against people because they were African Americans or Jewish Americans. But frankly, I did not understand this problem. I was not hostile to people who were gay, but I did not understand that they faced some special problems. The reality is, they do. I think we have to recognize that factor.

I also would add, because it is not only this bill, but we face it in the military and other places. When I was in the military, I was in part of something that no longer exists, the Counter Intelligence Corps. Among other things, we screened people for security clearances.

If there were people who were gay, they did not get security clearances. This goes back to 1951 to 1953. I happen to think that was, at that point, a very legitimate reason for not having security clearances, because people could be blackmailed.

If we decide we are not going to have people that are gay in the military, say we have an emergency, and then we have to have selective service, we conscript people, are we going to say that anyone who is gay is not going to be drafted? We are going to end up with an awful lot of gays in this country if we determine that.

I think there are practical problems. I think we should recognize this. Now, does that mean that everyone approves of this lifestyle? That is not the question. The question is discrimination.

For those—and I run into this at town meetings, and I am sure the Presiding Officer has—people who say, what about the Bible. The ten commandments include adultery. Some of the other things did not get mentioned.

I recall my army days. If we had decided we would kick everyone out who was involved in adultery, our branches would have been thinned appreciably.

I think we have to recognize that there are weaknesses in society, but that discrimination is not the route that we ought to be going.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

RYAN WHITE CARE REAUTHORIZATION ACT

The Senate continued with the consideration of the bill.

AMENDMENT NO. 1855

(Purpose: To limit amounts appropriated under title XXVI of the Public Health Service Act to the level of such appropriations in fiscal year 1995)

Mr. HELMS. Mr. President, I send an amendment to the desk and ask it be stated.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from North Carolina [Mr. HELMS] proposes an amendment numbered 1855.

At the appropriate place, insert the following:

SEC. . Notwithstanding any provisions of this Act, there is authorized to be appropriated for each of the fiscal years 1996 through 2000, amounts that do not exceed the amounts appropriated under this Act in fiscal year 1995.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. HELMS. Mr. President, as the clerk has indicated, and I say the amendment as read speaks for itself, this amendment proposes to freeze Federal funding authorizations for the years 1996 through 2000 at an amount not exceeding the fiscal year 1995 funding for HIV-AIDS. The amount appropriated for fiscal year 1995 totals $633 million of the taxpayers' money.

I consider this amendment is essential—imperative, as a matter of fact, to close a vast loophole in the pending bill. As currently written, the Ryan White Reauthorization Act authorizes funding for the Ryan White programs:

At such sums as may be necessary in each of the fiscal years 1996, 1997, 1998, 1999, 2000.

As I said earlier, some of the proponents say, ''This does not mean anything. It still has to go through the authorization and appropriations process,'' which is true. But it has a psychological effect, when it has been written into the Ryan White authorization bill that the appropriations will be ''such sums as may be necessary.''

So, as I said earlier, if it does not mean anything let us take it out. Because whenever I see vague, open-ended funding language such as this, I can understand why the Federal debt is approaching $5 trillion. It stands at about $4.9 trillion now.

Congress should never write a blank check for any purpose. The least we can do for the American taxpayers is to specify the amount of Federal funding, with no obfuscation, no vagueness, no whatever.

Taxpayers will be interested to know that the total estimated outlays under the current act are $3.68 billion. That is $3,680,000,000 over a 5-year period. So we are not talking about chickenfeed. We are talking about real money; real money that can run up the debt, the Federal debt, that will be on the backs of the young people of this country for generations.

This $3.68 billion does not include NIH funding or the many other Federal programs dealing with HIV-AIDS.

Federal funding for AIDS research and prevention within the Public Health Service has increased from $200,000 in 1981—$200,000 in 1981—to $2,700,000,000 in 1995.

When all the other Federal funds spent on HIV-AIDS are included, the total is about $7.1 billion for fiscal year 1995.

We have an arrangement in the process, I will say parenthetically, that I will present each of my amendments.

Have we obtained the yeas and nays on the amendment set aside?

The PRESIDING OFFICER. The yeas and nays have not been requested on the amendments set aside.

Mr. HELMS. Mr. President, I ask for the yeas and nays on that amendment.

The PRESIDING OFFICER. It is not appropriate to ask for the yeas and nays on an amendment which is not before the body. The Senator can ask unanimous consent.

Mr. HELMS. I ask, for the purpose of obtaining the yeas and nays, that these two amendments be considered the pending business.

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

Mr. HELMS. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. HELMS. Mr. President, I send an unprinted amendment to the desk and ask it be stated.

The PRESIDING OFFICER. There is an amendment pending.

Mr. HELMS. I ask unanimous consent that it be laid aside.

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

AMENDMENT NO. 1856

(Purpose: To ensure that Federal employees will not be required to attend or participate in AIDS training programs)

Mr. HELMS. I withdraw that amendment and send another amendment to the desk.

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

The clerk will report.

The bill clerk read as follows:

The Senator from North Carolina [Mr. HELMS] proposes an amendment numbered 1856.

Mr. HELMS. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the appropriate place, insert the following new section:

SEC. . OPTIONAL PARTICIPATION OF FEDERAL EMPLOYEES IN AIDS TRAINING PROGRAMS.

(a) IN GENERAL.—Notwithstanding any other provisions of law, a Federal employee may not be required to attend or participate in an AIDS or HIV training program if such employee refuses to consent to such attendance or participation. An employer may not retaliate in any manner against such an employee because of the refusal of such employee to consent to such attendance or participation.

(b) DEFINITION.—As used in subsection (a), the term ''Federal employee'' has the same meaning given the term ''employee'' in section 2105 of title 5, United States Code, and such term shall include members of the armed forces.

Mr. HELMS. Mr. President, the pending amendment was made essential because of a directive issued by President Clinton on September 30, 1993, in which he ordered all heads of executive departments and agencies to develop and

fully implement a comprehensive HIV/AIDS workplace policy and employee education prevention program. The White House staff made it mandatory for every Federal employee—an unreasonable requirement on its face, and particularly so considering the nature of these so-called education programs.

For the record, the White House Office of National AIDS Policy issued mandatory ''guidelines'' stating:

HIV/AIDS workplace training is mandatory for every Federal employee . . . (and) the duration of the training session should be not less than 2 hours, although 3 hours is the recommended length . . .

Mr. President, it may be useful to examine one agency's training program. The Department of Agriculture's AIDS program—which employees are compelled to attend—counsels Federal employees on the proper ways to engage in oral and anal sex and other similarly inappropriate subject matters.

This is an editorial judgment on my part. I consider it outrageous—not just inappropriate, outrageous. I took it up with the Agriculture Department, and we are having a go at that.

This is an arrogant and nauseating abuse of power by the homosexuals in the Federal bureaucracy. Most Federal employees resent it.

We have had scores of Federal employees to protest to us and ask us to do something about it.

For example, let me to read from a letter I received from a USDA employee in North Carolina after the employee attended one of these so-called training classes:

This week we were required to attend a mandatory HIV/AIDS training session which is apparently required by the President of all Federal employees. This results in millions of dollars in lost man-hours and consequently wages. We also were required to take a pre- and post-class test . . . Since we are mostly biological scientists we learned essentially nothing.

The employee continued:

Some of the material is not appropriate for the workplace (e.g. how to have safe oral sex, page 28), and it does not seem too necessary for government time and money.

That is an understatement by the employee.

Mr. President, I also have at hand a copy of a directive issued by the Foreign Agriculture Service which states:

To comply with this Presidential mandate, the Foreign Agriculture service is presenting the attached MANDATORY HIV/AIDS training sessions.

Please attend the session scheduled as indicated or arrange to switch session with a coworker.

Supervisors are responsible for disseminating this information to there (sic) . . .

They misspelled the word ''there,'' t-h-e-r-e. They meant t-h-e-i-r. They will learn how to spell that word next week.

employees and for certifying that all employees under their supervision attend a session of the mandated training . . . THIS IS MANDATORY TRAINING FOR ALL FEDERAL EMPLOYEES . . . ATTENDANCE WILL BE TAKEN. . .

You see the intimidation there.

Mr. President, so that there may be no confusion in the mind of any Federal employee, my pending amendment simply stipulates that hereafter all HIV/AIDS training programs will be made optional for Federal employees.

To put it another way, nobody shall be compelled to attend a program that describes how to participate in oral and anal sex.

In addition, my amendment forbids that any Federal department or agency can take retaliatory actions against any Federal employee who chooses not to attend such classes. It makes no sense to say to an employee ''this class is optional, but we'll be taking attendance and your absence will be noted,'' because the employee will be understandably intimidated.

By the way, Mr. President, there are many who may be wondering why we are spending the taxpayers' money on these programs at all. I am one of them. There are today about 3 million Federal employees. It does not take a rocket scientist to do the arithmetic on how much this mandatory program is costing the American taxpayers. Even if the class costs only $1 per employee—and the actual cost is much more than that—even at $1 per hour, the American taxpayers are being soaked for $3 million for this HIV/AIDS training.

Mr. President, at issue in this amendment is whether all Federal employees are to continue to be forced to attend these programs.

At the risk of being repetitious, I do not see any point in forcing Federal employees to attend a session where the subject is the kind of sex conducted by homosexuals.

Like AIDS education in the public schools, Federal AIDS training programs are nothing but thinly-veiled attempts to restructure the values and attitudes of Americans in favor of homosexual lifestyles.

So the question is obvious. Since when does a free and democratic society mandate that its civil servants attend such classes to learn about—let us use the word—sodomy? The bottom line is that the Federal Government has no business requiring its employees to sit through embarrassing and sometimes disgusting classes on HIV/AIDS.

Mr. President, I have several insertions for the RECORD that I want included.

Mr. President, I ask unanimous consent that the following documents be printed in the RECORD:

First, President Clinton's Guidelines for the Federal Workplace HIV/AIDS Education Initiative ''Aids At Work,'' April 7, 1994,

Second, a letter from a North Carolina Federal employee who works for the USDA,

Third, the Foreign Agriculture Service's ''Mandatory HIV/AIDS Training'' memo dated January 1, 1995, and

Fourth, a March 29, 1995, Washington Times article entitled, ''Mandatory Federal AIDS Classes Cited as Promoting Gay Agenda''.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

GUIDELINES FOR THE FEDERAL WORKPLACE HIV/AIDS EDUCATION INITIATIVE ''AIDS AT WORK''

I. PURPOSE

On September 30, 1993, President Clinton signed a directive (Directive) instructing all Federal departments and agencies to provide comprehensive HIV/AIDS in the workplace training for their employees. The Directive mandates that all initial training be either carried out or scheduled by World AIDS Day, December 1, 1994. In addition to providing HIV/AIDS prevention information, all federal employees must receive information on workplace policies and procedures related to persons living with HIV and other chronic illnesses. Human resources staff is required to review workplace policies and procedures to ensure that the federal workplace encourages people with any chronic illness, including those living with HIV/AIDS, to continue productive employment as long as their health permits.

The President has committed his Administration to a leading role in the fight to end the HIV/AIDS epidemic. Until there is a cure, educating people on assessing their own risk and taking appropriate steps to protect themselves from infection with HIV is the best way to stop the epidemic. As the epidemic matures and medical advances proceed, more and more people living with HIV/AIDS will be in the workforce. Since HIV cannot normally be transmitted in a workplace setting, people living with HIV/AIDS should be encouraged to continue working so long as their health allows them to be productive employees. The Federal Workplace HIV/AIDS Education Initiative (FWAEI) will serve as a model for all businesses on how to provide employees the information they need to prevent infection with HIV and the type of personnel policies and procedures which encourage people with any chronic illness, including HIV/AIDS, to continue productive work for as long as their health permits.

II. BACKGROUND

Based upon comprehensive research and evaluation of many private-sector workplace programs, the Centers for Disease Control and Prevention (CDC), *Business Responds to AIDS*, and the National Leadership Coalition on AIDS recommend that the following five components be included in any comprehensive HIV/AIDS workplace education program: Policy/Procedures; Training of Supervisors and Managers; Employee Education; Family Education; and Community Service/Volunteerism.

