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Senate

(Legislative day of Monday, July 10, 1995)

The Senate met at 9:15 a.m., on the expiration of the recess, and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Lord God of history, today as the Korean War Veterans Memorial is officially dedicated, we remember with profound gratitude the over 54,000 Americans who died, the more than 8,000 still listed as missing, and the over 100,000 who were wounded in the Korean war. May this day also be an opportunity to honor all those who served our country and the cause of freedom in this war. Never again may they feel they fought in what some have called the "forgotten war."

Lord, sharpen our memories so that we can realize again how crucial this war was for the liberation of the South Korean people from communism. Help us to remember that through this war there was an establishment of democracy and a dynamic industrial society. When we reflect on what might have happened to the destiny of South Korea had this battle for democracy not been fought, we enter into this day of memorial with a great sense of debt to those who paid the high price for the freedom of a people who at that time, could not defend themselves. May this day overcome the world's neglect of what these Americans endured, and at last, affirm what they achieved. Inscribe on our hearts what is inscribed on the 8-ton granite slab of this memorial in the Washington Mall:

Our Nation honors her sons and daughters who answered the call to defend a country they never knew and a people they never met.

Lord God of hosts, be with us yet, lest we forget—lest we forget. Amen.

RYAN WHITE CARE REAUTHORIZATION ACT

The PRESIDENT pro tempore. The clerk will report the bill.

The assistant legislative clerk read as follows:

A bill (S. 641) to reauthorize the Ryan White CARE Act of 1990, and for other purposes.

The Senate resumed consideration of the bill.

Pending:

Helms amendment No. 1854, to prohibit the use of amounts made available under this act for the promotion or encouragement of homosexuality or intravenous drug use.

Helms amendment No. 1855, to limit amounts appropriated for each of fiscal years 1996 through 2000 under title XXVI of the Public Health Service Act to the level of such appropriations in fiscal year 1995.

Helms amendment No. 1856, to ensure that Federal employees will not be required to attend or participate in AIDS or HIV training programs.

Helms amendment No. 1857, to limit amounts appropriated for AIDS or HIV activities for cancer exceeding amounts appropriated for cancer.

Kassebaum amendment No. 1858, to prohibit the use of funds to fund AIDS programs designed to promote or encourage intravenous drug use or sexual activity.

The PRESIDENT pro tempore. Under the previous order, the able Senator from Nevada is recognized.

Mr. REID. Mr. President, under the order that has previously been entered, how much time does the Senator from Nevada have?

The PRESIDENT pro tempore. Fifteen minutes.

Mr. REID. Mr. President, my oldest child, my only daughter, married a young man from North Carolina, a fine young man, someone that our whole family has accepted. He has been great to my daughter and to the whole family. We are very proud of both of them.

We have learned that when your child marries, other people automatically come into the family. As a result

of my son-in-law coming into our family, his parents came into our family as well, a wonderful couple, Melvin and Mattie.

Mr. President, we got to love and appreciate both of them, and all the time that we knew Mattie, my daughter's mother-in-law, she was very ill. She was dying of cancer, and had been suffering for a long period of time.

Finally, Mattie passed away. Melvin and Mattie had been married 40-plus years. Then, after a few years had passed, Melvin and a woman that he had known his entire life—she was a widow, he was a widower—married.

This relatively elderly couple on their honeymoon recognized that Beulah, the new wife, was ill. She did not know what was wrong, but she was very sick. And after having a significant number of medical tests, it was learned that his new wife had AIDS. It was determined she had contracted the disease from her former husband. He had had open-heart surgery and was given tainted blood. So this angelic man, Melvin, who had spent many, many years caring for his very sick wife dying of cancer, now faced another tragic situation—his new wife was dying of AIDS. You see, Mr. President, anyone that gets AIDS dies. It is a terminal disease. It is only a question of how long. Beulah suffered significantly, and recently passed away.

Mr. President, the reason I relate this story to my colleagues here in the Senate is that AIDS affects everyone. It does not affect a specific community. It does not affect a specific ethnic group. It does not affect just young men. It does not affect only young women. It has some effect on all of us. Really, Mr. President, that is what the Ryan White legislation is all about. It recognizes that AIDS is an epidemic that is sweeping the country. It recognizes that victims with AIDS need special help as a result of the disease.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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Ryan White, the young man whose name is affixed to this legislation, had a disease called hemophilia. As we know, this is a disease where the human body is unable to stop bleeding. These young people who have this disease need large amounts of blood in the form of transfusions. Ryan White, as a boy, was given tainted blood and wound up with the AIDS virus and ultimately full-blown AIDS. He suffered tremendously, as anyone who has this disease does.

Mr. President, Ryan White lived to be 18 years of age. To add to this sad story, Ryan White also suffered significant, severe discrimination. Why? Because he had this disease—AIDS. He struggled merely to attend public schools. Eventually, he succeeded in getting a court order which allowed him into the school, but he was then ostracized by his peers. People lied about him. They claimed he spit on people and bit people. There were even accusations that he was a homosexual, with all of the connotations relating to that, and many other hateful and spiteful things that this young man had to endure.

His mother fought hard for her boy. She wanted him to have a normal childhood. Through her perseverance and her constant fighting to bring this disease to the forefront, we passed the Ryan White bill.

This CARE Act is a cornerstone of Federal funding for AIDS-specific care. There is bipartisan support, as there should be, for this reauthorization. We do not know exactly how many Americans are infected with the HIV virus. We do know it is over a million. There is not a place you can go in the United States that does not have a story to tell about AIDS.

A recent poll was taken that shows more than 70 percent of Americans believe that funding should either be increased or remain the same for AIDS-related causes. There has been some talk, Mr. President, on the Senate floor that too much money is being spent on people with AIDS. I have a number of answers to anyone who would make such a statement. First, any medical research that is done, whether it is for AIDS, cancer, diabetes, lupus, any disease you want to mention, helps us all, because it is through medical research that breakthroughs come that help us in understanding disease generally.

