

proposals on environmental and other statutes. That hearing confirmed a glaring certainty: Federal agencies are not using the discretion at their disposal to adequately consider or appropriately weigh costs and benefits. Burdensome Government regulations are imposing significant costs on our national economy, our productivity, and our ability to compete in the global marketplace. To reverse that trend, we must include cost-containment features and regulatory impact analyses whenever any new Federal regulation is considered. Agencies should be required to include sound science before they promulgate rules and regulations anew; the public should be allowed to petition for the review of risk assessments made by agencies.

Mr. President, less regulation will not result in less protection for the public if our dollars are used efficiently. On the contrary, the net effect of using sound science and real risk assessment to prioritize regulations would be more real protection. Best of all, that enhanced protection of health and safety would be cost-effective.

We are all aware that life will always involve some risk—we cannot and should not attempt to protect everyone from every possible degree of risk. Instead, we must prioritize on the basis of definitive risk factors. Each rule must be carefully scrutinized; choices must be based on relative risks and associated costs.

My interest in regulatory reform has been honed further by my membership on another committee—Agriculture.

I am deeply concerned with the economic health of the agriculture community, especially that of the family farmer. One of the most debated issues concerning agriculture and agricultural chemicals today is the so-called Delaney clause. Under its restrictions, pesticide residues found in processed foods are considered food additives. The Delaney clause prohibits the inclusion of any chemicals or additives in processed foods, including pesticides and inert ingredients, which have been found to be carcinogenic in humans or animals.

Ironically, the very good intention of the Delaney clause—to protect consumers from unsafe exposure to chemicals which might induce cancer—is being subverted. Technological advances which make it possible to detect trace compounds in parts per trillion and greater have made the zero risk standard of the Delaney clause unreasonable. The very scientific advancements which should be enhancing consumer safety are instead hindering. It would be far more reasonable to institute a negligible risk standard. For carcinogens, such a standard would represent an upper-bound risk of 1 in 1 million over a lifetime, calculated using conservative risk assessment methods. Again, we are talking about a matter of sensible risk assessment.

Mr. President, listening to this debate, I have had to ask myself why

anyone would not want to see beneficial rules and regulations, which protect from real risk while outweighing their costs. At a time when budgetary constraints are a serious priority, we should—we must—spend those scarce dollars wisely. Regulations associated with high levels of risk undoubtedly may be expensive to comply with, but if they are deemed necessary to protect the national health, safety, and the environment, the compliance costs will be money well spent.

However, excessive rules and regulations associated with minimal public risk amounts to hunting fleas with an elephant gun. It is neither fair nor reasonable to ask the taxpayers to bear such expense.

ORDER OF PROCEDURE

Mr. DOLE. Mr. President, I hope we can now agree on a time to vote on the substitute. We have had a lot of debate on the substitute. I hope we can reach an agreement before we depart, with the managers, on when we can vote on the Glenn substitute—hopefully tomorrow morning or by noon tomorrow.

There will be no more votes tonight. I think the first thing we want to do is have a vote on the substitute and perhaps we can reach some agreement on that.

Mr. STEVENS. I ask unanimous consent that I may have a few moments to speak as in morning business to introduce a bill and make a few remarks.

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

Mr. STEVENS. Mr. President, I thank the Chair.

(The remarks of Mr. STEVENS pertaining to the introduction of S. 1043 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

U.S. POSTAL SERVICE

Mr. STEVENS. Mr. President, there has been much discussion lately about the future of the U.S. Postal Service. Should the Postal Service be freed from current statutory restrictions in order to become more competitive? Should the Postal Service be privatized?

Many observers believe there are problems which need to be resolved in order for the Postal Service to continue into the next century. Unfortunately, there is not a consensus on the solutions to the problems—and, indeed, not everyone agrees that there are problems which require changes in current law.

As part of the ongoing review of the Postal Service, I received a paper written by Murray Comarow. Mr. Comarow served as the Executive Director of President Johnson's Commission on Postal Reorganization in the late 1960's and was a Senior Assistant Postmaster General.