The Office of National AIDS Policy (ONAP) has produced the following guidelines for all Federal departments and agencies to assist in the development of comprehensive HIV/AIDS in the workplace programs. In order to succeed, the development and implementation of a training program must take into account the particular needs of each department or agency. The guidelines that follow are minimum requirements and are not intended to preclude any additional training that a particular department or agency determines is appropriate for its own employees. These guidelines will assist departments and agencies in creating developmentally appropriate, technically accurate, training programs whose success can be measured.

II. TARGET AUDIENCE

HIV/AIDS workplace training is mandatory for every Federal employee. The initial training must be conducted or scheduled by World AIDS Day, December 1, 1994. The Directive does not require that contractors receive training. Departments or agencies may

require that contractors receive training, particularly in those locations where they share the same workplace as Federal employees. Contractors should not be trained with Federal staff.

Managers and supervisors should receive more in-depth training that includes dealing with issues of confidentiality, how to approach any necessary counseling and referrals, and how to help a chronically ill employee continue working and remain productive.

III. CLASS SIZE

Class size is critical to the successful implementation of the Federal Workplace AIDS Education Initiative. Employees need to have their questions answered, and large classes prevent employees from getting the response time they need. Class size should be limited, optimally to 30, but never more than 50, participants.

IV. LENGTH OF TRAINING

The duration of the training session should be not less than 2 hours, although 3 hours is the recommended length to allow ample time for questions and discussion. Allowing for breaks will give staff an opportunity to digest the information presented. Additional time may be required for supervisor and manager training.

V. RECORDS/EVALUATION INSTRUMENT

Of the most difficult tasks you will encounter is the documentation of how the Directive is being implemented and whether it has an impact on the knowledge, attitudes, beliefs and behavior of the employees. To accomplish this, accurate records of training sessions, including: the names of participants; the date of the training session; and the total number of employees trained, are essential. All individuals receiving training should have an appropriate ''official training form'' sent to their personnel files, and/or the attendance information should be entered into their training records database. Keeping a monthly list of class sizes and participants will expedite the formulation of the regular quarterly reports.

Ideally, your instructor should ask each participant to complete pre- and post-training knowledge assessments. These assessments will indicate whether participants increased their understanding of HIV/AIDS in these training session. An increased understanding of the pathology of HIV/AIDS does not necessarily indicate a concomitant change in the behavior of participants.

To determine the effectiveness of the training session it is important to gauge the quality of instruction. An instructor/class evaluation should be administered at the end of each training session. These assessments should be no more than one page and ask participants to grade the class comment, the instructor's ability, the quality of questions and discussion, and whether the training session was worthwhile. Evaluation instruments used during your training should not be referred to as ''tests.'' If the evaluation instruments indicate that the training session was not well received, you should consider appropriate remedies including altering course content or securing a different instructor.

VI. CONTENT

The following topics are suggested for class content. The percentages attached to these topics are intended as guidance for the development of individual sessions. Discussion and questions at each department or agency will vary depending on the group addressed. Because discussion and questions are important, and there are always time constraints, an instructor must be flexible in practice.

30% Prevention Education (The discussion must include how HIV is transmitted and how to prevent transmission, including both abstinence and safer sexual practices. Note: It is especially important to provide sufficient time for questions and answers in this part of the training and no question is too dumb.)

30% Workplace Issues Discussion/Education (Includes a discussion of why this training and associated workplace policies are important, why support services are necessary, and data related to employees needs.)

30% Policy Discussion/Education (Includes a discussion of federal and legal protections as well as the policies of your department or agency.)

10% Resources and Closing Questions and Answers.

VII. INSTRUCTORS

The instructor is key to a successful HIV/AIDS education program. Instructors (Federal or non-Federal) should be trained comprehensively in HIV/AIDS issues and have experience with HIV/AIDS training. Instructor certification is not necessary unless required by your organization. (Certification may not always guarantee quality instruction for your HIV/AIDS education program.) You may want to rely on your department or agency's contractor policies in determining who will be the most suitable instructor. In many cases, members of non-governmental community based organizations have a wide range of experience in HIV prevention that may be helpful for all or part of a training session. It is also important to note that more than one instructor may be needed to present the full range of information necessary. The instructor should be experienced enough to tailor the session to the audience (i.e., the type of questions and concerns voiced by lawyers, support personnel, analysts, economists, etc. could be quite different).

A Federal employee, knowledgeable about all human resources related policy issues, should present the department or agency policies and procedures regarding HIV/AIDS and other life-threatening chronic illnesses. Policies and procedures regarding Federal employees and managers must not be presented by private-sector contractors or non-Federal employees.

If your agency uses a contractor for the HIV/AIDS presentations, be sure they follow these recommended guidelines. Ask the contractor for information regarding the teaching history and the educational experience of the instructor. Include in your contract language that permits the replacement of an instructor with whom you are displeased.

Before training Federal employees or contractors, all instructors may want to read at least two texts from the ''Suggested Reading'' section of these guidelines, preferably AIDS in the Workplace. The Guide to Living with HIV, or Managing AIDS in the Workplace.

VIII. METHODOLOGY

The training must be tailored to the needs of each department or agency. The primary goals of the educational component shall be: (1) increasing employee's knowledge on issues of HIV transmission; (2) increasing awareness of HIV/AIDS in the workplace issues and available relevant resources; (3) creating positive attitudes about working alongside people living with HIV/AIDS; and, (4) encouraging the participation in activities, both at work and in the community, that will stop the HIV/AIDS epidemic.

Effective HIV/AIDS prevention methodology for people at high risk for HIV infection (i.e., anyone engaging in unprotected sex with more than one partner or people sharing dirty needles), requires targeted, continuous, linguistically specific and culturally based information. It is impractical to divide up a workplace based on risk factors. The training sessions should provide sufficient information for employees to assess their own risk for HIV infection. Resource information provided as part of the training session must provide the employees with locations where they may obtain more targeted interventions if they perceive themselves to be at high risk for HIV infection.

If, for expediency in implementing the Directive, you must place all members of the same department or office together, the training must be relevant to all those present. Staff must be made aware that some of the issues discussed will be related to sexual practices and injecting drug use. Although departments and agencies are encouraged to be linguistically specific in covering the issues, the training sessions should not present material patently offensive to an average employee. If participants find the material offensive, it is often counterproductive to the goal of encouraging an accurate self-assessment of risk for HIV infection.

Classes should be interactive and allow time for individuals to ask questions and to process the information presented. Employees must receive materials on workplace and community resources available to address any concerns raised by the training session.

IX. VIDEO PRESENTATIONS

Video presentations should not represent more than 30 to 35 minutes of the total class time. A video presentation alone is insufficient. A discussion and question period is essential for some people to adequately assess their personal risk factors. Presentations may use videos to provide a standardized source of information for all individuals, but a video must not be the sole source of information. Individuals representing policy, personnel, or employee assistance programs should always be an integral part of the HIV/AIDS educational program and their presentations should not be substituted with video.

X. GENERAL OBJECTIVES FOR ALL EMPLOYEE TRAINING

Based upon the time allocated for the class, prioritize class content using the following objectives:

Knowledge objectives

Participants should be able to:

1. Define HIV.
2. Define AIDS.
3. Know how HIV & AIDS are related.
4. Understand the disease process.
5. Know how HIV is transmitted:

a. Primary risk factors (i.e., exchange of bodily fluids from a person living with HIV to someone who is not)

b. Secondary risk factors (e.g., how the use of drugs or alcohol may impair judgement about HIV risk, importance of self esteem)

6. Know how HIV is not transmitted.
7. Understand relevant universal precautions for application in the workplace.
8. Know how to assess their personal level of risk for HIV infection.
9. Describe HIV antibody testing and encourage those that perceive themselves at high risk to ascertain their HIV status.
10. Understand the rights of employees with a chronic illness, including HIV/AIDS.
11. Understand basic applications of laws, regulations or policies such as disability, health and leave benefits, the Federal Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Family and Medical Leave Act, as these apply to people living with HIV/AIDS in the workplace.
12. Know agency expectations, specifically policies and procedures which address coworker responses to employees who are chronically ill, including those who are living or perceived to be living with HIV/AIDS.

13. Identify what are discriminatory behaviors/actions in the workplace.

14. Understand workplace behaviors or actions that are valued in terms of maximum productivity and optimum work environment.

15. Understand the importance of teaching young people how to protect themselves from HIV infection, and how to talk about HIV with children and adolescents.

Attitudinal objectives

Ideally, participants will indicate they:

1. View persons living or perceived to be living with HIV/AIDS no differently than persons with other life-threatening illnesses.

2. Feel more comfortable working with employees who are chronically ill, including those who are living or perceived to be living with HIV/AIDS.

3. Are more supportive of reasonable accommodations for employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.

4. Feel less judgmental toward persons who are chronically ill, including those living with or perceived to be living with HIV/AIDS (with respect to the presumed or known behaviors that resulted in their infection).

5. Experience little or no fear of interacting with employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.

Behavioral objectives

Participants should be able to:

1. Assess their own levels of risk for HIV infection.

2. Adopt behaviors that eliminate transmission risks.

3. Provide support for chronically ill employees including those who are living with HIV/AIDS.

4. Express willingness to participate in work assignment adjustments necessary to provide ''reasonable accommodation'' for chronically ill employees, including those living with HIV/AIDS.

5. Share HIV prevention information with others.

6. Apply information about the Federal Rehabilitation Act of 1973, Americans With Disabilities Act of 1990, Equal Employment Opportunity, Family and Medical Leave Act, as well as leave disability and health benefits information.

XI. OBJECTIVES FOR MANAGERIAL TRAINING

Behavioral objectives

Managers should be able to:

1. Apply policies and procedures for managing employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.

2. Manage employee disclosures assuring that confidentiality is maintained. This is critical for staff who may want to disclose they are living with HIV/AIDS and for other staff that may want to voice concerns about working with someone living with HIV/AIDS.

3. Appropriately provide any necessary reasonable accommodation in collaboration with Human Resources personnel and the employee.

4. Manage the performance of employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.

5. Discuss concerns with Human Resources or employee assistance personnel during the employee disclosure, accommodation, or referral process.

6. Manage sensitive documents reporting an employee's HIV or health status.

XII. POLICY STATEMENTS

As indicated above, the Presidential Directive requires all departments and agencies to review their personnel policies to ensure that they provide adequate protections for employees with a chronic illness, including those living with HIV/AIDS, while ensuring a comfortable and safe work environment. To accomplish this we suggest the following:

Review the Office of Personnel Management (OPM), Federal Personnel Manual Letter (FPM) 792–21 (March 1988) and Attachment of FPM Letter 792–21 (April 24, 1991), ''Acquired Immune Deficiency Syndrome (AIDS) in the Workplace.'' Applying the basic guidance from the FPM letter, establish or revise your own organizational policies. OPM is in the process of establishing a repository for all the policies from the various departments and agencies. Upon completion of your organization's policy statement, please send a copy to: Chief, Employee Health Services Branch, U.S. Office of Personnel Management, 1900 E Street, NW, Room 7412, Washington, DC 20415. If you have questions concerning the FPM letter or applicable policies, you may call the office at (202) 606–1269.

Each training participant should receive specific written policy information, as well as information outlining procedures for the disclosure process, counseling, disability and health insurance benefits. Distribution of a policy statement is not enough; each employee should receive a document that contains the names, locations and telephone numbers of the individuals associated with the administration of the following.

1. Equal Opportunity Employment.

2. Interpretation of the Federal Rehabilitation Act of 1973.

3. Interpretation of the Americans with Disabilities Act of 1990 (where applicable).

4. Health and disability retirement benefits information, Employee Assistance Programs and Counseling.

5. Family and Medical Leave Act.

6. State and local government interpretations.

7. Local union representatives (where applicable).

8. Occupational Safety and Health Administration (OSHA) guidelines, especially those related to possible occupational exposure to HIV.