For example, Mr. President, the billions of dollars spent on star wars has not resulted in a defense to stop incoming missiles, however, significant scientific advancements were made as a result of doing work on that project. Laser technology has advanced a thousandfold as a result of that research. The same applies, in my estimation, to research on AIDS-related diseases. If we better understand the cause of AIDS, if we better understand and reach some conclusion as to better ways to treat AIDS, and perhaps someday cure AIDS, there would be all kinds of side effects, positive in nature,

as a result of the research done on AIDS. I do not believe, Mr. President, that we are spending too much money on this disease.

The CARE Act is a model of local control, planning authority and funding decisions rest with State and local governments. The CARE Act programs provide health care and support services to more than 300,000 people with the HIV virus. The Ryan White CARE Act, enacted in 1990, has, in effect, disaster relief to help America's hardest hit cities with AIDS.

This act provides for Federal resources to States and localities to assess their needs and design effective strategies to meet them.

There are four titles to the CARE Act. Title I provides for primary care. Another title deals with a consortia of local providers, with prescription drugs, and insurance continuation. Title III provides for early intervention, and categorical grants to private and nonprofit entities already providing primary care. Title IV provides for coordinated comprehensive care for children, and families among other things.

This legislation, Mr. President, is an important step to relieve people and their immediate families and neighbors from the problems that relate to people who are suffering from HIV/AIDS. Having people with HIV involved with the CARE Act reduces further transmission of this disease.

Having said that, we save money as a result of people being treated properly that have AIDS. It also reduces inappropriate use of emergency rooms and inpatient hospitalization.

I believe that prevention is the best way to save money. With the Ryan White Act, we are spending money now in order to save money in the future. So we should not be shortsighted in our actions. The programs we have already established have reduced inpatient care costs, increased access to care for undeserved populations and improved quality of life for those infected by the epidemic.

The AIDS epidemic is getting worse. It was originally centered in large urban areas. Now it is truly national. It affects rural America.

Without funding through this act, the AIDS epidemic in some communities will simply become unmanageable.

Mr. President, Reno, NV, a relatively small community, has a real problem with treating people with this disease. Like all communities, we do not know exactly how many people have this disease, but at our early intervention clinic we have a caseload of about 275 people—again, Mr. President this is at an early intervention clinic.

The reason this clinic is important, Mr. President, and there are a number of reasons, but one reason is that it saves Nevada money. At this facility, people can come and receive advice, counsel, and treatment, therefore, avoiding unnecessary hospitalization.

Through avoiding emergency visits alone, we save thousands and thousands of dollars.

The success of this early intervention clinic was so impressive that two Reno hospitals made grants of \$50,000 each to the clinic in 1993 to support HIV and related direct patient care. It would save the hospital money in the long run to keep the clinics open.

Mr. President, Nevada has the 11th highest per capita reported HIV cases in the Nation. The overwhelming majority of HIV-infected Nevadans live in the Las Vegas area. Las Vegas is in region 9, which ranked fifth in the number of HIV cases. The majority of these infected individuals receive their medical care at the University Medical Center in Las Vegas. UMC spends millions of dollars each year of taxpayers' money on AIDS treatment.

The Ryan White legislation, Mr. President, will save the people of the State of Nevada money as a result of early intervention.

The Ryan White legislation, Mr. President, is something that we should all support. It is important legislation.

This disease affects almost every American. It has affected this Senator. It has affected many other people who work in these Chambers. I think it is important that we understand that when we help people who are sick, no matter what disease they have or why they have it, helping them is the right thing to do. It is the right thing from a moralistic standpoint, as well as the right thing to do from an economic standpoint. We save the taxpayers of this country money by providing appropriate and proper care. I yield the floor.

The PRESIDING OFFICER (Mr. ASHCROFT). The Senator from New Hampshire.

Mr. GREGG. Mr. President, it is my understanding under the unanimous-consent agreement, at this time I was allocated an hour to bring forth an amendment. I do not intend to bring that amendment forward.

I have been discussing this with the chairman of the subcommittee and ranking member of the committee and also with other cosponsors of this amendment, which deals with the export activity, drug, pharmaceutical, and device companies, and would address what I think is an absolutely essential need to reform our export activities so that our drug, our biological, and device companies are not put at the significant disadvantage relative to the international marketplace, and so they are not shipping abroad jobs, technology, and research which is what is occurring today.

This amendment, which would correct that problem and make our pharmaceutical, biologic, and device companies more competitive and give them the opportunity to produce goods here, sell them abroad in a reasonable manner, and to do their research here, rather than shipping them abroad, is a critical amendment.

I have received a commitment, and I am very appreciative of this from the chairman and ranking member of the committee, that this matter will be taken up at a markup in committee next Wednesday, as I understand it. That is very satisfactory to me.

I think that will give Members a chance to have a full airing at the committee level and, hopefully, bring legislation to the floor which will address this issue, which I do feel needs to be addressed in the short term rather than the long term.

With that background, I will not be offering my amendment. I yield back my time.

Mr. KENNEDY. Mr. President, I express appreciation to the Senator from New Hampshire for proceeding this way. It will permit the Human Resources Committee to have an opportunity to consider an extremely important and significant change in terms of our export policy, in terms of medical devices, and other pharmacological products.

It is a very, very important issue. At the present time, for example, we are able to export to the 21 countries that have the technological and scientific basis. If those countries have approved those particular products, we can export to those. But this would open up export to a wide range of different countries that do not have that kind of scientific basis.

We have to take note that we have Americans that will be living in those countries, that will be traveling in those countries, that will be perhaps consuming these various products. I think we want to make very, very sure that the type of product that will be exported from the United States is going to be safe and efficacious. We have seen too many instances in the past, even when products have been utilized in foreign countries and found to provide a very substantial and significant health hazard, they have still been exported to other countries and endangered the health and the well-being of children, expectant mothers, and others.

We want to be very, very sure that we are going to be part of a world system in terms of competitiveness, but also that if the products are going to be exported from the United States, that they are going to need, I think, some minimal standards either established here or established in other countries that have the scientific capability and capacity.

As I mentioned, 21 countries do have that. To even provide the degree of flexibility to the FDA, if they make a judgment that they believe other countries have that kind of expertise and they feel it is warranted and justified, to be able to export those, I think we ought to be able to consider that.

There are some very, very important public policy issues involving not only the economic issues in terms of export market, but also health issues in terms of products that are made here in the United States.

