

sales are booming. It is friendly, fun, and entertaining. I know that I will enjoy taking in a few games during the August recess, if there is an August recess.

As the season began, Bud Selig, baseball's acting commissioner was quoted as saying: "We knew there would be some fallout. It's very tough to assess, but there is a residue from the work stoppage, there's no question. There is a lot of anger out there."

At our February 15 hearing on legislation to end baseball's antitrust exemption, I had asked the acting commissioner how fans get their voices heard. I observed even then: "Fans are disgruntled; I mean, they are really ripped. Do they vote with their feet?" Unfortunately, the strike dragged on, fans suffered through the owners' experiment with so-called replacement teams, and the matter remains unsettled and unsettling.

Mr. Selig answered me last February by observing that when the strike ended, there would be an enormous healing process. I said then: "The longer you go, the harder the healing process is going to be." I say now that major league baseball has gone too far and has been above the law too long.

I do not think that those who are the game's current caretakers appreciate the damage that they have done. Slick advertising, discount tickets, and special giveaway nights will not make up the difference. The last year has been disastrous.

Worse, nothing has been resolved. The problems and differences persist. There is no collective bargaining agreement and, so far as the public is aware, no prospect of one any time soon. To borrow from a famous baseball great, "It ain't over, 'til it's over."

Why should people return to major league ballparks or patronize major league teams if the risk remains of having affections toyed with again and having hopes of a championship dashed—not by a better team but by labor-management problems?

I believe the time has come for the Senate to act. The Senate Antitrust Subcommittee reported the bill to the Judiciary Committee on April 5. This consensus bill, S. 627, is sponsored by Senators HATCH, THURMOND, MOYNIHAN, GRAHAM, and myself. It would cut back baseball's judicially created and aberrational antitrust exemption.

Congress may not be able to solve every problem or heal baseball's self-inflicted wounds, but we can do this: We can pass legislation that will declare that professional baseball can no longer operate above the law. The antitrust laws apply to all other professional sports and commercial activity should apply to professional baseball, as well.

Along with the other members of the Judiciary Committee, I recently received a report of the section on antitrust law of the American Bar Association that examines S. 627. The antitrust section of the ABA reasons that

professional baseball's antitrust exemption is not tailored to achieve well-defined and justified public goals.

The antitrust section, therefore, "supports legislative repeal of the exemption of professional major league baseball from the federal antitrust laws." Moreover, the report notes that putting professional baseball on equal footing with other professional sports and business and having the antitrust laws apply "cannot fairly be criticized as 'taking sides'" in baseball's current labor-management battle.

I look forward to working with our Judiciary Committee chairmen to have our bill, S. 627, considered favorably by the Judiciary Committee at our earliest opportunity and then promptly by the Senate. It is time that the Senate act and end this destructive aberration in our law.●

MEDICARE'S 30TH ANNIVERSARY

● Mr. DODD. Mr. President, I rise both to salute the 30th anniversary of Medicare and to call on the Republicans to release their secret plan to overhaul the system.

Medicare has been an American success story. It has provided health and financial security to millions of American seniors for three decades now. Along with Social Security, Medicare has transformed the retirement years from a time of fear to a time of confidence. Searing anxiety that the next illness would bankrupt you and your children has been replaced by the sure knowledge that a solemn contract will assure you of the care you need.

But now, at a time when we should be celebrating Medicare and discussing how to make it stronger, we are instead discussing draconian cuts and a secret plan to turn the system on its head.

During the last week, word has leaked out in the New York Times and the Washington Post about the Medicare cuts being cobbled together in a back room somewhere over on the House side. According to both reports, the House Republicans have a plan that would give seniors a devil's choice: face \$1,000 a year in additional premiums, co-payments and deductibles or be forced into a health plan that could very well deprive them of the choice of their own doctor.

TAX CUT

Why are such wrenching changes being contemplated for Medicare? To pay for a tax cut for the wealthiest Americans. The \$270 billion in Medicare cuts are roughly equivalent to the Republican budget's proposed \$245 billion tax cut—more than half of which would flow to people earning more than \$100,000 a year.

The Republican Medicare cuts would not be reinvested back into the system to make it solvent. The majority is not cutting Medicare in order to strengthen it. Hardly one dime of the savings would be put back into the system. Nearly every bit of the savings would

go right out the door as tax cuts for the wealthiest Americans.

