

I have been a practicing nurse for over 25 years. I love clinical nursing and have felt privileged to care directly for thousands of patients over the years. . . . I have developed expertise in my practice over the years that has allowed me to have a significant impact not only on the quality of care my patients receive, but also in the growth and professional development of less experienced colleagues Since January of this year, I have come to terms with the fact that I am infected with not one, but two potentially life-threatening diseases. . . . I have had to have weekly blood tests drawn—over 90 tubes of blood since January. . . . Experience to date is that treating a person infected with both HIV and Hepatitis C is extremely difficult and that each infection makes it more difficult to successfully treat the other.

That one moment in time changed many other things. In addition to the emotional turmoil that it has created for myself, my family, my friends, my peers—it has cost me much more than I can ever describe in words. I am no longer a practicing health care provider—I made the decision to not return to my clinical practice setting where I have worked for over 20 years. In the process, I have abruptly been forced to leave many colleagues with whom I've worked for many years and who are as much family as peers to me. The harder decision for me has been the decision I've made not to return to clinical nursing.

This injury didn't occur because I wasn't observing universal precautions that are designed to reduce health care workers' exposure to blood-borne pathogens. This injury didn't occur because I was careless or distracted or not paying attention to what I was doing. This injury and the life-altering consequences I am now suffering should not have happened . . . and would not have happened if a safer needlebox system had been in place in my work setting.

Karen Daley is now battling against two devastating diseases. And it didn't have to happen. Unfortunately, this scene is repeated more than 1,000 times a year—in communities across the country.

Lynda Arnold, a 30-year-old registered nurse and mother of two adopted children, is now HIV-positive as a result of a needlestick injury she received in an intensive care unit in Lancaster, PA, in 1992. She has started the Campaign for Health Care Worker Safety. Lynda writes,

I no longer work in a hospital. I no longer involve myself in direct patient care. I do not dream of growing old with my 30-year-old husband or dancing with my son at his wedding.

These cases are tragedies, and there are many more. At least 20 different bloodborne pathogens can be transmitted by needlestick injuries, including HIV, Hepatitis B, and Hepatitis C.

The average cost of followup for a high-risk exposure is almost \$3,000 per incident—even when no infection occurs. The American Hospital Association estimates that a case can eventually cost more than \$1 million for testing, medical care, lost time, and disability payments.

Up to 80 percent of needlestick injuries could be prevented with the use of safer needle devices currently avail-

able. However, fewer than 15 percent of American hospitals use these products. The primary reason for not adopting steps to create a safer workplace is the cost. But the consequences are severe.

Safer needle devices do cost approximately 25 cents more than a conventional syringe. But the net savings from avoiding the excessive costs associated with workplace injuries are also significant. Hospitals and health care facilities in California are expected to achieve annual net savings of more than \$100 million after implementing a proposal similar to the one now under consideration.

This is not a partisan issue. The companion bill in the House has almost 140 cosponsors—including more than 20 Republicans from across the political spectrum.

Similar bills have recently passed in California, Texas, Tennessee, and Maryland, and have been introduced in more than 20 other States.

These protections have the strong support of the American Nurses Association, Kaiser Permanente, the American Public Health Association, the Consumer Federation of America, and many, many other groups that represent nurses, doctors, and other health care workers. In addition, the Massachusetts Hospital Association and other State level associations have supported these bills at the State level.

There is no excuse for inaction. Time is of the essence. Every day 3,000 more accidental needlesticks occur. We need to act as soon as possible. We owe prompt action and greater protection to those who devote their careers to caring for others.

Mr. BURNS. Mr. President, in my 11 years in the U.S. Senate I have rarely seen such an opportunity to fight against big Government and defend local decisionmakers like parents and teachers.

The Democrats are signaling their intent to hamstring local schools by commanding them to focus their efforts on issues which are deemed important inside the Capital Beltway, not within their homes and communities. I feel Montanans know what is best for Montana; we don't need Washington to tell us how to teach our children.

Congress should reject a one-size-fits-all approach to education and local schools should have the freedom to prioritize their spending and tailor their curriculum according to the unique educational needs of their children.

For too long, Washington has been part of the problem with education, enacting many well-intentioned programs that result in more redtape and regulation. Though Washington accounts for only seven percent of education funding, it accounts for 50 percent of the paperwork for our teachers and principals. It is time for Washington to lend a helping hand to our states.

Unfortunately, right now many of our Federal education programs are overloaded with so many rules and regulations that states and local schools waste precious time and resources to stay in compliance with the Federal programs. It is obvious that states and local school districts need relief from the administrative burdens that many federally designated education programs put on States, schools, and educational administrators.

I feel strongly and deeply that Montanans need to be in control of Montana's classrooms. I can not vote for anything that does not have local school control. I will continue to resist the attempts to take away your control of your child's schools.

Our goal on the Federal level is to help States and local school districts provide the best possible first-class education for our children that they can. We need to get the bureaucratic excess out of the face of the local educators so that they can do their jobs more efficiently and effectively.

Mr. President, we need to fix the problem of Federal controls in education. We need to allow the decision-making to be made by the people that we trust to educate our children. That is what really counts.

MORNING BUSINESS

Mr. SPECTER. On behalf of the leader, I now ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

CHANGES TO THE BUDGETARY AGGREGATES AND APPROPRIATIONS COMMITTEE ALLOCATION

Mr. DOMENICI. Mr. President, section 314 of the Congressional Budget Act, as amended, requires the Chairman of the Senate Budget Committee to adjust the appropriate budgetary aggregates and the allocation for the Appropriations Committee to reflect amounts provided for continuing disability reviews (CDRs), adoption assistance, and arrearages for international organizations, international peacekeeping, and multilateral development banks.

I hereby submit revisions to the 2000 Senate Appropriations Committee allocations, pursuant to section 302 of the Congressional Budget Act, in the following amounts:

(In millions of dollars)

	Budget authority	Outlays
Current Allocation:		
General purpose discretionary	534,115	544,113
Violent crime reduction fund	4,500	5,554
Highways		24,574
Mass transit		4,117
Mandatory	321,502	304,297