I am grateful to the Senator from New Hampshire. This will give Members an opportunity in the period of time in the next several days to see if we cannot find some common ground. There are some ideas and suggestions that we have that I think can move us very substantially toward the goal of the Senator from New Hampshire. It would do it in a somewhat different way.

I welcome the opportunities to explore those over the period of these next several days and see if we cannot have the discussion of those and consideration of those in the committee next week, and then move that whole process through in a timely way.

I appreciate the willingness to proceed in this way. I think we will get a better product and, hopefully, one that can have the broad support of the Members.

Mrs. KASSEBAUM. Mr. President, I, too, am appreciative of being able to work this out. We will put this legislation on the committee markup calendar for next week.

I am a cosponsor of the legislation that has been introduced by the Senator from New Hampshire. I know that Senator GREGG has some very strong and very constructive views on FDA reform, as many Members do. We are working toward a comprehensive approach including the specifics of the export policy. I think this is a very positive direction for Members to go.

I appreciate all parties concerned, including Senator KENNEDY and the other members of the Labor Committee, for being willing to put, this legislation on the markup calendar.

Mr. President, we are trying to confirm that all Members are notified that the vote schedule will probably be a bit earlier than we had anticipated, since the FDA amendment has been worked out. I think we are trying to arrange for 10 o'clock, but this has not yet been finalized.

Mrs. MURRAY. Mr. President, I rise today in strong support of S. 641, the Ryan White CARE Reauthorization Act of 1995. I am proud to join 63 of my colleagues from both sides of the aisle in cosponsoring this bill, and I thank our distinguished majority leader, Senator DOLE, for bringing the measure to the floor.

The AIDS epidemic is one of the most serious public health crises the world has ever faced. AIDS is now the leading cause of death of Americans between the ages of 25 to 44. Even more startling to me, AIDS is the second highest cause of death among women across our country. In addition, AIDS cases among people of color are on the rise and rural populations are witnessing sharp increases of reported AIDS cases.

We all know that AIDS has devastated the gay and hemophilic communities. Yet, surveillance data from the Centers for Disease Control show the rates of increases in AIDS cases are highest among women, adolescents, and persons infected through hetero-

sexual contact. In my home State of Washington, 37 of our 39 counties have reported cases of AIDS.

The National Center for Health Statistics projects that deaths due to AIDS will increase 100 percent over the next 5 years. Clearly, the epidemic is not abating.

Mr. President, I believe the Federal Government has an important role to play in combating the AIDS epidemic. But I also believe we—as parents, neighbors, and human beings—have an obligation to care for those living with HIV/AIDS. As more adolescents, our Nation's children, become infected with the AIDS virus, we must ensure they have access to adequate HIV-related treatment and services.

When I see that adolescents are one of the fastest growing populations of people with HIV/AIDS, I get particularly concerned. I am the mother of two teenagers. I know AIDS is an issue they are very worried about. I want to do all I can to assure them that as a nation we are facing up to this crisis, and that perhaps one day they can raise their kids in a world that is no longer threatened by AIDS.

One of the first trips I took as a U.S. Senator was to the pediatric AIDS ward at the National Institutes of Health. I was both heartened by the progress made by the researchers, and heartbroken by the unimaginable loss of life that is inevitable in the coming decade.

I still have vivid memories of that trip to NIH.

I remember the face of a young boy, barely in his teens, although physically he was the size of a 6-year old. His whole young life and that of his family's were consumed with trying to outwit this terrible disease. Tragically, he died a short time later, but I am determined to ensure that we do all we can and not turn our backs on our children. They are our future and they deserve better.

The Ryan White CARE Act is one of the best programs to care for people living with HIV-infection. Our constituents have told us how much they have come to rely on the services funded through the Ryan White CARE Act.

Maybe we need to reflect for a moment on what these services mean to a person living with AIDS. Because of the lifesaving resources the Ryan White Act provides, people living with HIV/AIDS have access to mental health counseling, transportation to medical appointments, companion care, and the delivery of a nutritional meal. In other words, the Ryan White CARE Act gives people with AIDS a most precious gift—a little peace of mind.

I am proud of the people who are fighting on the frontlines of this epidemic in my State. Without Ryan White funding, organizations like the Northwest AIDS Foundation and the Chicken Soup Brigade would not be able to continue their life-sustaining work.

Let me repeat that. Without funding from the Ryan White Act, people who

are too sick to leave their homes could not count on a home-delivered meal, nor would they have access to HIV-related counseling and treatment services. It seems to me that ensuring the value of dignity in someone's last days is not too much to ask for in this greatest of countries on Earth.

And, let us not forget, the Ryan White CARE Act saves us money. Ryan White-supported volunteer programs and case management programs are cost-effective alternatives to hospitalization and institutional care. Early intervention care services keep people living with HIV healthy and working far longer. And Ryan White services help prevent the spread of HIV by increasing people's awareness and understanding of the disease.

Sooner or later, every Member of this Chamber will be personally touched by the shadow of AIDS.

I already know what it feels like to have a good friend call and sadly confirm he has been diagnosed with HIV. My very good friend and former colleague in the Washington State Senate, Cal Anderson, has been living with AIDS for several months. I served with Cal before coming to this body, and I feel honored to be able to call him my friend. Cal is one of the most determined, respected, and strongest people I know. He has not let his health get in the way of his drive and commitment to serving the people of our State, and I want to let him know how much I admire his courage and his wisdom.

This is a disease that affects us all, Mr. President. Finger-pointing and moralizing have no place in this debate. The AIDS virus does not choose its victims, and it does not seek to punish them either. None of us shall tolerate the suggestion that people who get AIDS are disgusting and reprehensible. All I know is that people with AIDS are sick—and they need our help and our compassion.

Mr. President, the time to act is now. I urge all of my colleagues to support swift and final passage of the reauthorization of the Ryan White CARE Act.

Mr. KERRY. Mr. President, The Ryan White CARE Act is about people. It is about community and caring and, fundamentally, it is about our response to a public health crisis, and the fairness with which we deal with such crises. It is about community and what we stand for as a nation. It is about adequate education and the prevention of a deadly disease. It is about Government's rightful role in protecting the health of Americans. And it is about life and hope, health and caring.