The Republicans also claim that all they want to do is hold Medicare cost increases to the same rate as private health care inflation. But such claims simply ignore the fact that the number of people on Medicare is increasing rapidly, as is the average age. The fastest growing population segment in the United States is people over 85, and these people need a great deal of medical care.

The budget for Medicare must increase simply to keep up with these demographic trends. If it does not, benefits will decline and costs for recipients will increase.

SECRET PLAN

According to press reports, that is exactly what the Republicans are planning: increased costs and reduced benefits. Unfortunately, we do not know all the details of the plan because it is being drafted in secret. I joined with a number of my colleagues on the Budget and Finance Committees yesterday in sending a letter to our distinguished Majority Leader asking him to release details of the Republican Medicare plan before the August recess.

I am sympathetic to the occasional need for confidentiality in drafting legislation. I believe, however, that the Republicans have had ample time to come forward with a proposal. It has been nearly 9 months since the Republicans took the majority in Congress and nearly 7 months since they actually took power.

But now we are told they will not unveil their plan for Medicare until September—nearly a full year after they were elected. By that time, there will be little time for hearings, committee consideration or public discussion of these sweeping proposals. The Medicare reforms will likely be folded into the reconciliation bill, which will be considered under special rules limiting debate. We will be under the gun to pass the bill by October 1 in order to keep the Government running.

That is no way to consider the most radical overhaul of Medicare in 30 years. The Republicans must come forward with their plan now so that seniors and their families will have time to digest the proposals and understand what they would mean to them personally and financially. We must have adequate time to weigh this legislation—a few hectic days in late September is not good enough.

HIGHER COSTS

As I said, we do not know the exact nature of the Republicans' Medicare cuts because they have not been released. What we do know from reports in the press, however, is quite discouraging.

The Medicare budget would not keep up with medical inflation or the influx of new recipients, and as a result it would cover less and cost more for recipients with each passing year.

The Republicans apparently contemplate transforming Medicare into a

"voucher" system. Under this plan, seniors would face mounting financial pressures every year to move out of their fee-per-service system and into a managed care plan in which they would not be able to choose their own doctor.

I am a supporter of managed care, and I believe it is a valuable tool for controlling costs and improving quality in our health care system. I believe that seniors should be able to choose to join a managed care plan if they want to, and in fact, more than 70 percent of Medicare enrollees already have that option today. But it must be a choice freely made, not one coerced by financial pressures.

But it is exactly that kind of financial coercion that the House Republican plan would create. Seniors choosing to remain in the fee-per-service part of Medicare would face more than \$1,000 a year or more in added premiums, co-payments and deductibles. Even those beneficiaries who go into managed care will have their current benefits threatened as the proposed cuts squeeze harder and harder and the real value of the voucher declines.

When we hear numbers like these, we must remember who we are talking about here. The median income for Medicare recipients is \$17,000 a year. Seventy-five percent of all seniors make \$25,000 a year or less.

These are the people who would be pounded by a barrage of new expenses if they choose to stay in fee-per-service: higher copayments, higher premiums, higher deductibles.

One Republican proposal would raise the amount seniors pay out-of-pocket for their care from 20 to 25 percent.

The AARP estimates that another of the proposals would increase out-of-pocket deductibles—currently at \$100—to \$270 a year by the year 2002.

The average beneficiary receiving home health care services would pay \$1,020 more in 2002 than they do now.

Another provision of the Republican plan spells out exactly how the Republicans would attempt to stay within their extremely tight budget projections for Medicare. According to an internal memo leaked to the New York Times, "If program spending exceeds growth rates set in law, then outlay reductions will be triggered."

Under the Republican plan, what if Medicare starts to run out of money at the end of the fiscal year? Will seniors needing medical care in September be told to come back after October 1st? If spending is projected to exceed budgeted amounts, will Medicare announce part way through the year that it will no longer cover mammograms or that recipient copays for doctor visits will double?

The Republican plan would also reportedly include some means-testing to have more affluent seniors pay more for their coverage. I agree that some means-testing of Medicare benefits will probably be necessary in the long run.

We should not kid ourselves, however, about how much savings could be

achieved through means-testing. Eighty-three percent of all Medicare spending is for older Americans earning less than \$25,000 a year. There simply is not that much Medicare spending on wealthy seniors from which we could extract major savings.