XIII. GENERAL POLICIES FOR SUPERVISORS AND MANAGERS

Each department or agency should develop policies and procedures for employees with serious illnesses, including those living with HIV/AIDS, that are flexible enough to accommodate individual circumstances. In some situations it will be necessary to negotiate with the employee an appropriate workplace accommodation. This process should always include a designated representative from the Human Resources Department or the Employee Assistance Program (and may include a union representative).

Each department or agency must consult with their General Counsel in developing specific policies and procedures for employees with serious illnesses, including those living with HIV/AIDS. The following guidelines should be considered in developing those policies and procedures. A department or agency may develop policies that are more specific than those addressed here.

Privacy and confidentially

An employee's health condition is personal and confidential. Employees have understandable concerns over confidentiality and privacy about medical documentation and other information related to an HIV/AIDS diagnoses that is submitted for purposes of an employment decision.

Precautions must always be taken to protect information regarding an employee's health condition. It is inappropriate to report disclosures to other upper-level supervisors unless there is a documented ''need to know.'' (These cases are minimal and should be confirmed with your Human Resource Department.) Employees living with HIV/AIDS or other life-threatening illnesses are entitled to full coverage under the Federal Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, sick leave, Family and Medical Leave Act, leave bank programs, disability benefits, and equal employment opportunity. Should questions arise concerning such matters, contact your Human Resources Department.

Some employees work in occupations that may put them at greater risk of HIV infection (e.g., medical facilities, laboratories, security personnel who might come in contact with blood, etc.). These employees should attend a training session with special emphasis on the use of universal precautions where there might be exposure to blood-borne pathogens. These guidelines can be obtained from OSHA.

General practices for discussing disclosures

Generally, when employees disclose any life-threatening illness, including HIV/AIDS, a supervisor should not immediately initiate any sudden changes in the employee's working environment. Be sensitive to the possible contribution of anxiety over this condition to work behavior. Any part of the disclosure process should include discussions with the employee, the first-line supervisor, and a representative from the Human Resources Department or the Employee Assistance Program (and may include the employee's union representative.)

Making ''Reasonable'' accommodations

The purpose behind reasonable accommodations is to provide alternatives for employees living with disabilities, in this case HIV/AIDS, to continue productive work as long as possible. Reasonable accommodations provide a work environment where individuals living with disabilities can maximize their productivity and continue to be part of the workforce. The implementation of reasonable accommodations usually has a positive impact on all staff, as it communicates the willingness of managers to care for the individual needs of employees.

What reasonable accommodates does not mean is that employees with disabilities, including those living with HIV/AIDS, are held to significantly different performance standards than employees without disabilities in similar positions. It also does not mean new jobs must be created to accommodate any employee living with a disability.

When look at an individual employee's condition, consider changes in work assignments like job restructuring, reassignment, liberal leaves or flexible schedules for employees living with HIV/AIDS in the same manner as for other employees whose medical conditions affect their ability to perform safely and reliably. In so doing, observe established policies governing qualification, internal placement, transfers and other staffing requirements. Alternate work scheduling is often the least expensive and simplest accommodation.

Addressing co-workers' concerns

Be sensitive and responsive to co-workers' concerns, and emphasize the need for education. Be clear that mistreatment, harassment, malicious gossip, or hurtful actions in the workplace will not be tolerated. Through educational efforts and private discussions, teach employees that no medical basis exists for refusing to work with a fellow employee, or clients of a department or agency, living with HIV/AIDS.

XIV. TRAINING SUGGESTIONS

The following recommendations are made by the Office of National AIDS Policy to assure quality in this initiative. By following

these suggestions you can reduce training obstacles, ensure quality standards, and expedite the educational process.

1. Upon reviewing these guidelines, examine your organizational structure, the composition of your workforce and any logistical considerations that impact on training. By looking at other training programs offered by our department or agency, you may determine the most appropriate method for conducting HIV/AIDS workplace training for your staff.

2. To achieve consistency, coordinate the training at every level throughout the organization. Request initial input from department heads who can ensure the plan is carried out consistently. Develop a network of HIV/AIDS coordinators throughout your organization. Share the educational plan with them, develop a strategy and schedule the sessions. Also, you may want to include union representatives in your network of coordinators.

3. Establish a local-area network (LAN) bulletin board for questions and answers concerning HIV/AIDS issues, employee benefits, leave programs, interpretation of the Family and Medical Leave Act, policies affecting the terminally ill, etc. Keep entries into the system confidential.

4. Collect questions anonymously and publish answers in employee newsletters. If your own organization does not have a newsletter, perhaps your union does.

5. If your organization employs someone living with HIV/AIDS, and he/she feels comfortable talking to a group, you may invite the employee to a question and answer session or to make brief presentations, especially for World AIDS Day, December 1. These presentations, if included in the training, should not exceed 20 minutes.

6. For workplaces where the risk of occupational exposure to HIV may be greater (i.e., occupations in which employees routinely, or are likely in some circumstances, to come in contact with blood or blood products), a special training session on ''Bloodborne Pathogens/Universal Precautions'' in addition to the general HIV/AIDS training session may be appropriate. Be sure to inform the class of the exact date, time and location. Detailed, or specific questions about bloodborne pathogens and universal precautions can be answered in the Bloodborne Pathogens session.

7. Keep the education and policy modules together and offer them as one session, including a discussion of workplace policies and procedures. (Managers and Supervisors may need more details from the policy representative.)

8. When asked hypothetical questions that demand complex explanation, maintain credibility and try to negotiate the discussion back to the facts and objectives. Politely refer ''highly improbable'' questions to designated Human Resource or employee assistance personnel. You may want to visually tract the questions (using a flipchart etc.), ensuring that each question is addressed by the end of the session. However, if too many questions are deferred, the instructor may lose credibility. A skilled, experienced instructor will strive to provide the necessary balance.

9. Conduct pilot sessions to validate your training sessions and ask for input from unions, human resources, training and employee assistance departments. Optimally, retain the same effective instructors throughout your agency's or organization's program.

10. Before conducting the pilot sessions, take time with the instructor to discuss the employees who will be attending the sessions. (Are they analysts, lawyers, accountants, support staff?) The instructors will not need great detail, but a little background information will make the instructor more at ease and ''set the stage'' for successful training.

11. Work with your training departments and ensure that basic components of the HIV/AIDS training, especially policy, are incorporated in required managerial training and new employee orientation. If you do not have a new employee orientation program, maintain accurate records and provide future HIV/AIDS training sessions as needed. Remember this initiative is ongoing and HIV/AIDS workplace education must become a part of all employee's ongoing training.

12. As an option, offer some weekend or evening sessions to include family members, friends of employees, and other members of the community who interact with your department or agency.

13. During the training, provide supplemental information regarding discussions of HIV/AIDS with children and teens. The theme for World AIDS Day, December 1, 1994, will be ''AIDS and the Family.'' You may want to offer seminars or workshops emphasizing ''AIDS and the Family'' throughout the year, or during the week of December 1, 1994.

14. Provide additional information to all employees to enhance and reinforce understanding about the nature and transmissions of HIV/AIDS. Use news bulletin, personnel management directives, meetings, guest experts. Q&A sessions, films and video newsletters, union publications, fact sheets, pamphlets.

XV QUARTERLY REPORTS

Each department and independent agency is required to send quarterly reports to the Office of National AIDS Policy. These reports are compiled and sent directly to the President. Accurate record keeping will expedite the report writing process. The FWAEI Quarterly Report should include:

1. The number of staff trained during the quarter, including number of classes and average class size.

2. The total number of staff trained since inception of the initiative (September 30, 1993).

3. The percentage of the total staff of the department or agency that (2) represents.

4. Any difficulty faced in implementing the HIV/AIDS education program (logistical problem, unclear communications, personnel resistance).

5. Progress made in updating and revising departmental non-discrimination policies.

6. Future plans and milestones in implementing the HIV/AIDS initiative within your department or agency. (How many employees are scheduled during the next quarter, and foreseen barriers to full implementation.)

7. List private-sector and non-profit organizations who have visited with you about their training programs.

8. Other activities you plan or have scheduled to re-emphasize AIDS Awareness, especially for World AIDS Day, December 1, 1994. Include any press articles about your implementation of the Federal Workplace AIDS Education Initiative.

9. For the last report of the year, your future plans section must include what will be your plans for conducting training for the following calendar year. This shall include how many people you estimate to be trained per quarter for the following year.

Due dates for future reports are June 15, September 15, December 15. All reports should be faxed or mailed to the Federal Workplace AIDS Education Coordinator. Mailing information follows.

Office of National AIDS Policy contact

For information about these guidelines, contact the Federal Workplace HIV/AIDS Education Coordinator, Executive Office of the President, Office of National AIDS Policy, 750 17th Street, Suite 1060, Washington, DC 20503, telephone (202) 690–5560 or FAX (202) 690–7560.

Interagency meetings

Each month the Office of National AIDS Policy Conducts a meeting to discuss questions, as well as to present materials that have been developed by organizations for the FWAEI. The meeting is open to Federal and non-Federal employees. Meeting notices are normally faxed and not confirmed by a mailing. Please be sure that your contact name, address, telephone number and fax number are correct with the Office of National AIDS Policy. (See Office of National AIDS Policy Contact.)

XVI. RESOURCES

The Office of National AIDS Policy, the Department of Energy, the Office of Personnel Management, and other Federal agencies have collaborated with the Department of Health and Human Services' employee assistance program to develop training packages which comply with these guidelines. Supervisor training materials are nearly completed and your agency FWAEI contact will be notified when these training packages are available.

Materials should include resources and information provided by local community based organizations who work with HIV/AIDS related issues. The CDC National AIDS Clearinghouse can help you find information (800) 458–5231. The Centers for Disease Control and Prevention's National AIDS Hotline number, 1–800–342–AIDS, must be included in all resource information. Throughout the training, this number should be clearly posted in the room.

XVII. SUGGESTED READINGS

Periodicals

''A Case of AIDS'' by Richard S. Tedlow and Michele S. Marram, Harvard Business Review, November–December 1991, pages 14–25.

''AIDS Education Is a Necessary High-risk Activity,'' by Jonathan A. Segal, HRMagazine, February 1991, pages 82–85.

''AIDS Policy & Law,'' a bi-weekly newsletter of Buraff Publications, 1350 Connecticut Avenue, N.W., Suite 1000, Washington, DC, 20036, (202) 862–0926.

''Financial Realities of AIDS in the Workplace,'' by Vaughn Alliton, HRMagazine, February 1992, pages 78–81.

''Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Training from a Union Perspective,'' by Elaine Askari, MPH, and John Mehring, B.A. American Journal of Industrial Medicine, 22:711–720 (1992).

''AIDS Reference Guide,'' published by Atlantic Information Services, 1050 17th Street N.W., Suite 480, Washington, DC 20036, (202) 775–9008.

''Removing the Mystery from AIDS Education,'' by Anne E. Jordheim, Ed.D., R.N., Management Review, February, 1990, page 20.

''Why AIDS Policy Must Be a Special Policy,'' by Ron Stodghill II, Russell Mitchell, and Karen Thurston, and Christina Del Valle, Business Week, February 1, 1993, pages 53–54.

Books

The AIDS Benefits Handbook by Thomas P. McCormack published in 1990 by Yale University.

AIDS Handbook by Brenda S. Faison, M.P.D. and edited by Laila Moustafa, Ph.D., published in 1991 by Designbase Publishing, P.O. Box 3601, Durham, North Carolina, 27702–3601.

AIDS in the Workplace, Legal Questions and Practical Answers, by William F. Banta,

published in 1993 by Lexinghouse Books, 866 Third Avenue, New York, NY 10022.

Getting the Word Out, A Practical Guide to AIDS Materials Development by Ana Consuelo Mariella, 1990 by Network Publications, P.O. Box 18830, Santa Cruz, CA, 95061–1830.

The Guide to Living with HIV Infection by John G. Bartlett, M.D. and Ann K. Finkbeiner, published in 1993 by The Johns Hopkins University Press, 2715 North Charles Street, Baltimore, Maryland 21218–431.

Managing AIDS in the Workplace, by Sam B. Puckett, L.L.B., M.B.A. and Alan R. Emery, Ph.D., published in 1988 by Addison-Wesley Publishing Company, Reading MA.

