the funds in this Act may be used by the Secretary of the Interior to issue a prospecting permit for hardrock mineral exploration on Mark Twain National Forest land in the Current River/Jack's Fork River—Eleven Point Watershed (not including Mark Twain National Forest land in Townships 31N and 32N, Range 2 and Range 3 West, on which mining activities are taking place as of the date of enactment of this Act); *Provided further*, That none of the funds in this Act may be used by the Secretary of the Interior to segregate or withdraw land in the Mark Twain National Forest, Missouri under section 204 of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1714)"

VETERANS COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 1999

ROCKEFELLER (AND SPECTER) AMENDMENT NO. 1622

Mr. BROWNBAC (for Mr. ROCKEFELLER (for himself and Mr. SPECTER)) proposed an amendment to the bill (S. 1076) to amend title 38, United States Code, to provide a cost-of-living adjustment in rates of compensation paid to veterans with service-connected disabilities, to enhance programs providing health care, education, and other benefits for veterans, to authorize major medical facility projects, to reform eligibility for burial in Arlington National Cemetery, and for other purposes; as follows:

On page 66, strike lines 9 through 19 and insert the following:

SEC. 101. CONTINUUM OF CARE FOR VETERANS.

(a) INCLUSION OF NONINSTITUTIONAL EXTENDED CARE SERVICES IN DEFINITION OF MEDICAL SERVICES.—Section 1701 is amended—

(1) in paragraph (6)(A)(i), by inserting "noninstitutional extended care services," after "preventive health services,"; and

(2) by adding at the end the following new paragraphs:

"(10) The term 'noninstitutional extended care services' includes—

"(A) home-based primary care;

"(B) adult day health care;

"(C) respite care;

"(D) palliative and end-of-life care; and

"(E) home health aide visits.

"(11) The term 'respite care' means hospital care, nursing home care, or residence-based care which—

"(A) is of limited duration;

"(B) is furnished in a Department facility or in the residence of an individual on an intermittent basis to an individual who is suffering from a chronic illness and who resides primarily at that residence; and

"(C) is furnished for the purpose of helping the individual to continue residing primarily at that residence."

(b) CONFORMING AMENDMENTS TO TITLE 38.—(1)(A) Section 1720 is amended by striking subsection (f).

(B) The section heading of such section is amended by striking " ; **adult day health care** ".

(2) Section 1720B is repealed.

(3) Chapter 17 is further amended by redesignating sections 1720C, 1720D, and 1720E as sections 1720B, 1720C, and 1720D, respectively.

(c) CLERICAL AMENDMENTS.—The table of contents for chapter 17 is amended—

(1) in the item relating to section 1720, by striking " ; adult day health care " ; and

(2) by striking the items relating to sections 1720B, 1720C, 1720D, and 1720E and inserting the following:

"1720B. Noninstitutional alternatives to nursing home care.

"1720C. Counseling and treatment for sexual trauma.

"1720D. Nasopharyngeal radium irradiation."

(d) ADDITIONAL CONFORMING AMENDMENT.—Section 101(g)(2) of the Veterans Health Programs Extension Act of 1994 (Public Law 103-452; 108 Stat. 4785; 38 U.S.C. 1720D note) is amended by striking "section 1720D" both places it appears and inserting "section 1720C".

SEC. 102. PILOT PROGRAMS RELATING TO LONG-TERM CARE OF VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out three pilot programs for the purpose of determining the feasibility and practicability of a variety of methods of meeting the long-term care needs of eligible veterans. The pilot programs shall be carried out in accordance with the provisions of this section.

(b) LOCATIONS OF PILOT PROGRAMS.—(1) Each pilot program under this section shall be carried out in two designated health care regions of the Department of Veterans Affairs selected by the Secretary for purposes of this section.

(2) In selecting designated health care regions of the Department for purposes of a particular pilot program, the Secretary shall, to the maximum extent practicable, select designated health care regions containing a medical center or medical centers whose current circumstances and activities most closely mirror the circumstances and activities proposed to be achieved under such pilot program.

(3) The Secretary may not carry out more than one pilot program in any given designated health care region of the Department.

(c) SCOPE OF SERVICES UNDER PILOT PROGRAMS.—(1) The services provided under the pilot programs under this section shall include a comprehensive array of health care services and other services that meet the long-term care needs of veterans, including—

(A) inpatient long-term care in intermediate care beds, in nursing homes, and in domiciliary care facilities; and

(B) non-institutional long-term care, including hospital-based primary care, adult day health care, respite care, and other community-based interventions and care.

(2) As part of the provision of services under the pilot programs, the Secretary shall also provide appropriate case management services.

(3) In providing services under the pilot programs, the Secretary shall emphasize the provision of preventive care services, including screening and education.

(4) The Secretary may provide health care services or other services under the pilot programs only if the Secretary is otherwise authorized to provide such services by law.

(d) DIRECT PROVISION OF SERVICES.—Under one of the pilot programs under this section, the Secretary shall provide long-term care services to eligible veterans directly through facilities and personnel of the Department of Veterans Affairs.

(e) PROVISION OF SERVICES THROUGH COOPERATIVE ARRANGEMENTS.—(1) Under one of the pilot programs under this section, the Secretary shall provide long-term care services to eligible veterans through a combination (as determined by the Secretary) of—

(A) services provided under cooperative arrangements with appropriate public and private non-Governmental entities, including community service organizations; and

(B) services provided through facilities and personnel of the Department.

(2) The consideration provided by the Secretary for services provided by entities under cooperative arrangements under paragraph (1)(A) shall be limited to the provision by the Secretary of appropriate in-kind services to such entities.

(f) PROVISION OF SERVICES BY NON-DEPARTMENT ENTITIES.—(1) Under one of the pilot programs under this section, the Secretary shall provide long-term care services to eligible veterans through arrangements with appropriate non-Department entities under