It is the function of this body to debate issues on principle, and there will always be issues that will philosophically divide us, but illness and human suffering is not a wedge issue; and it should not be debated based on our fears and our anxieties. I sincerely hope that, in discussing AIDS education, prevention, and funding we do not engage in a debate about cultural differences or lifestyles, but about ill-

ness, disease, and the devastating impact of the HIV virus on our fellow citizens.

I would hope that the fight against AIDS, like the fight against cancer or heart disease would unite us, and strengthen our resolve as a community, because HIV knows no cultural bounds, and spares no gender, color, creed, or national origin. I wish that this Senate could unanimously support legislation—without divisive amendments—that addresses, a devastating disease with tragic consequences that has torn families and friends apart.

Mr. President, in this debate let us not drift too far afield from what this legislation would do. We are simply talking about outpatient medical care to those who suffer the HIV virus. We are talking about supporting services to families and individuals living with the HIV virus and AIDS. We are talking about education and prevention. We are talking about altering funding formulas to reflect the geographic and demographic reality of where the problem is and who needs the help.

We are simply talking about fairness, about doing all we can to help victims and families who have struggled with HIV. We should not divert our attention from intolerance of the suffering HIV causes to intolerance of those who suffer.

In conclusion, beyond the specifics of this important legislation, I see the Ryan White CARE Act as a test of our leadership in the U.S. Senate, and as a symbol of our commitment to the fundamental concept of community that holds us together as a diverse nation, strengthened by our differences.

I yield the floor.

Mr. DODD. Mr. President, I rise in strong support of the Ryan White Reauthorization Act of 1995. I would like to thank the chair of the Labor and Human Resources Committee, Senator KASSEBAUM, and the ranking member, Senator KENNEDY, for all the hard work that they have put into this bill.

AIDS continues to be a serious public health problem in this country. It has become the leading killer of U.S. adults between the ages of 25 to 44. Since it was first identified in the early eighties, nearly 500,000 cases of AIDS have been reported. More than 40 percent have been diagnosed in the last 2 years. Clearly, the situation is getting worse, not better. And as much as we would all like to see this crisis just go away, it will not. AIDS is rippling through every one of our States—from rural hamlets to major cities. It is a national problem that requires a national response.

The disease strikes and kills Americans in the prime of life—the most productive members of our society. The median age at time of infection is 25 years of age.

The spread of HIV and AIDS among young adults is particularly alarming. According to the Centers for Disease Control, young adults from 20 to 29 years of age account for almost 20 per-

cent of diagnosed AIDS cases. Given the typical lengthy period between HIV-infection and diagnosis with AIDS, it is likely that these young people became infected as adolescents. And in 1993, the largest increases in reported AIDS cases occurred among young people between the ages of 13 to 19 and 20 to 24. Additionally, the number of pregnant women and children born with the disease continues to grow with the epidemic.

My State of Connecticut is hard hit by the epidemic, where the problem continues to grow. More than one-sixth of our total AIDS cases were reported in 1994 alone.

The epidemic has hit my State's poorest cities the hardest. Ninety percent of the AIDS cases in Connecticut are concentrated in the New Haven and Bridgeport metropolitan areas and in Hartford County. In Hartford, AIDS is the leading cause of death among youth. Pediatric AIDS cases are twice the national average. Female AIDS cases are also twice the national average. Hartford will receive title I funds in the coming year to help it cope with this crisis.

In New Haven, 3,355 cases had been diagnosed through December 1994, and an estimated 8,039 were infected with HIV. In Bridgeport, there are between 3,400 and 4,000 cases of HIV infection, 16 percent in the age group 15 to 24.

The Ryan White CARE Act provides vital funds to help States, cities, individuals, and families cope with the epidemic's impact. Title I of the act provides dollars to metropolitan areas disproportionately affected by the epidemic. The funds go to health care and support services to prevent hospitalization and improve the lives of individuals living with HIV infection and AIDS. Title II provides funds to States for the delivery of health care and services, the development of community-based consortia, and services such as health insurance continuation and HIV medication reimbursements. Title III B supports early intervention services on an outpatient basis. Title IV provides grants for services for women and children.

The strength of the Ryan White Program is made clear by the broad bipartisan support for the bill. It was initially passed in 1990 with the sponsorship of Senators KENNEDY and HATCH and signed into law by President Bush. It now enjoys the support of more than 60 Members from both sides of the aisle.

The services paid for under this act are desperately needed by the health care providers and institutions that work on the frontlines of this illness and by the individuals and families that live with the disease. I urge my colleagues to support this reauthorization bill.

Mr. HARKIN. Mr. President, I rise to share my strong support for S. 641, the Ryan White CARE Reauthorization Act of 1995. The AIDS emergency is far from over. In fact, it is only getting

worse. Now more than ever, we need the Ryan White CARE Act.

The Ryan White Act is a vital source of health services for people with AIDS. Often, it is the only source of help available. AIDS victims commonly suffer from discrimination and social isolation, leaving them with no one to turn to when they get sick.

Also, they often lose their health care coverage, so they must rely on public assistance for care. That is where the Ryan White Act comes in. It is there to lend a hand in times of crisis when there is nowhere else to turn to.

For those who think that AIDS is no longer a major crisis in the United States, I have a wake-up call for you: the AIDS epidemic is at its height. According to the Centers for Disease Control and Prevention, AIDS has now grown to become the No. 1 killer among American males aged 25-44. In 1992, there were approximately 48,000 new AIDS cases in the United States. Last year, that number grew to more than 80,000. We should all be alarmed.

Some would like us to believe that AIDS is a disease that affects only homosexuals and drug-users. Some people still refer to AIDS as a "gay disease."

But, Mr. President, that invective which we hear is also a virus. It is the virus of ignorance, the virus of indifference, the virus of intolerance spreading a dangerous message. And we have to put a stop to that virus, too.

AIDS is not a "them" disease. It is an "us" disease. Every American—regardless of color, creed, gender, or sexual orientation—is at risk for AIDS.

Recently, in some parts of the country, the rate of AIDS incidence has shown signs of leveling off in the homosexual population. Unfortunately, at the same time, the heterosexual AIDS epidemic is rising at an alarming rate. Growing numbers of women are contracting AIDS. Also, teenagers in the United States now have one of the fastest growing rates of infection.