Preventing AIDS, A Guide to Effective Education for the Prevention of HIV Infection, American Public Health Association, 1015 Fifteenth Street, NW, Suite 300, Washington, DC 20005 (202) 789–5600.

Training Educators in HIV Prevention, An Inservice Manual by Janet L. Collins, Ph.D. and Patti O. Britton, 1990 by Network Publications, P.O. Box 1830, Santa Cruz, CA 95061–1830.

We Are All Living With AIDS, How You Can Set Policies and Guidelines for the Workplace, by Earl C. Pike, published in 1993 by Deaconess Press (a service of Fairview Riverside Medical Center, a division of Fairview Hospital and Healthcare Services), 2450 Riverside Avenue South, Minneapolis, MN 55454.

100 Questions and Answers About AIDS by Michael Thomas Ford, published in 1993 by New Discovery Books, MacMillian Publishing Company, 866 Third Street, New York, NY 10022.

Message #1

Subject: Mandatory HIV/AIDS training.

Author: Stec at FAS07.

Date: 01/31/95 02:27 p.m.

On September 30, 1993, President Clinton mandated Federal HIV/AIDS education for all Federal employees. To comply with this Presidential mandate, the Foreign Agricultural Service is presenting the attached mandatory HIV/AIDS training sessions.

Please attend the session scheduled as indicated or arrange to switch session with a coworker.

Supervisors are responsible for disseminating this information to their employees and for certifying that all employees under their supervision attend a session of the mandate training.

Please contact Charlotte Stec, 720–1596, if you have any questions regarding this training.

Message #2

Subject: PL 480 status of PA report.

Author: Rivera JA at FAS15.

Date: 01/31/95 03:13 p.m.

The monthly Public Law 480 ''Status of PA'' report is now available on the ''u'' drive. To access it, go to ''pl480'' from the Windows' File Manager, since this is a Lotus file, and click on ''title1''. This report shows Public Law 480, Title I agreements signed, purchase authorizations issued, and sales registered. For information, please call José Rivera at 720–6286.

TRAINING PROGRAM

Please attend the session scheduled as follows in accordance with your last name. This is mandatory training for all Federal employees. If you cannot attend your scheduled session, please arrange to switch sessions with a coworker.

Attendance will be taken. All participants should bring a pencil or pen with them.

A Sign Language Interpreter will be provided for the afternoon session of February 7th only. Employees requiring special accommodations should contact Charlotte Stec.

Date, Time, Location, Last Name, Begins in Letters

February 7, Tuesday 8:30–11:30 a.m., 12:30–3:30 p.m., Jefferson Auditorium, A–BE, BI–CI.

February 8, Wednesday 8:30–11:30 a.m., 12:30–3:30 p.m., Jefferson Auditorium, CL–DI, DO–GA.

February 9, Thursday 8:30–11:30 a.m., 12:30–3:30 p.m., Jefferson Auditorium, GE–HAN, HAR–HO.

February 14, Tuesday 8:30–11:30 a.m., 12:30–3:30 p.m., Jefferson Auditorium, HU–KI, KL–MA.

February 16, Thursday 8:30–11:30 a.m., 12:30–3:30 p.m., Jefferson Auditorium, MC–M, N–PL.

February 17, Friday 8:30–11:30 a.m., 12:30—3:30 p.m., Jefferson Auditorium, PO–RO, RU–SL.

February 24, Friday 8:30–11:30 a.m., 12:30–3:30 p.m., Jefferson Auditorium, SM–TI, TO–WES.

February 28, Tuesday 8:30–11:30 a.m., Jefferson Auditorium, WET–Z.

(For further information or questions, contact Charlotte Stec, HIV/AIDS Coordinator, on 720–1596 or FAX 720–2016.)

[From the Washington Times, Mar. 27, 1995]

MANDATORY FEDERAL AID CLASSES CITED AS PROMOTING GAY AGENDA

TRAINING ADDRESSES RELIGION AS BARRIER

(By Rowan Scarborough)

The Clinton administration's guidelines for mandatory AIDS training of all federal employees call for the ''breaking down of audience resistance'' to the program's teachings if that resistance is based on ''religious beliefs.''

The training manuals portray people opposed to condom distribution in schools as ''partisans.'' They tell trainers to use the words ''sex partners'' instead of ''husband and wife'' and ''injecting drug user'' instead of ''addict.''

Would-be trainers have to discuss their views on ''homosexuality for my child'' as part of the selection process.

A federal worker who underwent training this month said she was offended when the instructor, a private contractor, began talking about her grandmother's likely sex practices.

''I was shocked and upset when the instructor personalized anal sex for each person in the room by saying our grandmothers probably practiced birth control by participating in anal sex,'' said the worker, who described the three-hour session on the condition that she not be identified.

''I was highly offended,'' she said, ''I have a very godly grandmother, and I just broke down and cried. I guess they're trying to say homosexuals do it that way and so did your grandmother.''

The guidelines are in documents from the departments of Energy, Health and Human Services, and Agriculture. Other departments are believed to use similar guidelines, which are coordinated and approved by the White House.

Aimed at the 2.1 million federal employees, the ''Federal Workplace AIDS Education Initiative'' was authorized last year by Mr. Clinton, whose campaign received political and financial support from the homosexual community.

Administration rules for AIDS instruction tell trainers:

To avoid certain terms, such as ''husband and wife,'' ''homosexual men,'' ''promiscuous,'' ''sexual preference'' and ''addict.''

To deflect ''homophobic comments'' during a training session by saying, ''There is some division of opinion on that point.''

To watch out for troublemakers among the pupils. A federal worker who takes an ''intransigent point of view'' on condom distribution in schools or needle distribution is pegged as a ''partisan.'' A ''heckler'' is someone who ''expresses disbelief, disgust or scoffs at content and processes.'' A ''moralist'' believes that ''people who are HIV-infected through sex or drug use deserve what they get.''

To suggest that a person use his own drug-injection equipment or try ''disinfecting with bleach'' to avoid getting the human immuno-deficiency virus, which causes AIDS.

The Department of Energy's AIDS program is titled, ''Walkin' the Talk'' and includes a discussion of ''serial monogamy,'' which it defines as an ''exclusive sexual relationship with one individual at a time.''

''Practicing serial monogamy and therefore having several sexual partners, even over an extended period of times, may place one at risk for HIV infections unless he or she practices safer sex,'' the program says.

One of the training manuals included a scoring system titled ''Values About HIV/AIDS-Related Issues.'' It was used to select AIDS instructors.

Candidates were asked to rate their opinion on several topics, including ''sex without love,'' ''sex outside of a committed relationship,'' ''homosexuality for my child,'' ''stiff sentences for injection-drug users who share needles and other drug-injection paraphernalia,'' and ''laws to protect homosexuals from discrimination in housing, jobs and public accommodations.''

Jim Woodall, a vice president of the conservative group Concerned Women for America, said President Clinton should ''cease and desist'' the training. He said the goals could be achieved by giving employees a Centers for Disease Control and Prevention brochure on AIDS prevention.

''We have been suspecting for a long time that AIDS education is being used as a facade to promote the homosexual lifestyle,'' Mr. Woodall said. ''AIDS education used in public schools and college campuses has now invaded our government, where the president is mandating federal employees to sit down for four hours for this type of education. It's a fraud.''

Mr. Woodall's 600,000-member organization is compiling information on the program.

''I do not have any problem with gays relating to gays when talking about sex,'' he said. ''The issue is, the U.S. government is promoting that agenda using taxpayer dollars.''

Richard Sorian, White House spokesman on AIDS policy, disagreed with the group's characterization of the program. ''The effort has been a very successful effort to supply people with information that allows them to protect themselves and protect their family,'' he said.

He said Concerned Women for America is misinterpreting some of the training material. For example, he said, the section on ''breaking down audience resistance'' based on religion is an effort to have workers air those concerns so they can be discussed.

''They are not trying to change someone's religious beliefs at all,'' Mr. Sorian said. ''What they are talking about is beginning the instruction with any concerns they have or religious belief that might make them uncomfortable with the discussion so they can be comfortable in the discussion.''

Mr. Sorian said such words as ''addict'' are avoided for a good reason: ''If you say drug addicts are susceptible to HIV, but they don't consider themselves an addict, then they don't recognize themselves as an addict.''

He said he has received ''positive feedback'' from participants who have used the

information to educate others. The program is scheduled to end this week. The White House AIDS office then will know how many workers were reached.

Some federal workers have objected to the training.

A defense Department employee said he walked out during his department's session.

''I don't believe I should sit next to a female and be told how to do intercourse, no matter how sidetracked they go,'' said the employee, who requested anonymity. ''I don't want to be in mixed company and talk about a lifestyle I'm not involved in, that I don't approve of. I don't care to be instructed by Big Brother in things I avoid.''

A Drug Enforcement Administration worker who objected to attending AIDS training was ordered to attend or be disciplined for insubordination.

Mr. Woodall said the system ''weeds out any people who have a problem with the gay lifestyle.''

MARCH 31, 1995.

Senator JESSE HELMS,
Century Post Office Building,
Raleigh, NC.

DEAR SENATOR HELMS: At a time when our total federal budget is under scrutiny, it seems appropriate to study all expenditures. Within USDA,ARS our budgets for agricultural research are particularly tight. Nevertheless, we spend a tremendous amount of time in all types of training sessions. This week we were required to attend a mandatory HIV/AIDS training session which is apparently required by the President of all Federal employees. This results in millions of dollars in lost man hours and consequently wages. We also were required to take a pre- and post-class test. Unfortunately, at least in our agency, there is no way to test out of the class time. Since we are mostly biological scientists we learned essentially nothing. The enclosed material was to be read prior to the class and thereby using more of our valuable time. Some of this material is not appropriate for the workplace (e.g. how to have safe oral sex, page 28), and it does seem to be necessary for government time and money.

I hope you and other congressional members will carefully consider the cost/benefits of our numerous training sessions. The taxpayer's money can be better spent on research in our agency than in peripheral training sessions not suited to us.

Sincerely,

Mr. HELMS. Mr. President, I ask for the yeas and nays on this amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. HELMS. 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. HELMS. Mr. President, I ask unanimous consent to lay aside the previous amendment so that I can offer another amendment.

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

AMENDMENT NO. 1857

(Purpose: To limit amounts appropriated for AIDS or HIV activities from exceeding amounts appropriated for cancer)

Mr. HELMS. I now send an amendment to the desk and ask that it be stated.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from North Carolina [Mr. HELMS] proposes an amendment numbered 1857:

At the appropriate place, insert the following new section:

SEC. . LIMITATION ON APPROPRIATIONS.

Notwithstanding any other provision of law, the total amounts appropriated for any fiscal year for AIDS and HIV activities may not exceed the total amounts discretionary funds appropriated for such fiscal year for activities relating to cancer.

Mr. HELMS. As the clerk has read, Mr. President, this amendment proposes that the Ryan White CARE Reauthorization Act of 1995 have this provision to guarantee that any and all Federal funds authorized and appropriated for HIV/AIDS will not exceed the total Federal funds authorized and appropriated for and in connection with the disease of cancer.

The leading cause of death in America today is heart disease, followed closely by cancer. HIV/AIDS ranks ninth, No. 9—I believe, as a matter of fact, they lowered it to No. 8. So make that read HIV/AIDS ranks eighth in the number of deaths it causes. It is of interest that HIV/AIDS receives $2.7 billion per year in Federal funding, which exceeds Federal funding in connection with any other disease. Heart disease, for example, Mr. President, kills more than 720,000 Americans every year, and $805 million in Federal funds are allocated and appropriated for heart disease. Cancer kills 515,000 Americans, and it receives $2.3 billion.

I think the arithmetic of all of this, Mr. President, speaks for itself. I want the RECORD to show that I hope a cure for HIV/AIDS is found tomorrow morning, and I encourage every research effort toward this end. However, I have to make it clear that I am appalled at what has become a total politicization of Federal funding for medical research and health services.