CONCLUSION

The American people deserve to know about these changes. Seniors deserve to know. Their children, who could find themselves saddled with more and more of their parents' medical bills, deserve to know.

Everyone deserves to know about these changes for the simple reason that the American people care about Medicare, and they care deeply. A recent poll commissioned by the American Association of Retired Persons, shows that 89 percent of Americans support this program. Ninety-two percent see it as the only way older Americans could possibly have adequate health care. And 9 in 10 older Americans said they do not want to be a burden on their families.

In pushing for passage of Medicare 30 years ago, President Johnson said, "the specter of catastrophic hospital bills can [now] be lifted from the lives of our older citizens." I hope we will do nothing in this Congress to let that specter again stalk older Americans. I urge the majority to release its Medicare plan to the public immediately.●

IF YOU PICK THE FLOWERS YOU COULD EXPLODE

● Mr. LEAHY. Mr. President, I have often spoken about the horrifying effects of antipersonnel landmines. There are 100 million of these hidden killers in over 60 countries.

Here in the relative security of the United States, we can only guess what it is like to live in places like Cambodia, Bosnia, or Angola, in constant fear of losing an arm or a leg or your life, or your child's life, from a landmine. That is a daily, terrifying reality for millions and millions of people around the world.

A recent article by David Remnick in the New Yorker magazine entitled "A Letter From Chechnya—In Stalin's Wake," illustrates what I am talking about. The Russians have dropped thousands and thousands of landmines from helicopters over Chechnya. I want to read the opening paragraphs of that article:

"If you pick the flowers, you could explode," Mayerbek said.

"What?"

"If you go off the road and into the field, there are mines. Russian birthday presents. Step on one, you might explode."

Twenty miles by mountain road from Grozny, the Chechen capital, it had seemed safe enough to get out of the Zhiguli, a banged-up tuna can of a car, and take a short walk. Apparently not. I backed out of the field of lilies and high grass, one soft step at a time.

"Better," Mayerbek said. "Much better. Now maybe let's get back in the car and get going."

Mr. President, if you pick the flowers, you could explode. A horrifying thought. But not really a thought at all. It is happening every 22 minutes of every day of every year. The overwhelming majority of the victims of these indiscriminate, inhumane weapons are innocent civilians.

My legislation, the Landmine Use Moratorium Act, which I plan to offer as an amendment in the coming weeks, aims to exert U.S. leadership to begin to put an end to this scourge. It would impose a 1-year moratorium on the use of most antipersonnel landmines. It has 45 cosponsors.●

THE 30TH ANNIVERSARY OF THE MEDICARE PROGRAM

● Mrs. MURRAY. Mr. President, this Sunday, July 30 marks the 30th anniversary of the establishment of the Medicare Program. As this 30th anniversary approaches, it is important for us to reflect on the reasons this program was enacted, and its successes.

President Truman offered several proposals to Congress, and President Kennedy made health care for seniors an issue in his 1960 campaign. Over and over again, Democrats attempted to pass Medicare legislation. Over and over again, Republicans voted overwhelmingly to defeat it. In 1965, despite a record-setting barrage of advertisements by the American Medical Association and many doctors' threats to boycott elderly patients, President Johnson signed the Medicare bill into law on July 30, 1965. Even then, a majority of Republicans voted against it.

The Medicare Program is an important contract the U.S. Government has made with senior citizens. It is a lifeline for our Nation's elderly. It seems as though times have not changed—Republicans are still fighting against the Medicare Program. The same arguments are being used. And, Democrats are still fighting for seniors, and fighting to strengthen the program.

During this year's budget debate, Democrats tried to put money back into the Medicare Program by eliminating the tax breaks in the budget. We were defeated, time and time again.

I have heard rumors of a Republican plan to save Medicare. I have not seen an official copy of this plan, and this is worrisome. The Senate will be expected to act on the budget reconciliation plan by September 22, which is less than 18 legislative days away. How can we possibly ask our constituents to accept a plan that we have not even debated yet? From the little I have heard, this secret plan relies heavily on a voucher system, which will encourage seniors to buy the least costly health plan. This means losing their family doctor in many instances. If a senior chooses to stay in their current health plan, they will pay more—as high as \$1,000 more in premiums, co-payments and deductibles.