While AIDS continues to have a disproportionate impact on urban areas, it is cropping up in our suburban and rural areas as well. Iowa has reported over 650 cases since the epidemic began. You don't have to travel far to run up against this deadly disease—it's right in our own backyard.

In Iowa, we have four Ryan White CARE consortias in operation around the State. They receive no funding from the State, nor do they get city or county funds for program costs or direct services. Without the Ryan White Act, these organizations would be unable to function, and many Iowans with AIDS would be left out in the cold.

I recently received a letter from Kirk Bragg, director of the AIDS Project of central Iowa. In his letter, he gives an excellent example of the kind of care Ryan White provides in our State. Let me share it with you:

Five months ago we received a call for help. Bob R. has AIDS and HIV-related de-

mentia. His parents attempted to care for him at home, but could not cope with the demands of his illness and his confused mental condition. In desperation, they drove to Des Moines and left Bob at the front entrance of Broadlawns Medical Center.

Bob's parents, we found, were not bad people—they simply had reached the end of their emotional and financial rope.

A social worker from Broadlawns called our agency, and we picked Bob up and took him to our office. In less than 24 hours, we found Bob a place to live, purchased vitally needed medications, connected him with volunteer support, and provided ongoing case management that continues to help Bob avoid harmful decisions.

Today, five months later, Bob's condition has stabilized.

He has re-established his relationship with his parents, and he has the medications, care, and counseling he requires. His life is not easy, and his disease is not cured, but one more human life was pulled from the abyss.

The Ryan White CARE Act made this all possible.

In closing, Kirk had one final note to share that I would like to pass on to my colleagues. He says:

Tell the Senators who oppose this legislation that we who are working in the fields have come to believe that AIDS poses a moral question that must be answered—how our society cares for the sick and despised is, in reality, a test of our national character and our national will. If Americans truly care for each other, we care for all our people.

Kirk is right—this legislation is a test of our national will and our national character. Unfortunately, time is running out. The longer we wait on this bill, the more dangerous the situation becomes.

On September 30, the Ryan White CARE Act will expire unless we move forward with reauthorization. Also, the appropriations process is well underway in both Houses, which means that we need move quickly to ensure that the new act is firmly in place so that it gets full and fair consideration for funding.

On behalf of the thousands of Americans who suffer from AIDS and their families, I strongly urge my colleagues to support passage of S. 641.

This act is a life-line for those with AIDS. Let us act now before it is too late.

DENTAL PROVISIONS OF THE RYAN WHITE CASE

Mr. HATCH. I am pleased to see the consolidation of most all of the Federal AIDS programs under the Ryan White AIDS CARE Act, as I believe that this will enhance the coordination of the services that we provide. I am concerned, however, that S. 641 fails to include a very important education and service program—the HIV/AIDS dental program.

Mrs. KASSEBAUM. The Senator is correct.

Mr. HATCH. As the Senator knows, dental care is consistently identified as one of the unmet needs of most AIDS patients. In fact, the need for dental care has been used to illustrate the importance of reauthorizing the Ryan White CARE Act.

Mrs. KASSEBAUM. That is correct. Health officials in Kansas tell me that the dental needs of persons with HIV disease differ from those of people without chronic diseases—while many Americans visit the dentist primarily for preventive care, I understand that some patients with AIDS experience mouth lesions and pain so devastating that they see their dentist more often than their physician.

Mr. HATCH. Receiving treatment for oral diseases is often difficult for HIV/AIDS patients because many are uninsured and, in addition, most dental services are not reimbursed under Medicare and are seldom covered by Medicaid. As a result, dental schools and hospitals provide a safety net for many of these uninsured patients, but risk serious financial problems in doing so.

In fiscal year 1995, over 73,000 patients nationwide were cared for through this program; over \$14 million in unreimbursed dental care was provided, for which the Federal Government reimbursed approximately 49 percent.

It is my understanding that the House Commerce Committee included this program in its Ryan White reauthorization bill, and that the House Appropriations Committee has continued funding for the program in its fiscal year 1996 bill. I do not want to hold up the progress of this bill, so I am not offering an amendment today, but I hope that we can find a way to reauthorize the AIDS dental program in the Ryan White CARE Act as it moves forward in conference with the House.

Mrs. KASSEBAUM. I certainly appreciate the comments of the distinguished Senator.

As you know, in the health professions bill which cleared the Committee on Labor and Human Resources earlier this year, we consolidated this program with others. This would allow the Secretary to determine if AIDS dental training programs are really needed. I understand the Senator from Utah's concerns, but, this is an issue which I will reexamine in the context of the health professions bill.

Mr. HATCH. Mr. President, I rise to comment on an agreement reached earlier among my colleague from New Hampshire, Senator GREGG and the distinguished floor managers for this bill, Senator KASSEBAUM and Senator KENNEDY. Senator GREGG agreed to withdraw his amendment this morning and the measure will be considered at a markup at the Labor Committee next Wednesday. I am very pleased by this outcome and wish to express my appreciation to Senator GREGG for his leadership on this issue.

The Gregg amendment closely parallels S. 593—the FDA Export Reform and Enhancement Act of 1995. The amendment allows the free export of drugs and medical devices not approved by the FDA for use in the United States to member countries of the World Trade Organization, if certain safeguards are satisfied.

Before this markup takes place, I plan to work closely with Senator GREGG and other Members to make sure we have a bill which is acceptable to the committee.

This amendment builds upon the bipartisan 1986 legislation that I sponsored to allow export of pharmaceuticals to certain specified countries. It is clear to me that this list is too rigid and outdated.

The 1986 law identifies 21 countries, but some of the countries omitted from the list may surprise my colleagues. For example, absent from the list are Israel, Greece, Brazil, and Russia. It strikes me a little ironic that in the conduct of foreign affairs we are always cautioned about meddling in the internal affairs of other countries such as Israel and Russia, but the law, the relatively pedestrian Federal Food, Drug, and Cosmetic Act, in effect deems these nations as incapable of managing their own affairs.

As Dr. Michael King, vice president for science and technology at Merck, said at the recent Aging Subcommittee hearing on my bill:

* * * the drug export laws have tilted the playing field against locating manufacturing jobs in the United States.