The pending amendment stipulates that Congress may not authorize or appropriate more money for HIV/AIDS than is authorized and appropriated in connection with the disease cancer. More people are dying from heart disease and cancer and stroke and lung disease and accidents and pneumonia and diabetes and Alzheimer's and suicide than die from AIDS. Each one of these kills more people than does the disease AIDS, yet AIDS receives a disproportionate amount of the taxpayers' money.

On average, the Federal Government spends about $91,000 on every person who dies of AIDS. The Federal Government spends about $5,000 for every person who dies of cancer.

Now, I have my own ideas about priorities, but that is an issue for another day. And I think I am correct in my impression that Americans agree that this discrepancy is neither fair nor equitable.

In a nutshell, the pending amendment will bring a measure of equity and fairness to the existing priorities in the area of HIV/AIDS funding. As long as cancer kills 18 times as many people as AIDS, and AIDS nonetheless receives more Federal funding, it is time I think that Congress established some new equitable priorities.

Mr. President, I ask that all of my previous amendments be set aside enabling me to ask for the yeas and nays on this amendment.

The PRESIDING OFFICER. The yeas and nays have been requested. Is there a sufficient second? There is a sufficient second.

The yeas and nays were ordered.

Mr. HELMS. I yield the floor.

Mrs. KASSEBAUM. Mr. President, I am not sure if we are ready to propound a unanimous-consent agreement yet or not.

Mr. HELMS. I am certainly ready to hear it.

Mrs. KASSEBAUM. No, I guess we are not. So if I may just for a moment respond to several of the amendments that have been put forward by Senator HELMS. On the amendment that talks about promotion of homosexual activity. I certainly have great sympathy for wanting to limit what the activities might be supported. I will be introducing an amendment which addresses that same issue but perhaps not in the same way as Senator HELMS. I will not get into a definition of the amendment. Since the unanimous-consent agreement has not been put forward yet, I am not sure whether we should go ahead and send our amendments to the desk, but perhaps we will get them all out and then we can decide what to do.

AMENDMENT NO. 1858

(Purpose: To prohibit the use of funds for certain activities)

Mrs. KASSEBAUM. I send to the desk an amendment. I ask unanimous consent to set aside the amendments.

The PRESIDING OFFICER. Without objection, the pending amendment is set aside. The clerk will report the amendment of the Senator from Kansas.

The assistant legislative clerk read as follows.

The Senator from Kansas [Mrs. KASSEBAUM] proposes an amendment numbered 1858.

Mrs. KASSEBAUM. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

At the appropriate place, insert the following new section:

SEC. . PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

Part D of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–71) as amended by section 6, is further amended by adding at the end thereof the following new section:

"SEC. 2678. PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

"None of the funds authorized under this title shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or hetero-sexual. Funds authorized under this title may be used to provide medical treatment and support services for individuals with HIV.".

Mrs. KASSEBAUM. The amendment I have sent to the desk will prohibit the use of the Ryan White CARE Act funds to support activities which promote homosexuality. This provision will assure that the funds allocated under this act would be used to provide treatment for individuals. There would be no funds to be used for promotion of homosexual activities. I offer this amendment because I am aware that some of my colleagues are concerned that the CARE activities may lead to increased sexual activity or to increased drug use. Specifically, some are concerned that needle exchange programs and prophylactic distribution programs may lead to increased homosexuality or drug abuse. Whether or not these concerns are valid, my amendment makes it clear that none of the funds expended under this act could be used for such promotion activities. Rather, this provision would assure that CARE Act funds would be used for treatment. In this regard, it is more narrow than the amendment that has been offered by Senator HELMS in that it clearly states that the CARE Act funds are for treatment only, not prevention or homosexual promotion activities.

I offer this amendment because I would like to have us fully consider some of the language and implications of that language, and that will be set aside at such time as we come to a vote on the legislation.

Senator HELMS also put forward an amendment to ensure that Federal employees will not be required to attend or participate in AIDS training programs. I would for myself think that is a very sensible amendment. Mr. President, it does seem to me that we should not have to require attendance of Federal employees for such programs. I would like to say, though, I do not believe that the intent was to design these programs to change the lifestyle of Americans. I think the intent was to really try to have an understanding of AIDS, what it was about, what type of disease it was. But I really myself strongly will support Senator HELMS and say that in my mind it should not be a required attendance.

Another amendment that Senator HELMS put forward was on the funding. He would hold the funding levels to the same as they are in 1995. Mr. President, the House Appropriations Committee has appropriated $656 million for 1996. If we take the 1995 level, that is $651 million. But holding it until the year 2000 when AIDS cases are increasing at 20 percent a year seems to me to be a very difficult way for us to address this issue at this time. And I think it clearly should be left up to the appropriators. I know that the appropriators today—the Presiding Officer is on the Appropriations Committee—are not going to be frivolous in the moneys they spend. And I have a great deal of confidence that they will take into consideration the needs that are addressed that have to be met in the Ryan White CARE legislation and will consider wise and sensible use of those funds. So that amendment I would just have to oppose because I think putting that type of restraint until the year 2000 clearly would do a disservice to many who are in serious need.

The other amendment was regarding funding equity. And I will be considering another amendment to address that issue because, as I mentioned earlier, it is of great concern. And one of the things where we would differ is what moneys go to research and is discretionary funding and what moneys come from, say, Medicare and Medicaid and the Social Security disability funding. That makes a big difference in the total amount, and I think it is important that there is an understanding regarding that difference. So, I will be putting forward another amendment on funding equity a bit later as we complete this debate.

I yield the floor, Mr. President.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. I will just take a moment because the Senator from Kansas has outlined what I think has been a very responsible and thoughtful series of options for the Senate to make a judgment and a decision upon. They will be available to the Members as they examine these issues over the nighttime, and then we will have a chance to address them tomorrow and, hopefully, reach a final resolution. I think she has summarized the reasons and justifications for the positions which she has outlined, and I am in very substantial agreement. With some issues along the way we may have some difference. But I think there will be a series of alternatives for the Members to make a judgment on these matters on tomorrow and, I think, for the Members to make a final judgment on these questions tomorrow as well.

What remains will be the Gregg amendment, which deals with the exports of various pharmaceuticals and medical devices that have not been approved by the FDA or, for that matter, approved by the other 21 different countries that have regulatory agencies. He will best describe his amendment. This is a matter which is before the Human Resources Committee, and it certainly was my impression up until this afternoon that that would be a part of the whole FDA reorganization and structure. It is appropriate that it should be because we have a different criteria, for example, for pharmaceuticals and how the FDA treats those versus biotech and medical device legislation. So, I had thought we would be addressing that as part of our total FDA review.

It has been the judgment of the Senator from New Hampshire to offer that measure, which initially, as I understand it, was a Hatch measure to this proposal. And we will have a chance to discuss that in the morning and make some judgment on that issue. And I would certainly invite our colleagues to pay close attention to the debate that will, hopefully, take place at 9:30 if we are able to work through our consent agreement.

Mr. President, I have more extended remarks on some of these measures which I will either make this evening or include in the RECORD. Hopefully, we are at a point where we might be able to consider a consent agreement, and I have been here long enough to know that, if that is possible, it is wise to try to take advantage of the opportunity before it may escape.

Mrs. KASSEBAUM addressed the Chair.

The PRESIDING OFFICER (Ms. SNOWE). The Senator from Kansas.

Mrs. KASSEBAUM. I ask unanimous consent that the name of the Senator from New Mexico, Senator DOMENICI, be added as a cosponsor.

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

Mrs. KASSEBAUM. It is my understanding we are close to being able to put forward the unanimous-consent agreement. I think there still needs to be a couple of additional checks made.

Mr. HELMS addressed the Chair.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. HELMS. If the Senator will yield.

It is perfectly acceptable to me, Madam President.

It will take a unanimous consent to vary the order in which the amendments were presented, is that not correct?

The PRESIDING OFFICER. That is correct.

Mr. HELMS. Just so there will be no accidental mistake made, I ask unanimous consent that all amendments be voted on tomorrow morning in the order in which they were presented.

The PRESIDING OFFICER. Is there any objection?

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Could the Senator state again what the request was? As I understood it, we were in the process of trying to work out a consent request to cover the disposition of the measures tomorrow.

Mr. HELMS. If the Senator will yield. I am not suggesting anything that would vary the unanimous consent that I hold in my hand. I favor that. I simply want to be sure that all amendments are voted upon in the order in which they were presented.

Mr. KENNEDY. I see the Senator from Kansas on the floor.

Mrs. KASSEBAUM. Well, I did not present my amendment regarding promotional activities until you had completed presenting all of your amendments. I wonder in the voting if they could not follow each other, so that we are——

Mr. HELMS. Is that the one where you deleted the second half of mine?

Mrs. KASSEBAUM. Yes. Although it is changed.

Mr. HELMS. You did not change the language in the first half?

Mrs. KASSEBAUM. Yes. It is a different approach because it is just targeted to the care, but using some similar language.

We are going to end up voting on the Senator's amendment. This says the same thing but does not get into a definition.

Mr. HELMS. Madam President, I am going to have to suggest the absence of a quorum on this one because that is a contradiction of my understanding. Perhaps I can correct it. May I see a copy?

Mrs. KASSEBAUM. The Senator has it.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. HELMS. Madam President, I ask that it be in order for the Senator from North Carolina to ask for the yeas and nays on final passage on the Ryan White bill.

The PRESIDING OFFICER. It is in order.

Mr. HELMS. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. HELMS. I thank the Chair. I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. KASSEBAUM. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

AMENDMENT NO. 1859

(Purpose: To strike provisions relating to the medicare wage index)

Mrs. KASSEBAUM. Madam President, I send an amendment to the desk on behalf of Senator GRAHAM of Florida for immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Kansas [Mrs. KASSEBAUM] for Mr. GRAHAM proposes an amendment numbered 1859.

Mrs. KASSEBAUM. Madam President, I ask unanimous consent that further reading of the amendment be dispensed with.

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

The amendment is as follows:

On page 41, line 7, strike ''the product of—'' and all that follows through line 15, and insert the following ''an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved, as determined under subparagraph (C).''.

On page 43, strike lines 1 through 13.

On page 43, line 14, strike ''(E)'' and insert (D)''.

On page 43, line 24, strike ''(F)'' and insert (E)''.

On page 44, line 3, strike the end quotation marks and the second period.

On page 46, line 5, strike ''the product'' and all that follows through line 14, and insert the following ''an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved, as determined under subparagraph (D).''.

Beginning on page 46, line 17, strike ''means the'' and all that follows through line 8 on page 47, and insert the following: ''means an amount equal to the sum of—

''(i) the estimated number of living cases of acquired immune deficiency syndrome in the State or territory involved, as determined under subparagraph (D); less

''(ii) the estimated number of living cases of acquired immune deficiency syndrome in such State or territory that are within an eligible area (as determined under part A).''.

Beginning on page 48, strike line 1 and all that follows through line 14 on page 49.

On page 49, line 15, strike ''(F)'' and insert (E)''.

On page 49, line 19, strike ''(G)'' and insert (F)''.

On page 50, line 4, strike ''(H)'' and insert (G)''.

On page 53, between lines 20 and 21, insert the following new section:

SEC. 7. STUDY ON ALLOTMENT FORMULA.

(a) STUDY.—The Secretary of Health and Human Services (hereafter referred to in this section as the ''Secretary'') shall enter into a contract with a public or nonprofit private entity, subject to subsection (b), for the purpose of conducting a study or studies concerning the statutory formulas under which funds made available under part A or B of title XXVI of the Public Health Service Act are allocated among eligible areas (in the case of grants under part A) and States and territories (in the case of grants under part B). Such study or studies shall include—

(1) an assessment of the degree to which each such formula allocates funds according to the respective needs of eligible areas, State, and territories;

(2) an assessment of the validity and relevance of the factors currently included in each such formula;

(3) in the case of the formula under part A, an assessment of the degree to which the formula reflects the relative costs of providing services under such title XXVI within eligible areas;

(4) in the case of the formula under part B, an assessment of the degree to which the formula reflects the relative costs of providing services under such title XXVI within eligible States and territories; and

(5) any other information that would contribute to a thorough assessment of the appropriateness of the current formulas.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

(c) REPORT.—The Secretary shall ensure that not later than 6 months after the date of enactment of this Act, the study required under subsection (a) is completed and a report describing the findings made as a result of such study is submitted to the Committee on Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

(d) CONSULTATION.—The entity preparing the report required under subsection (c), shall consult with the Comptroller General of the United States. The Comptroller General shall review the study after its transmittal to the committees described in subsection (c) and within 3 months make appropriate recommendations concerning such report to such committees.