In the paper he urges the appointment of a nonpartisan commission to analyze the root causes of the Postal Service's problems and recommend

changes. He suggests that perhaps the Postal Rate Commission and the requirement for binding arbitration with employee unions be eliminated, and that the Postal Service should have the ability to close small, unprofitable post offices if service could be maintained through other means such as leasing space in local businesses.

In addition, Mr. Comarow observes that the monopoly on first-class letters as well as universal service at a uniform price should be maintained. However, the Postal Service should be able to compete for large contracts and offer experimental services, and he does not believe that employees should be given the right to strike—a right not possessed by any other Federal employees.

Mr. President, I do not here pass judgment on the conclusions reached by Mr. Comarow, but he provides an historical reference and raises some issues which ought to be considered during any debate on the future of the Postal Service. In the interest of reducing costs, I will not ask unanimous consent that the text of Mr. Comarow's paper be reprinted in the Congressional RECORD. Copies of the complete paper can be obtained by contacting Mr. Comarow directly at 4990 Sentinel Drive, No. 203, Bethesda, MD, 20816-3582.

Mr. LAUTENBERG. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DEWINE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DEWINE. Mr. President, I ask unanimous consent to proceed as in morning business.

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

Mr. STEVENS. Again, Mr. President, I do not think the Senate is in order for my friend to speak, any more than it was when I was speaking.

The PRESIDING OFFICER. The Senator is correct. The Senate will come to order.

The Senator from Ohio.

HEMOPHILIA AND HIV

Mr. DEWINE. Mr. President, the Institute of Medicine—or IOM—last Thursday released the findings of a major investigation into how America's hemophilia community came to be decimated by the HIV virus. It is a very sad and compelling story.

In the early 1980's, America's blood supply was contaminated with HIV. Many Americans have become HIV-positive by transfusions of the HIV-tainted blood.

One particular group of Americans has been extremely hard-hit by this

public health disaster. There are approximately 16,000 Americans who require lifelong treatment for hemophilia, a genetic condition that impairs the ability of blood to clot effectively.

In the early 1980s, more than 90 percent of the Americans suffering from severe hemophilia were infected by the HIV virus—more than 90 percent, an absolutely unbelievable figure.

That is a major human tragedy. I believe we should look to the IOM report released last Thursday for answers as to the level of Federal Government culpability for this disaster.

Last Wednesday, on this floor, I discussed three questions that I believed were going to be addressed in the IOM report.

First, did the Federal agencies responsible for blood safety show the appropriate level of diligence in screening the blood supply?

Second, did the Federal agencies move as quickly as they should have to approve blood products that were potentially safer?

Third, did the Federal Government warn the hemophilia community, when the Government knew—or should have known—that there were legitimate concerns that the blood supply might not be safe?

Mr. President, if the answer to any of these three key questions is no, it seems to me it should be clear that the Federal Government had not met its responsibilities in this area. As a result, the Federal Government would have a clear duty to provide some measure of relief to the people with hemophilia who have been infected with the HIV virus.

Mr. President, today the report is in.

The answer to each of these questions is, in fact, no.

Question 1. Did the Federal agencies responsible for blood safety show the appropriate level of diligence in screening the blood supply? The report's answer is "No."

In January 1983, scientists from the Centers for Disease Control recommended that blood banks use donor screening and deferral to protect the blood supply. According to this report, "it was reasonable"—based on the scientific evidence available in January 1983—"to require blood banks to implement these two screening procedures."

The report says that "federal authorities consistently chose the least aggressive option that was justifiable" on donor screening and deferral.

The report's conclusion is:

The FDA's failure to require this is evidence that the agency did not adequately use its regulatory authority and therefore missed opportunities to protect the public health."

By January 1983, epidemiological studies by the Centers for Disease Control strongly suggested that blood products transmitted HIV. First of all, it was becoming clear that blood recipients were getting AIDS—even though the recipients were not members of a known high-risk group. Sec-

ond, the epidemiological pattern of AIDS was similar to that of another blood-borne disease—hepatitis.