At the July 13 hearing, medical device manufacturers took the same view. Mr. Arthur Collins, chief operating officer of Medtronic, the world's largest manufacturer of medical devices, headquartered in Minneapolis, said:

* * * every week that the current policy continues to be implemented, more American jobs are lost through the relocation of manufacturing overseas and the loss of market share to foreign competitors. The jobs being lost are technologically oriented, and in addition to being highly paid, they represent high levels of skills and education that will produce further innovation in the future. Action must be taken quickly to stem this decline.

I plan to continue to work hard on this legislation since it means jobs for Americans and can help us maintain our leadership in medical technology. This will result in improvement to the public health both here in America and abroad. This is good legislation and I believe that we can and should work together to address any legitimate concerns that are raised and adopt this measure.

On one final point, I knew that there are some in this body who have concerns about the possibility of this legislation resulting in dumping of unsafe products in the Third World and about the potential for less than scrupulous behavior under the bill.

I commend my colleagues' attention to the comments provided to the Labor and Human Resources Committee by the Massachusetts biotech company Genetics Institute, Inc., official, Dr. John Petricciani. I should note that before joining the private sector, Dr. Petricciani spent over 20 years as a commissioned officer in the United States Public Health Service. He was Director of the FDA Center for Bio-

logics and also was head of the World Health Organization's biologicals unit for several years. He completed his career within the Public Health Service as the Deputy Director of the National AIDS Program Office.

Permit me to read a few excerpts from Dr. Petricciani's comments:

The real issue here is one of benefit and risk. Do the benefits to foreign countries in the current law outweigh the risks imposed on the U.S. in terms of draining jobs and capital investment in research, development, and manufacturing? As has been pointed out by others, one of the results of that drain is the earlier availability of products in Europe and elsewhere than in the U.S. If we were discussing electronics or automobiles, I would not be as concerned because the American people are not being placed at a meaningful disadvantage by such delays.

However, the issue here is medical products that can make a very big difference in the health of the American people. The current law is resulting in new products being introduced first in foreign countries, where U.S. firms are forced to manufacture them. I believe that we are paying far too high a price in terms of delayed availability of new products in the U.S. for the theoretical benefit being provided to developing countries.

I would also like to point out that if a U.S. company really wanted to export a product that would be unacceptable in the U.S., all they would have to do is manufacture it outside the U.S. and export it to a developing country.

I think that Dr. Petricciani says it very well. This legislation is sound trade policy and is consistent with the public health. So while I recognize the concerns of those who might criticize this legislation, I hope that they will consider this perspective before they decide their position on this bill.

Mr. D'AMATO. Mr. President, I rise to support the swift approval of S. 641, the Ryan White CARE Act reauthorization.

The Ryan White program is a key element of the safety net for persons with HIV-AIDS—funding critical medical care, support services, and prescription drug assistance to prolong and improve the lives of those living with this disease.

This program is particularly important to New York, which, unfortunately, continues to be the epicenter of this deadly epidemic. Of the 442,000 AIDS cases reported to the U.S. Centers for Disease Control as of December 1994, 83,000—or almost 19 percent—occurred in New York State, and 72,000—about 16 percent—occurred in the New York City metropolitan area. In New York City alone, an estimated 200,000 individuals are thought to be infected with HIV. Tragically, since 1988, AIDS has been and continues to be the leading cause of death for men and women aged 25–34.

Ryan White has provided critical support to help mitigate the horrible impact of this epidemic in my State. The following are just a few of the positive effects resulting from the first 3 years of Ryan White funding in New York State, according to an analysis by the New York State AIDS Institute:

First, the proportion of hospital admissions for patients in early stages of

HIV disease were significantly reduced compared to control hospitals not receiving Ryan White funds. On average the proportion of early stage patients at Ryan White funded sites was 24 percent lower than at control sites at hospitals with primary care funded by Ryan White.

Second, as a result of reduced utilization of inpatient services at the 19 hospitals funded by Ryan White to provide primary care, estimated gross savings were achieved in excess of \$25 million a year.

Finally, it has been estimated that without CARE Act-funded programs, HIV-related Medicaid expenditures in New York would have been 71 percent higher. This represents a cost-savings of over \$300 million. According to New York's AIDS Institute, the CARE Act-funded reimbursement pools for primary care and home care saved approximately \$3 for every \$1 invested.

It is critical to remember that, by helping people with HIV to remain healthy and productive for as long as possible, the Ryan White CARE Act is helping us save both lives and money.

The Ryan White CARE Act has proven effective in meeting the needs of States and communities affected by the HIV epidemic, and it deserves to be reauthorized without delay.

Mr. HATFIELD. Mr. President, since its original passage in 1990, I have been a strong supporter of the Ryan White CARE Act. In the early 1980's as we saw the rapid spread of AIDS throughout our Nation, it became apparent that HIV and AIDS treatment and care services were lacking. This bill has made a significant difference in building an infrastructure of critical care services for those suffering from this horrible disease.

We all know the chilling facts—AIDS is now the leading cause of death of young Americans ages 25 to 44. The prevalence of the disease among women is rising dramatically. In my own State of Oregon, we have seen more than 2,900 AIDS cases since 1981. Nearly 1,000 of these cases were reported in 1993 and 1994. In addition, there are currently an estimated 6,000 to 10,000 Oregonians infected with HIV. We can now say that nearly every Oregon county is affected.

As chairman of the Appropriations Committee in the early 1980's, I was able to play a role in providing the first Federal AIDS funding. We were able to take these first steps in the absence of an AIDS authorization bill until the 100th Congress, when the first authorization bill was passed. Despite the dim fiscal realities we face this year in the Appropriations Committee, I remain committed to assuring that funding for health care programs and medical research, including the important HIV and AIDS programs authorized under this bill, are funded to the greatest extent possible.

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

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

Mrs. KASSEBAUM. Mr. President, I ask unanimous consent that the Senator from Florida, Senator MACK, be added as an original cosponsor of amendment numbered 1859 to S. 641, and that he also be added as a cosponsor to S. 641, the Ryan White CARE Act.