On page 53, line 21, strike ''7'' and insert ''8''.

Mrs. KASSEBAUM. Madam President, this amendment has been agreed to by both sides. It addresses a problem that would exist particularly in Florida regarding formula. It is designed to be of assistance in addressing that in a way that we have all agreed we think works, to everyone's benefit.

Mr. KENNEDY. Madam President, I urge the acceptance of the amendment. This addresses some of the special needs of the State of Florida. I think it is justified. I hope the amendment would be accepted.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The amendment (No. 1859) was agreed to.

Mrs. KASSEBAUM. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. HATCH. Madam President, they are trying to put together a final agreement so that they can go out tonight. Until they do, let me take a few minutes and express myself on the Ryan White bill.

Madam President, people are dying. People are dying and we have the chance today or tomorrow to enact legislation that will really make a difference—really make a difference in their lives, and the lives of their families and friends who love them.

We have the chance to enact legislation that will help alleviate some of the pain and suffering of individuals who are infected with HIV.

We have a chance to enact bipartisan legislation showing that Congress cares more about people—about people who are critically ill and need our help—than about how those people got ill.

Madam President, in 1981, two physicians unknown to each other, on opposite ends of the United States, made similar observations that they would

then publish in their respective medical journals.

They noted that a small group of their otherwise healthy patients were becoming infected with organisms that would normally affect individuals who were for some reason immune-suppressed. In layman's terms—these patients had a weakened immune system.

By the end of the following year, 1982, almost a thousand cases of the disease had been reported to the Centers for Disease Control. Congress had appropriated $8 million for research to combat this mysterious virus.

Over the next few years, the number of such cases dramatically increased and began to spread throughout the country, as did our realization that the virus, now called acquired immune deficiency syndrome, AIDS, was not going to be eradicated overnight.

Funding for research rose to $44 million in fiscal year 1983, $104 million in fiscal year 1984 and by fiscal year 1990 had reached $3 billion. By 1987, there were cases in each of our 50 States.

As I look back, I recall how AIDS began to touch on each of our daily lives, as the number of cases grew, and the need for increasing research and service-related funding for this growing epidemic.

We began to expand funding beyond the Department of Health and Human Services, to the Department of Defense, the Agency for International Development, and the Bureau of Prisons.

We funded the Department of Labor, the Department of Housing and Urban Development and the Veterans Administration. We provided funding through the Federal Employees Health Benefits Program.

Our response grew with the magnitude of the disease, as it should continue today.

As I think back to the early days of AIDS, and how the growing numbers of infected individuals and the resultant death toll caused this country so much alarm and panic.

Unfortunately, as with any unsuspected crisis, the immediate response from many—including members of both houses of Congress—could be characterized as denial, anger, and blame. Fortunately, over time, our compassion has grown for those infected with this insidious virus, as our understanding about the causes of and treatments for this devastating disease increased.

As I look back, I think of the swift reaction of our health care community, yet how painfully clear it was that both our research and service delivery infrastructures lacked the capacity to address the growing number of cases of HIV infection.

I talked about our growing research effort. I did not talk about the dedication of our scientists, and their ensuing frustration, as a cure—or even a vaccine—continued to elude our grasp.

Today, they still remain outside our grasp.

As I look back, I recall how the service delivery programs evolved—the AIDS service demonstration projects, the home and community-based health services grant programs, and the AIDS drug reimbursement program—yet we still could not keep pace with the need for services in our communities.

They came out of our Labor Committee, and we were proud to authorize those programs which have really served to help people. But they were not enough.

Out of this great need for community-based, compassionate care was born the Ryan White Comprehensive AIDS Resources Emergency [CARE] Act of 1990, a bill I was pleased to author with my colleague from Massachusetts, Senator KENNEDY.

We named the bill after Ryan White, a courageous, intelligent and caring young man from Indiana, who worked tirelessly to educate others about HIV and AIDS. Ryan helped replace fear and indifference with hope and compassion. One of the great lessons of his life—that we should not discriminate against those with the HIV virus of other illness—remains true today. His tireless efforts, indeed his legacy, is being carried on by his mother, Jeanne White. And I met with her a number of times. And I have to say she is doing a good job.

There are so many others who have spoken out with the same spirit and eloquence, including Mary Fisher, founder of the Family AIDS Network, who is a tireless crusader against AIDS, and our much-missed friend Elizabeth Glaser, who established the Pediatric AIDS Foundation which has done so much to improve the lives of children infected with HIV.

I can remember when she first walked into my office. I did not know a lot about pediatric AIDS. I knew about adult AIDS. But I did not realize so many children were being infected at that time. When she walked in and explained it to me, I have to say we decided to help her. Our colleagues, Senator Metzenbaum and others, helped her raise her first million dollars for the Pediatric AIDS Foundation at a wonderful dinner here in Washington, DC and she went on from there to raise several more million dollars in the fight against AIDS, and, of course, she is one of the most valued heroines in this country, as far as I am concerned. There have been so many unnamed others in countless communities across the Nation.

Today, we have before us reauthorization of the Ryan White CARE Act.

My message is simple: it is an important act. It must be reauthorized.

The need continues.

Let me discuss a few dramatic facts in order to highlight the tremendous impact of this disease and explain why this bill should be passed.

The most revealing fact is that the No. 1 cause of death for males aged 29 to 44 is now AIDS.

In the last decade, the proportion of cases represented by women has almost tripled.

Even in my small home state of Utah, it is estimated by the Department of Health that there are 5,000 people infected with the HIV virus. To date, 1,110 have been diagnosed with full-blown AIDS, and 644 have died.

Indeed, our knowledge of AIDS has expanded dramatically since those early days.

We now know that AIDS is not a gay disease, or a Haitian disease.

We know that it cannot be transmitted by casual contact.

We know that it affects man, woman and child, whatever race, whatever nationality.

AIDS does not play favorites. It affects rich and poor, adults and children, men and women, rural communities and the inner city.

We know much, but the fear remains.

Madam President, things have changed since 1990. But the need for this legislation remains.

The number of cases continues to increase. At the end of 1994, the Centers for Disease Control and Prevention had recorded 441,528 cases of HIV. The number continues to grow.

The emotional and economic burden for HIV patients and their families is substantial, and it continues.

The Ryan White CARE Act has made a difference and should continue to make a difference.

There is so much that remains to be done.

Since its enactment in 1990, the Ryan White AIDS Care Act has provided the necessary assistance to those persons and their families affected by the AIDS epidemic. Often, the funding provides for models of HIV service delivery that are considered to be some of the most successful health care delivery models in history.

I am very proud of Utah's Ryan White program. Let me tell you of some of our accomplishments.

Ryan White funds were used to establish a home health services program which provides much needed homemaker, health aide, personal care, and routine diagnostic testing services.

A drug therapy program has been established that offers AZT and other drugs to individuals infected with HIV.

Ryan White funds have been used to provide health and support services through an HIV Care Consortium, which offers vital services such as dental, mental health counseling, transportation, benefits advocacy, eye exams and glasses, legal advocacy, information and education, nutrition counseling, and substance abuse counseling.

These are programs which are in place and which are working. They should be continued.

I believe it is vital that we reauthorize the Ryan White Act.

Madam President, many have noted that AIDS brings out the best and worst in people. Let us hope that this debate reflects the best of the great American traditions of reaching out to those in our community.

I plead with my colleagues today, and I will tomorrow, let us not backslide on this. I wish to compliment the distinguished chairman of the Labor and Human Resources Committee, and the ranking member, Senators KASSEBAUM and KENNEDY, for the work that they have done and for the courageous way that they have gone about it and for the work they have done on the floor here this day. I personally respect both of them very much, and I appreciate what they are doing in this bill.

Our progress has been great, but we have so much more to do to wipe out this virus. Let us hope and pray that one day, like smallpox, the HIV virus will be eradicated as a public health problem, and that is what we are talking about, public health, for everybody. Until then, Ryan White programs offer the only glimmer of hope to thousands of Americans who are living with HIV.

So I wish to thank my esteemed colleagues, especially our floor managers today, Senators KASSEBAUM and KENNEDY and others who have worked so hard to move this important piece of legislation forward. I will work with them in any way I can to see that this legislation is sent to the President as quickly as possible, and I again hope that we can do this probably tomorrow morning.

I thank the Chair.

Mrs. KASSEBAUM. Madam President, I wish to express appreciation to the Senator from Utah. Senator HATCH, as he mentioned, was the original cosponsor along with Senator KENNEDY of the Ryan White CARE Act in 1990. If it had not been for the leadership he provided, I am not sure we would be here today debating renewal of that legislation. It was crucial at that time to help develop an understanding of what it was all about, and I think without Senator HATCH's strong and forthright and dedicated concern at that time, it would have been extremely difficult to have the public awareness and support that it has. I just wish to express that appreciation to the Senator from Utah.

Mr. HATCH. If the Senator will yield, I certainly thank her for her kind remarks, but I feel equally disposed to congratulate her and to thank her for the work she is doing this year and has done in the past. She and Senator KENNEDY have done a very good thing here. So I thank her very much.

Mrs. KASSEBAUM. I would just say Senator HATCH, of course, we miss on the Labor Committee, where he was at one time chairman and ranking member, and I have big shoes to follow in that leadership on the Labor and Human Resources Committee.

Mr. BYRD. Mr. President, earlier today during the debate on S. 641, the Ryan White CARE Reauthorization Act, the distinguished senior Senator from North Carolina [Mr. HELMS] raised questions concerning where the appropriations for the Ryan White Program have been going. He indicated that he had been unable to receive any detailed information from the Clinton administration. He further stated his hope that the Appropriations Committee would be able to provide such information in connection with the fiscal year 1996 appropriations bill. I have asked the staff to look into this matter and get such information as is available as quickly as possible. For now, I have a CRS Report dated March 31, 1995, entitled ''Health Care Fact Sheet: Ryan White CARE Act Reauthorization.'' This report sets forth the programs which are authorized for funding under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L. 101–381). Under that act, this report states that:

> Grants are made to States, to certain metropolitan areas, and to other public or private nonprofit entities both for the direct delivery of treatment services and for the development, organization, coordination, and operation of more effective service delivery systems for individuals and families with HIV disease.

It further states that for fiscal year 1995, $633 million has been appropriated for these purposes.

Mr. President, I ask unanimous consent that the report be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

CRS REPORT FOR CONGRESS—HEALTH CARE FACT SHEET: RYAN WHITE CARE ACT REAUTHORIZATION

The Ryan White Comprehensive AIDS (acquired immune deficiency syndrome) Resources Emergency (CARE) Act of 1990 (P.L. 101–381) authorized a set of Federal grant programs to provide emergency assistance to localities disproportionately affected by the human immunodeficiency virus (HIV) epidemic. Grants are made to States, to certain metropolitan areas, and to other public or private nonprofit entities both for the direct delivery of treatment services and for the development, organization, coordination, and operation of more effective service delivery systems for individuals and families with HIV disease. Total FY 1995 appropriations were $633 million. CARE Act programs are currently authorized through FY 1995. On Mar. 29, 1995, this Senate Committee on Labor and Human Resources ordered reported S. 641, the Ryan White CARE Reauthorization Act of 1995. The bill would modify the CARE Act programs and extend authorizations through FY 2000.

CURRENT RYAN WHITE CARE ACT PROGRAMS

Title I of the Act provides emergency formula and supplemental grants to disproportionately affected, eligible metropolitan areas (EMAs). Eligible areas with more than 2,000 cases of AIDS, or where the cumulative per capita incidence exceeds one quarter of 1% may apply for title I funds. Half of each year's appropriation is distributed to EMAs under a formula based on cumulative caseload and incidence; the remainder is used for supplemental grants awarded on the basis of applications by EMAs. Forty-two EMAs received funds for FY 1995, up from 16 in FY 1991. Title I funds are directed to the chief elected official administering the public health agency providing outpatient and ambulatory services to the greatest number of persons with AIDS in the designated area. The official must establish an HIV Health Services Planning Council which further sets priorities for care delivery in accord with Federal guidelines.