According to the report, these two facts should have been enough of a tip-off to the public health authorities. As early as December 1982, the report says,

(p)lasma collection agencies had begun screening potential donors and excluding those in any of the known risk groups.

The report says that Federal authorities should have required blood banks to do the same.

Question 2: Did the Federal agencies move as quickly as they should have to approve blood products that were potentially safer? Again, the report's answer is "No."

The report says that certain heat treatment processes—processes that could have prevented many cases of AIDS in the hemophilia community—could have been developed earlier than 1980.

In the interval between the decisions of early 1983 and the availability of a blood test for HIV in 1985, public health and blood industry officials became more certain that AIDS among hemophiliacs and transfused patients grew. As their knowledge grew, these officials had to decide about recall of contaminated blood products and possible implementation of a surrogate test for HIV. Meetings of the FDA's Blood Product Advisory Committee in January, February, July and December 1993 offered major opportunities to discuss, consider, and reconsider the limited tenor of the policies.

I say again, Mr. President: "Major opportunities," major opportunities to change the course of the government's blood-protection policies.

The report continues:

For a variety of reasons, neither physicians . . . nor the Public Health Service agencies actively encouraged the plasma fractionation companies to develop heat treatment measures earlier.

Despite these opportunities and others to review new evidence and to reconsider earlier decisions, blood safety policies changed very little during 1983.

Mr. President, I cannot avoid agreeing with the conclusion of this report: "(T)he unwillingness of the regulatory agencies to take a lead role in the crisis" was one of the key factors that "resulted in a delay of more than 1 year in implementing strategies to screen donors for risk factors associated with AIDS."

Question 3. Did the Federal Government warn the hemophilia community, when the Government knew—or should have known—that there were legitimate concerns that the blood supply might not be safe?

The report's answer is "No."

According to the report, "a failure of (government) leadership may have delayed effective action during the period from 1982 to 1984. This failure led to less than effective donor screening, weak regulatory actions, and"—this is the key, Mr. President—"insufficient communication to patients about the risks of AIDS."

As a result, Mr. President, and I am again quoting from the report: "indi-

viduals with hemophilia and transfusion recipients had little information about risks, benefits, and clinical options for their use of blood and blood products." The response of "policy-makers" was "very cautious and exposed the decision makers and their organizations to a minimum of criticism."

In effect, Mr. President, the inertial reflex of bureaucratic caution led to a serious failure to protect the public health. That really is the bottom line.

The Americans suffering from hemophilia were relying on their government to exercise due care about the safety of the blood supply. It is my view, in light of the very important report released today, that the Government failed to meet its responsibilities to the hemophilia community.

It is therefore my intention to introduce, in the coming days, legislation that will offer some measure of relief to those who have been seriously harmed by this governmental failure.

I have had a discussion with my colleague from Florida, Senator GRAHAM, who has been a leader in this area, who has been working for a long time with the hemophilia community and those who have been impacted by this horrible tragedy. And I would expect to be working with him in the future in regard to legislation to be introduced.

Mr. President, at this time, I yield the floor.

COMPREHENSIVE REGULATORY REFORM ACT

The Senate continued with the consideration of the bill.

Mr. FAIRCLOTH addressed the Chair.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. FAIRCLOTH. Mr. President, as I have listened to the debate and editorializing surrounding the Comprehensive Regulatory Reform Act I am struck by the extreme rhetoric and baseless accusations made by opponents of this legislation. If you were to believe all that has been said, you would be convinced that this bill would undermine all of our health and safety protections. You would also believe that the Clinton administration has dramatically reformed the regulatory process during its 2 years in office. Well, Mr. President, nothing could be further from the truth.

Let us first examine the Clinton administration's record on regulatory reform. Despite rhetoric claiming support for a more reasonable approach to regulation, Federal regulatory activity has significantly increased during the past 2 years. In November 1994, the administration itself identified over 4,300 new rulemakings underway throughout the Federal Government—4,300 new ones working their way through the process.

The Institute for Regulatory Policy recently studied EPA regulations issued by the Clinton administration.