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

Mrs. KASSEBAUM. Mr. 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. COATS. 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. COATS. Mr. President, I ask unanimous consent that I be allowed to speak as if in morning business for 5 minutes.

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

The Senator from Indiana is recognized.

Mr. COATS. I thank the Chair.

(The remarks of Mr. COATS pertaining to the introduction of S. 1079 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. COATS. I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. INHOFE). Without objection, it is so ordered.

Mr. JEFFORDS. Mr. President, I will be very brief because I know we are about ready to vote. I did not want to let this time go by without expressing my strong support for the Ryan White Act, and I am proud to be an original cosponsor.

As many of my colleagues have already pointed out, we need to pass this bill as written with an authorization for adequate funding. The statistics are clear. AIDS has become one of the most difficult and complicated public health threats in recent memory. The incidence of AIDS and the need for the Ryan White CARE, far from abating, are increasing. Some today have asked: Why AIDS? Why the Ryan White CARE Act? What is so important about this program?

Well, it has already been said but it bears repeating, that AIDS is now the leading killer of men and women ages 25 to 44. This virus is challenging our

health care system in ways it has not been challenged before as it moves through the population with terrifying speed and deadliness.

It is estimated that over 1 million Americans are currently infected with HIV. A quarter of a million Americans have already died from this disease. Far from going away, this virus is spreading through geographic and demographic regions that we might previously have considered unaffected.

When the Ryan White CARE Act was first passed with wide bipartisan support 5 years ago, we clearly recognized the need for addressing this emerging epidemic through a national health program. This bill is not about homosexuality. This bill is not about abstinence. This bill is about judgment. This bill is about providing health care to people who are suffering from a disease.

We designed the CARE Act to do equally two important things: to provide help and health services to those already living with AIDS, as well as to take the pressure off our critical care units and emergency rooms by utilizing early intervention techniques with AIDS and HIV patients. It is cost effective. The Ryan White CARE Act funds community-based organizations to provide needed outpatient care at the local level in the most cost-effective and efficient ways possible for the populations that need help the most.

One study even indicated that a person receiving outpatient managed care spends 8 fewer days in a hospital than a person not receiving such care. This would indicate a cost savings of over \$22,000 per person.

I think it is important to outline what these funds do and do not do. Dollars from the CARE Act go to increasing the availability of critical outpatient primary care services, providing support services and improving the quality of life of those living with HIV. In Vermont the CARE Act money is primarily used to provide pharmaceuticals to people with HIV and AIDS who need drugs but cannot afford them.

Successful outpatient care keeps people out of the hospital, improving their quality of life, while saving the system money. When early interventions and primary care are used successfully, the health care system saves untold dollars in unused emergency health care services. From a purely fiscal perspective, we cannot afford not to fund these programs.

The funding these community based organizations receive goes to care and services. It does not go to advertisements in the Washington Blade. It does not go to brochures about prevention. The dollars that we authorize in this bill help sick people, people from all walks of life, all demographic groups, to get the health care and other services that they need to live with this deadly disease.

During our committee consideration it became clear that the AIDS epi-

demic is spreading. It is no longer confined to certain populations or certain geographic locations, but is now clearly affecting rural as well as urban areas, women and children as well as men.

Any of us who previously felt confident and untouched by HIV because AIDS affected other people must now reexamine those assumptions. Soon we will all have friends whose lives have been touched by this disease. I had the honor of hosting one of my friends, David Curtis, at a Labor Committee hearing on this bill.

David Curtis and I have known each other for over 30 years. David is a lawyer, around my age, in fact we clerked together. He's from a similar background to my own, and I would venture to guess, similar to that of many of my colleagues. David Curtis has AIDS.

As a person living with AIDS he told our committee of the debilitation of this disease, how he can no longer drive over half an hour without stopping to rest, how he has been forced to sharply curtail his practice of law. As former chair of the largest AIDS service organization in Vermont he also told of the difficulties of providing services to people who live tens and sometimes hundreds of miles apart and how CARE Act funding helps make it possible for people to get access to health care, services, counseling, and pharmaceuticals that otherwise would not be available.

The Ryan White CARE Act helps people like David, people living with HIV and AIDS, not only in Vermont, but all over the country, to get the help they need. The face of AIDS is changing, it is affecting the people I know and the people we all know. We must all remember during this debate that the disease could easily affect us or someone we care about.

If we and our loved ones are affected, I know we will want adequate resources to be available to help with prescription drugs, health care, and support services. The Ryan White CARE Act is an assurance that help will be available. So for my friend, David Curtis and the millions of other Americans affected by HIV, I hope my colleagues will join me in supporting the Ryan White CARE Act as reported out of the Labor Committee.

Mr. President, I yield the floor.

Mrs. KASSEBAUM. Mr. President, I appreciate the statement and the cosponsorship of the Ryan White CARE Act. Senator JEFFORDS, a member of the Labor and Human Resources Committee, has been a thoughtful contributor to the Committee in crafting this legislation.

AMENDMENT NO. 1860

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

Mrs. KASSEBAUM. Mr. President, I ask that amendment No. 1860 be called up, and I ask for the yeas and nays for that amendment as well as amendment No. 1858 in the proper ordering of the listing of amendments.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Kansas [Mrs. KASSEBAUM] proposes an amendment numbered 1860.

Mrs. KASSEBAUM. Mr. 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:

At the appropriate place, insert the following new section:

SEC. . LIMITATION ON APPROPRIATIONS.

Notwithstanding any other provision of law, the total amounts of federal funds expended in any fiscal year for AIDS and HIV activities may not exceed the total amounts expended in such fiscal year for activities related to cancer.

Mrs. KASSEBAUM. I ask for the yeas and nays on both amendment No. 1860 and amendment No. 1858 when they fall in the proper order of our voting this morning.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Is there a sufficient second? There appears to be a sufficient second.

The yeas and nays were ordered.

Mrs. KASSEBAUM. Mr. President, it is my understanding that we are prepared to begin the voting on the amendments. And as was agreed to last night in the consent agreement, we will take them in the order as we listed them last night. The first will be an amendment of Senator HELMS, No. 1854. This amendment prohibits the use of funds under the act for the direct or indirect promotion of homosexuality or intravenous drug use. The yeas and nays were ordered.