Title II provides formula grants to States and Territories for comprehensive care services including home and community-based care, continuity of health insurance coverage, payment for pharmaceuticals and other treatments to prevent deterioration of health, and other services. Grants are allocated on the basis of recent AIDS caseload and State per capita income. States reporting 1% or more of the national AIDS caseload are required to match Federal funds ($1 State for every $2 Federal in FY 1995) and must use 50% or more of their grant toward establishing an HIV health and support services consortium. The Secretary withholds 10% of Title II appropriations to support special projects of national significance (SPNS), a grant program that promotes advancements in the delivery of health care and support services to the HIV population.

Title III(b) provides early intervention categorical grants to public and private nonprofit entities already providing primary care services to populations at risk of HIV. Services allowed under title III(b) include counseling and testing, case management, outreach, medical evaluation, transmission prevention, and risk reduction strategies. (Title III(a), authorizing early intervention grants to States, has never been funded.)

Title IV authorizes a number of different HIV-related programs, of which only one, pediatric demonstration grants, had been funded. These grants foster collaboration and coordination between clinical research and health care providers and target HIV infected children, pregnant women, and their families.

Appropriations for FY 1995 total $633 million as follows: $357 million for title I, $198 million for title II, $52 million for title III, and $26 million for title IV. (On March 2, the full House Committee on Appropriations rejected a subcommittee reported rescission of $13 million in FY 1995 funds.)

S. 641, THE RYAN WHITE CARE REAUTHORIZATION ACT OF 1995

As reported, S. 641 authorizes appropriations of such sums as may be necessary for all titles for FY 1996 through FY2000. It makes numerous changes in CARE Act programs, including expansion of permissible services, stronger planning and coordination requirements, and a greater emphasis on services to minorities and to women and children. There are also important funding changes, as follows:

A single appropriation would be authorized for titles I and II. For FY1996, 64% of funds would go to title I; a method for distribution for later years would be developed by the Secretary.

Allocation formulas for titles I and II would be based on estimated persons living with AIDS (rather than cumulative cases) and would include a new factor reflecting area variation in the costs of services. These changes would redirect funds to the areas where the epidemic is growing most rapidly; temporary hold-harmless provisions would prevent sharp funding reductions for existing grantees. New EMAs would have to have populations of at least 500,000, and would be eligible on the basis of caseload alone (rather than caseload or incidence).

The special projects of national significance program would be funded through a 3% withhold from each title, rather than 10% from title II alone.

AIDS FUNDING HISTORY—SEPTEMBER 27, 1994

	Fiscal year 1986	Fiscal year 1987	Fiscal year 1988	Fiscal year 1989	Fiscal year 1990	Fiscal year 1991	Fiscal year 1992	Fiscal year 1993	Fiscal year 1994	Fiscal year 1995 req	House	Senate	Conference
HRSA													
Education and Training Centers	.....	$1,550	$11,106	$14,640	$14,549	$17,029	$16,984	$16,435	$16,435	$16,157	$16,287	$16,287	$16,287
Pediatric AIDS	.....	.....	4,787	7,806	14,803	19,518	19,747	20,897	.....	.....	.....	.....	.....
Facilities and Renovation	.....	.....	6,702	3,903	4,342	4,029	.....	.....	.....	.....	.....	.....	.....
Other	$15,311	10,350	14,361	29,692	74,023	.....	.....	.....	.....	.....	.....	.....	.....
Ryan White													
Emergencuy Assistance (Title I)	.....	.....	.....	.....	.....	87,831	121,663	184,757	325,500	364,500	352,500	356,500	356,500
Comprehensive care (Title II)	.....	.....	.....	.....	.....	87,831	107,704	115,288	183,897	213,897	195,897	198,897	198,147
Early Intervention (Title III)	.....	.....	.....	.....	.....	44,891	49,862	47,968	47,968	66,968	51,568	52,568	52,318
Pediatric Programs (Title IV)	.....	.....	.....	.....	.....	.....	.....	.....	22,000	27,000	26,000	26,000	26,000
Subtotal—Ryan White	.....	.....	.....	.....	.....	220,553	279,229	348,013	579,365	672,365	625,965	633,965	632,965
AIDS Dental Services	.....	.....	.....	.....	.....	.....	.....	.....	7,000	6,884	6,937	6,937	6,937
Subtotal—AIDS	15,311	11,900	36,956	26,349	33,694	261,129	315,960	385,345	602,800	695,406	649,189	657,189	656,189
CDC	62,155	136,077	304,942	377,592	442,826	496,960	480,132	498,253	543,253	532,693	606,000	558,253	590,243
Total NIH	146,656	293,977	500,399	742,428	904,455	1,004,825	1,047,294	1,072,453	1,297,115	1,379,052	1,337,606	1,337,606	1,337,606
SAMHSA													
Cntr Ment Hlth Serv	.....	.....	.....	.....	.....	.....	.....	2,987	6,943	5,343	6,881	5,394	6,943
Cntr Subs Abuse	.....	.....	.....	.....	.....	.....	.....	21,156	21,156	2,726	10,526	20,526	18,026
Subtotal—AIDS	.....	.....	.....	.....	.....	.....	.....	24,143	28,099	8,069	17,407	25,920	24,969
Agency for Health Care Policy and Research	.....	.....	1,000	6,831	8,474	10,252	10,135	9,624	10,624	11,917	10,557	10,624	10,591
Office of the Secretary													
Health Initiatives	.....	.....	.....	3,416	4,010	2,149	2,075	2,073	.....	.....	.....	.....	.....
National AIDS Program Office	.....	363	3,308	3,023	3,666	3,789	2,452	2,936	2,869	2,848	2,899	0	1,750
AIDS Contingency Fund	.....	30,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	224,122	472,317	846,505	1,159,639	1,397,125	1,779,104	1,858,048	1,994,827	2,484,760	2,629,985	2,623,658	2,589,592	2,621,348

Mr. KOHL. Mr. President, I rise as a cosponsor and enthusiastic supporter of S. 641, the Ryan White CARE Act reauthorization.

The AIDS epidemic is a continuing crisis in our Nation that shows no sign of abating. Once a problem for only a few big urban areas, the crisis has increasingly impacted people in smaller cities and rural areas. More and more Americans are seeing friends and relatives stricken with HIV disease and are struggling to find adequate services for their loved ones.

Mr. President, over 2,700 Wisconsinites have been diagnosed with HIV infection and AIDS since 1985. As of March 1995, the Centers for Disease Control and Prevention has reported 481,234 cases of AIDS nationwide. The Ryan White CARE Act has been critical for communities responding to the AIDS crisis by helping to establish coordinated health care systems. Over 300,000 people afflicted with the disease receive life-prolonging treatment through the act.

This bill continues programs that help hard-hit municipal areas, support coordinated State efforts to combat AIDS, and provide primary care to special populations, including pregnant women and children. The Ryan White CARE Act represents the most effective type of government initiative; it targets State and Federal Government resources to fund comprehensive plans under the guidance of community leaders, medical professionals, affected populations, and officials at municipal, State, and Federal levels.

Since the enactment of the Ryan White CARE Act, Wisconsin has utilized its limited allocations to reach underserved areas of the State while concentrating resources on hard-hit communities. Care is available to citizens in every part of the State, not just a few cities. All funding in Wisconsin is provided through a consortium of community-based groups. This community oriented approach has allowed delivery of services to AIDS patients in their home, avoiding costly long-term hospitalization until absolutely necessary. The result is compassionate care for the afflicted and considerably less Medicaid spending, which saves State and Federal resources.

The Ryan White CARE Act has proven invaluable in meeting the AIDS crisis, but like most government programs, has room for improvement. I am pleased to say that this bill does not simply continue the status quo of the original legislation. There are substantial changes that better target Federal resources while meeting the current threat of HIV and AIDS. These consensus changes were carefully worked out with input from those who fight the AIDS tragedy every day.

The bill resolves longstanding formula inequities that pitted groups against one another. The new formula responds to the evolving dynamics of the epidemic. Using General Accounting Office recommendations, funding would now be distributed based on those currently living with AIDS and the changing cost of care.

States where AIDS is widespread, but without cities designated as ''eligible metropolitan areas,'' have not qualified for title I funding. Such States, like Wisconsin, have relied on limited allocations of title II funding in order to reach the afflicted in both urban and rural areas. The revised bill changes title I and title II funding by including an estimation of the number of individuals currently living with AIDS and the costs of providing services. The new title II formula is adjusted so that cases are not double counted, which unfairly advantages some States that also have title I cities. Provisions are also included to prevent service disruptions due to the formula changes.

We must improve our response to AIDS given the alarming growth of the epidemic. Few would question that AIDS is one of the leading public health threats facing our Nation and the world. As such, a unified response must be maintained. This bill contains positive changes to equitably distribute funding and allows communities to continue working together to provide the most effective treatment for AIDS victims.

Mr. President, let us not get bogged down in extraneous issues that cloud the purpose of this legislation. The nature of this crisis demands targeted, compassionate treatment for those afflicted with a devastating disease. Women, children, and men of all ages and backgrounds are victims of HIV. Families and whole communities have been devastated by AIDS. They deserve our continued commitment.

The Ryan White CARE Act received strong bipartisan support when originally enacted. With 63 current cosponsors of S. 641, the Senate's resolve to advance this important measure is clear and should remain undeterred.

I urge my colleagues to support the Ryan White CARE Act and provide quick passage.

Mr. SMITH. Mr. President, I am going to vote against S. 641, the so-called Ryan White CARE Act.

This is not going to be a popular vote, and I am sure that many will say that I am being unfair to AIDS victims and their families. But, I believe that this it is this bill that is unfair.

Unfair to persons suffering from other diseases, and their families. Unfair to small States, like New Hampshire. Unfair to the taxpayers.

First of all, let me make it clear that I take a back seat to no Senator in my concern for those inflicted with HIV and AIDS. I have always supported Federal AIDS research. But, we are already funding AIDS research.

In fact, AIDS research is by far the most heavily funded area at the National Institutes of Health.

Earlier this year, I was sent a table from the American Heart Association regarding the distribution of research dollars at the Department of Health and Human Services. The table tracks HHS research funding dollars spent per death in fiscal year 1993.

It tracks five diseases—HIV–AIDS, diabetes, cancer, heart disease, and stroke. We are spending $36,763 per HIV–AIDS death, $5,421 per diabetes death, $3,708 per cancer death, $1,032 per heart death, and $731 per stroke death.

Clearly, relative to other diseases, the Federal Government has demonstrated a firm commitment to funding AIDS research. In fact, the American Heart Association materials go on to say that HHS—

spends 36 times more research funding per death of an AIDS victim than was spent per death of a victim of heart disease. Similarly, with regard to dollars spent per death, AIDS funding exceeded stroke funding by 50 to 1.

It seems that, in an effort to demonstrate our commitment to AIDS, we have seriously shortchanged many other devastating illnesses.

As you can see, AIDS research is already being funded. The Congressional Budget Office estimates that this bill will cost $3.7 billion over the next 6 years. So, where is this $3.7 billion going to go? If it is not research, what exactly is the Ryan White CARE Act?

One of the architects of the Ryan White Program, the senior Senator from Massachusetts, summarized in his opening statement how Ryan White funds have assisted the city of Boston:

15,000 individuals are receiving primary care, 8,000 are receiving dental care, and 9,000 are receiving mental health services. An additional 700 are receiving case management services and nutrition supplements.

I am very pleased to hear that so many people are being assisted in this way, particularly in Boston—right across the border.

But, Mr. President, what makes someone with AIDS more entitled to federally funded mental health or dental services than someone with cancer or diabetes or Alzheimer's?

No other disease has its own program like this.