The PRESIDING OFFICER. The Senator is correct.

VOTE ON AMENDMENT NO. 1854

The PRESIDING OFFICER. The question is now on agreeing to the amendment No. 1854 to S. 641.

The yeas and nays are ordered.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. LOTT. I announce that the Senator from Utah [Mr. BENNETT] is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 54, nays 45, as follows:

[Rollcall Vote No. 333 Leg.]

YEAS—54

Abraham	Dole	Hollings
Ashcroft	Domenici	Hutchison
Baucus	Dorgan	Inhofe
Bond	Exon	Johnston
Breaux	Faircloth	Kempthorne
Brown	Ford	Kyl
Bumpers	Frist	Lott
Burns	Glenn	Lugar
Byrd	Gramm	Mack
Coats	Grams	McCain
Cochran	Grassley	McConnell
Conrad	Gregg	Murkowski
Coverdell	Hatch	Nickles
Craig	Heflin	Pressler
DeWine	Helms	Pryor

Rockefeller
Roth
Santorum

Shelby
Smith
Stevens

Thompson
Thurmond
Warner

Snowe
Specter

Stevens
Thurmond

Warner
Wellstone

NOT VOTING—1

Bennett

NAYS—45

Akaka
Biden
Bingaman
Boxer
Bradley
Bryan
Campbell
Chafee
Cohen
D'Amato
Daschle
Dodd
Feingold
Feinstein
Gorton

Graham
Harkin
Hatfield
Inouye
Jeffords
Kassebaum
Kennedy
Kerrey
Kerry
Kohl
Lautenberg
Leahy
Levin
Lieberman
Mikulski

Moseley-Braun
Moynihan
Murray
Nunn
Packwood
Pell
Reid
Robb
Sarbanes
Simon
Simpson
Snowe
Specter
Thomas
Wellstone

NOT VOTING—1

Bennett

So the amendment (No. 1854) was agreed to.

Mr. HELMS. Mr. President, I move to reconsider the vote.

Mrs. KASSEBAUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mrs. KASSEBAUM. Mr. President, I ask unanimous consent that all remaining votes in the voting sequence be limited to 10 minutes in length.

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

VOTE ON AMENDMENT NO. 1855

The PRESIDING OFFICER. The question is on agreeing to the amendment numbered 1855. The yeas and nays have been ordered. The clerk will call the roll.

The bill clerk called the roll.

Mr. LOTT. I announce that the Senator from Utah [Mr. BENNETT] is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 32, nays 67, as follows:

[Rollcall Vote No. 334 Leg.]

YEAS—32

Ashcroft	Grams	McConnell
Bond	Grassley	Nickles
Brown	Gregg	Pressler
Burns	Helms	Roth
Coats	Hollings	Santorum
Cochran	Hutchison	Shelby
Craig	Inhofe	Simpson
Dole	Kempthorne	Smith
Faircloth	Kyl	Thomas
Frist	Lott	Thompson
Gramm	McCain	

NAYS—67

Abraham	Dorgan	Leahy
Akaka	Exon	Levin
Baucus	Feingold	Lieberman
Biden	Feinstein	Lugar
Bingaman	Ford	Mack
Boxer	Glenn	Mikulski
Bradley	Gorton	Moseley-Braun
Breaux	Graham	Moynihan
Bryan	Harkin	Murkowski
Bumpers	Hatch	Murray
Byrd	Hatfield	Nunn
Campbell	Heflin	Packwood
Chafee	Inouye	Pell
Cohen	Jeffords	Pryor
Conrad	Johnston	Reid
Coverdell	Kassebaum	Robb
D'Amato	Kennedy	Rockefeller
Daschle	Kerrey	Sarbanes
DeWine	Kerry	Simon
Dodd	Kohl	
Domenici	Lautenberg	

So the amendment (No. 1855) was rejected.

Mr. KENNEDY. Mr. President, I move to reconsider the vote.

Mr. EXON. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

VOTE ON AMENDMENT NO. 1856

The PRESIDING OFFICER. The question is on agreeing to amendment No. 1856. The yeas and nays have been ordered.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. LOTT. I announce that the Senator from Utah [Mr. BENNETT] is necessarily absent.

The result was announced—yeas 99, nays 0, as follows:

[Rollcall Vote No. 335 Leg.]

YEAS—99

Abraham	Feinstein	Lugar
Akaka	Ford	Mack
Ashcroft	Frist	McCain
Baucus	Glenn	McConnell
Biden	Gorton	Mikulski
Bingaman	Graham	Moseley-Braun
Bond	Gramm	Moynihan
Boxer	Grams	Murkowski
Bradley	Grassley	Murray
Breaux	Gregg	Nickles
Brown	Harkin	Nunn
Bryan	Hatch	Packwood
Bumpers	Hatfield	Pell
Burns	Heflin	Pressler
Byrd	Helms	Pryor
Campbell	Hollings	Reid
Chafee	Hutchison	Robb
Coats	Inhofe	Rockefeller
Cochran	Inouye	Roth
Cohen	Jeffords	Santorum
Conrad	Johnston	Sarbanes
Coverdell	Kassebaum	Shelby
Craig	Kempthorne	Simon
D'Amato	Kennedy	Simpson
Daschle	Kerrey	Smith
DeWine	Kerry	Snowe
Dodd	Kohl	Specter
Dole	Kyl	Stevens
Domenici	Lautenberg	Thomas
Dorgan	Leahy	Thompson
Exon	Levin	Thurmond
Faircloth	Lieberman	Warner
Feingold	Lott	Wellstone

NOT VOTING—1

Bennett

So the amendment (No. 1856) was agreed to.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER (Mr. SANTORUM). The distinguished minority leader is recognized.

COMMENDING SENATOR ROBERT C. BYRD FOR CASTING 14,000 VOTES

Mr. DASCHLE. Mr. President, it is with great pleasure and respect that I announce that Senator ROBERT C. BYRD has now become the first U.S. Senator in history to cast 14,000 votes.

[Applause, Senators rising.]

Mr. DASCHLE. Mr. President, I know I speak for all Senators in congratulating him on this unprecedented accomplishment. I note that this is only his latest in a most distinguished career. Senator BYRD's remarkable voting