I am not saying that we should pit one disease against another, and say that they ought to all receive the same amount of funds.

What I am saying is that we are already spending huge amounts of money on AIDS, without this bill.

Would I like to see AIDS victims receive these services? Of course I would. I would like for everyone to receive these services.

But, we need to face the budgetary realities. Our national debt recently climbed over the $4.9 trillion mark. It is rapidly reaching $5 trillion. We can't just keep plowing full speed ahead with these sorts of spending programs without contemplating how we are going to pay for them.

But, Mr. President, what concerns this Senator in particular is how my State of New Hampshire gets shortchanged in the funding formula in S. 641.

The Senate Labor Committee provided me with a State-by-State breakdown of 1996 funds under this bill. According to the Labor Committee, when you combine titles I and II, my State of New Hampshire gets about $1,125,000.

It is difficult to look at this number and determine whether this is higher or lower than what we should be getting. So, my staff calculated, using Census Bureau population statistics, how much each State gets back for every dollar it contributed for this bill. This new breakdown clearly shows where most of the money is going.

New Hampshire gets only 20 cents on the dollar.

That is, for every dollar we put in, we only got 20 cents back, while the State of New York gets $3.18 for every dollar they put in.

Washington, DC, gets $7.26 for every dollar.

I ask unanimous consent that this State-by-State breakdown be included in the RECORD at this point.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

FISCAL YEAR 1996 FUNDING BREAKDOWN FOR S. 641, THE RYAN WHITE CARE ACT

[By total funds and cents on the dollar]

State	S. 641 Funds (in thousands) [1]	Population (in thousands) [2]	Cents on the dollar [3]
Alabama	$1,350	4,1872	$.24
Alaska	100	599	.12
Arizona	2,794	3,936	.52
Arkansas	753	2,424	.23
California	69,290	31,211	1.64
Colorado	3,581	3,566	.74
Connecticut	4,618	3,277	1.04
Delaware	586	700	.62
D.C.	5,578	578	7.26
Florida	35,585	13,679	1.92
Georgia	8,626	6,917	.92
Hawaii	499	1,172	.32
Idaho	138	1,099	.09
Illinois	10,415	11,697	.66
Indiana	1,537	5,713	.20
Iowa	333	2,814	.09
Kansas	812	2,531	.24
Kentucky	644	3,789	.13
Louisiana	4,530	4,295	.78
Maine	228	1,239	.14
Maryland	8,577	4,965	1.27
Massachusetts	6,956	6,012	.85
Michigan	4,310	9,478	.34
Minnesota	1,725	4,517	.28
Mississippi	954	2,643	.27
Missouri	4,310	5,234	.61
Montana	100	839	.09
Nebraska	267	1,607	.12
Nevada	964	1,389	.51
New Hampshire	302	1,125	.20
New Jersey	19,678	7,879	1.85
New Mexico	479	1,616	.22
New York	78,531	18,197	3.18
North Carolina	2,415	6,945	.26
North Dakota	100	635	.11
Ohio	3,291	11,091	.22
Oklahoma	1,051	3,231	.24
Oregon	2,241	3,032	.54
Pennsylvania	8,501	12,048	.52
Rhode Island	555	1,000	.41
South Carolina	2,680	3,643	.54
South Dakota	100	715	.10
Tennessee	1,847	5,099	.27
Texas	24,096	18,031	.99
Utah	428	1,860	.17
Vermont	104	576	.14
Virginia	3,668	6,491	.42
Washington	4,151	5,255	.58
West Virginia	211	1,820	.09
Wisconsin	1,068	5,038	.16
Wyoming	100	470	.16
Puerto Rico	13,690	.....	.....
Totals	349,451	257,908	1.00

[1] Source: Senate Labor and Human Resources Committee.

[2] Source: 1993 figures, U.S. Census Bureau.

[3] Figure obtained using the following formula: S/(P/U*T). S= FY96 funding (titles I & II) by state; P= state population; U= Total U.S. Population; T= total funding under S. 641 (titles I & II).

Mr. SMITH. Mr. President, as I look at this table, it seems to me that my State would be better off funding its AIDS programs on its own.

If we collected $10 in State taxes, we would have $10 to spend on AIDS services.

But, under this formula, we give the Federal Government $10, and Uncle Sam writes us a check for $2, and then tells us how to spend it.

I would urge my colleagues to take a look at this breakdown, and consider how their own State does, before supporting this bill.

Mr. President, I have to congratulate the proponents of this legislation. They have done a superb job at packaging it up with a glitzy title, lots of cosponsors, and a masterful press campaign.

Everyone knows the story of Ryan White, the courageous 13-year-old boy who fell prey to this devastating disease.

It is a very effective technique. You name your bill after a person with a heroic story who is deeply admired by millions of Americans, like Ryan White, and people are afraid to vote against it.

This makes for good politics, but, too often, bad policy.

Frankly, Mr. President, if Ryan White were alive today, because he was from Kokomo, IN, and not a big city, he would not qualify for assistance under the emergency relief program—which accounts for $368 million—nearly half of next year's funds.

The only funds that he might qualify for would be under the ''CARE grant program'' (title II) which are distributed by a formula using the numbers of AIDS cases, rather than the size of the cities. But, according to CBO, the formula in this bill only allocates $205 million for this section—just over half the amount allocated for the big cities.

So, the big cities get $368 million, the rest of the country—including those same big cities—get to divide up the $205 million that is left over.

If we are trying to help all AIDS victims, like Ryan White, why are most of the funds being funneled into large cities?

Some would argue that they get more funds because they have more AIDS cases. That is not why they do better under this bill.

That might be the reason that States with big cities get more money under title II, the $205 million CARE program. But the bulk of funds in this bill go to title I—$368 million.

That section says that big cities, cities with more than 500,000 residents, get all of the money, as long as they have more than 2,000 cases of AIDS.

If you have 499,000 residents, and a huge AIDS population, forget it. You get nothing. This has nothing to do with AIDS cases, or fairness, or need—only size.

Suffice it to say that my State does not have any cities that are that big.

Manchester has about 100,000 people.

Nashua has about 80,000.

Concord has about 36,000.

So, this bill says ''tough luck for the State of New Hampshire, and many other States.''

That is not to say that New Hampshire does no have an AIDS problem. We have the same problem that every other State has.

I would urge my colleagues to take a look at the state-by-state breakdown that I put in the RECORD earlier and see how your own State does.

But, we could have the highest incidence of AIDS in the Nation, and that would not matter. Under title I, it is cut and dry. Unless you have 500,000 residents, you don't get a nickel.

In conclusion, Mr. President, it would be very easy for me to look the other way and vote for this bill. I would probably save myself a lot of grief and controversy.

UNANIMOUS-CONSENT AGREEMENT

Mrs. KASSEBAUM. Madam President, I think we have now reached an agreement.

I ask unanimous consent that the following amendments be the only amendments in order to S. 641, and that no second-degree amendments be in order to the amendments: the pending amendment is No. 1854. Then following, Helms amendment 1855; Helms amendment 1857, regarding funding equity; Helms amendment 1856, regarding training; Kassebaum amendment 1860, regarding funding equity; a Kassebaum amendment regarding promotion, 1858; a Gregg amendment regarding FDA, and a Kennedy amendment regarding FDA.

Further, that all debate time be used on the above-listed amendments this evening with the exception of the amendment to be offered by Senator GREGG, and the amendment to be offered by Senator KENNEDY.

Further, that at the hour of 9:15 a.m. on Thursday, Senator REID be recognized for up to 15 minutes for general debate on the bill, to be followed at 9:30 by Senator GREGG, to be recognized to offer his amendment on which there would be 1 hour to be equally divided in the usual form.

I further ask that following the conclusion of the debate on the Gregg amendment, Senator KENNEDY be recognized to offer his amendment regarding FDA, on which there would be 30 minutes to be equally divided in the usual form, and that following that debate the Senate proceed to vote first on the Helms amendment 1854, followed in sequence with two back-to-back votes on other amendments in the order in which they were offered, and that there be 10 minutes for explanation between each of the remaining votes, to be equally divided in the usual form, and that following the disposition of the above-listed amendments, the Senate proceed to third reading and final passage, all without any intervening action or debate.

The PRESIDING OFFICER. Is there objection? The Chair hears none, and it is so ordered.

Mrs. KASSEBAUM. Further, Madam President, I ask unanimous consent that any votes occurring after 12:30 p.m. as a result of this agreement be postponed to occur at a time to be determined by the two leaders.

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

Mrs. KASSEBAUM. I thank the Chair.

Madam President, there are no further votes for this evening.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. KASSEBAUM addressed the Chair.

The PRESIDING OFFICER. The Senator from Kansas.

Mrs. KASSEBAUM. I ask unanimous consent that further proceedings under the quorum call be dispensed with.

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

MORNING BUSINESS

Mrs. KASSEBAUM. I also ask unanimous consent that there now be a period for the transaction of routine morning business with Senators permitted to speak for up to 5 minutes each.

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

TRIBUTE TO THE LATE FRANCIS M. HIPP

Mr. THURMOND. Mr. President, over the past 40 years, South Carolina has enjoyed tremendous economic growth, and has emerged as one of the Nation's leading centers for commerce and industry. Many people have had a role in this success, and I rise today to pay tribute to one person who made many contributions to our State's prosperity, Mr. Francis Moffett Hipp, who passed away earlier this week at the age of 84.

Mr. Hipp was recognized throughout South Carolina as both a community and a business leader. His father founded the Liberty Life Insurance Co., which Francis eventually took over and ran as its chairman. Under his direction, the company grew and diversified, even acquiring a chain of television stations, including one in Columbia, SC. The Liberty Corp., as it is now known, is one of our State's largest insurance companies, employing literally thousands of people and contributing an inestimable benefit to South Carolina and its economy.

Because of his stature as a businessman, and his concern for the future of our State, Mr. Hipp also served as the chairman of both the South Carolina Development Board and the South Carolina Research Authority. Both these organizations have played important roles in expanding the Palmetto State business community, and during his tenure at those agencies, Mr. Hipp's dedication and vision helped greatly to develop industry in our State. Thanks to the concerted efforts of Francis Hipp, and those who worked with him, our State stands both financially stronger and better positioned to compete in the 21st century global marketplace.

Mr. President, Francis Hipp led a full and productive life, and through his work, he left a tremendous mark on South Carolina. He was a gifted businessman, a committed citizen of our State, and a dedicated and loyal family man. I was proud to count this man among my friends and regret that the Senate schedule prevented me from attending his memorial service today. My sympathies and condolences go out to all who knew Francis Moffett Hipp, especially his sons; Hayne and John; and daughter, Mary Jane Hipp Brock. We will all miss this man of integrity, ability, and vision.

WAS CONGRESS IRRESPONSIBLE? LOOK AT THE ARITHMETIC

Mr. HELMS. Mr. President, on that evening in 1972 when I learned that I had been elected to the Senate, I made a commitment to myself that I would never fail to see a young person, or a group of young people, who wanted to see me.

It has proved enormously beneficial to me because I have been inspired by the estimated 60,000 young people with whom I have visited during the nearly 23 years I have been in the Senate.

Most of them have been concerned about the magnitude of the Federal debt that Congress has run up for the coming generations to pay. The young people and I always discuss the fact that under the U.S. Constitution, no President can spend a dime of Federal money that has not first been authorized and appropriated by both the House and Senate of the United States.

That is why I began making these daily reports to the Senate on February 22, 1992. I wanted to make a matter of daily record of the precise size of the Federal debt which as of yesterday, Tuesday, July 25, stood at $4,940,346,340,499.40 or $18,753.63 for every man, woman and child in America on a per capita basis.

IRISH-AMERICANS IN MISSISSIPPI TO HONOR CHOCTAW NATION

Mr. KENNEDY. Mr. President, this year marks the 150th anniversary of the beginning of the Great Famine in Ireland. While large numbers of men, women, and children were dying of starvation in Ireland in those tragic years, a group of Native Americans in this country tried to help.

The Choctaw Nation of North America raised $170 in 1847—the equivalent of about $3,000 today—for the victims of the Irish famine. Their contribution may have been small in terms of its