variety of causes the regime finds threatening—democracy, opposition to coerced abortion, the role of women in society—the forum suddenly found itself moved a substantial distance outside Beijing to the small village of Huairou. The official reason was that the Beijing stadium originally planned to hold the forum was structurally unsound—despite the fact that only 2 weeks ago the Chinese held a major event there. The unofficial reason is clear to everyone; Chinese authorities are doing their best to make sure that the flood of delegates does not contaminate China or its citizenry with foreign ideas and open dialog.

Official statements to the contrary aside, the Chinese are fooling no one. As the Chinese themselves are fond of saying: ''Actions speak louder than words.'' Once Beijing began to prepare for the conference, the patterns of isolating delegates and imposing censorship became clear. Delegates with views with which China disagrees were denied visas. Groups representing Tibetan and Taiwanese women were unfairly denied accreditation, lest they embarrass the host country. Thirty delegates from Niger were denied visas; ostensibly because their paperwork was not entirely in order, but more likely—as almost everyone believes—because Niger diplomatically recognizes Taiwan. Delegates who were allowed in were warned that Chinese customs officials would confiscate any printed material China deemed objectionable, including Bibles. Buses that were promised to run every 20 minutes from Huairou to Beijing have dwindled to one per day, effectively isolating the delegates at Huairou even more. The U.N. designated ''newspaper of record'' for the forum—chronicling the meetings and seminars and reporting on the day's events—has been unable to publish because the Chinese firm with which they contracted is suddenly and inexplicably ''too busy with other printing work.''

I think one of the especially telling examples of this trend is the creation of an ''official protest site'' for the conference. Predictably sited outside of Beijing in Huairou, the official spot is located on a middle-school athletic field within the confines of the forum, where an extra 5,000 police officers will be on duty. There, separated from the Chinese people by an artificially imposed chasm, the delegates are free to protest to their hearts content-with one exception. Vice Minister of Public Security Tian Qiyu has announced that ''Inside the site, NGO's are permitted to have demonstrations and processions, but these should not infringe on the sovereignty of the host country and should not slander or attack [its] leaders.'' In other words, say what you want just don't criticize China. So much for an open forum.

The actions of the Chinese Government became so oppressive that they threatened to scuttle the entire forum. Complaints from a large number of delegates about the omnipresence of Chinese security police hovering over them grew with each passing day of the forum, and for good reason. Both uniformed and plainclothes police monitored meetings and discussions, and videotaped participants. Security officers have searched hotel rooms, followed delegates, rifled through personal papers and tried to restrict the movement of people who have come to take part in the conferences. On August 31, following a screening of a video about Tibet entitled ''Voices in Exile,'' police snatched the video cassette and attempted to confiscate it, only to have it snatched back by the attendees. Another group of delegates protesting China's treatment of Tibetan women were surrounded by Chinese plainclothes police and shouted down; one Canadian woman, the adoptive mother of a Tibetan child, was even physically assaulted. Although the Chinese denied such an assault took place, it was captured on video and broadcast here by CNN. A session held by Australian NGO's was disrupted when security officials seized microphones and video equipment and ordered the groups to disband; the Australian Government lodged a formal protest in response. In another incident, police tried to seize a Chinese woman who chatted with delegates on the street. When the woman was surrounded by delegates, though, the police retreated. The Chinese moves are especially galling because under the agreement signed by the Chinese the forum site is considered to be under U.N., rather than Chinese, jurisdiction for the duration of the conference, much like embassies are considered to be.

Things got so bad that on September 3, the leaders of the forum issued an ultimatum to the Chinese demanding that China stop its heavy-handed security measures by noon on that day. In response, the Chinese grudgingly replaced some uniformed officers with plainclothesmen and scaled back some of the surveillance. Despite the changes, though, clashes between police and delegates continue. Just this last weekend Islamic women demonstrators were physically prevented by police from marching out of the forum site into Huairou.

Given this somewhat ironic Chinese penchant for actively seeking to host international conferences dealing with human rights and the free exchange of ideas only to trample those very rights, I would not be at all surprised if the next time the PRC seeks to host such a meeting the participants think twice; and the Chinese—although they will certainly try—will have no one to blame but themselves. As I have pointed out previously, if China wants to assume a place at the international table, then it must respect international rules and norms of behavior—in trade, in diplomacy and military affairs, in nonproliferation, and not least in domestic practice.

THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH: A BEACON FOR POLICYMAKERS

Mr. DASCHLE. Mr. President, as the Congress considers its appropriations bills and strives to reduce the rate of growth of Federal programs, I would like to call attention to one very small, but important agency that policymakers and industry representatives alike have praised as responsible and cost-effective—the Agency for Health Care Policy and Research [AHCPR].

AHCPR, which is part of the Department of Health and Human Services, was established in 1989 with strong bipartisan support. Broadly stated, the agency's mission is to conduct impartial health services research and disseminate information that will complement public and private sector efforts to improve health care quality and contain costs.

AHCPR's charge is to find out what works and what does not work in the health care system, and the results of its research are being used voluntarily by the private sector to contain health care costs. The agency funds outcomes research projects that examine the efficacy of medical interventions in terms of how they affect patients. It also funds studies on the medical effectiveness of particular procedures and conducts assessments of health technologies utilized by HCFA and CHAMPUS to make coverage decisions. These projects have identified millions of dollars in potential savings to Medicare. Finally, the agency convenes multidisciplinary panels of experts to develop clinical practice guidelines on such topics as low back pain, cataracts, sickle cell anemia, mammography, unstable angina, and cancer pain. These guidelines are disseminated to consumers, private and public sector health care policymakers, providers, and administrators for use as they see fit.

AHCPR is a true public/private partnership designed to improve the quality of health services and contain their cost. And it is working. Supporters of the agency include conservatives and liberals in both political parties and span the health care spectrum, from the insurance industry to providers to academia and other highly regarded public policy institutions. AHCPR has been called an ''honest broker'' because of the way it compiles and distributes health care cost and quality information among competing public and private sector interests.

It is very important to the health care system that AHCPR continue producing the kind of significant research it has developed in the past 5 years. To slash AHCPR's funding now would truly be penny-wise and pound-foolish: The current funding level for the agency amounts to a little more than a dollar per American. Yet potential savings from the use of its guidelines and research could save hundreds of millions, and by some estimate billions, of dollars.

AHCPR should continue to play a critical role as we struggle to control national health care costs, particularly in the Medicare and Medicaid programs. AHCPR-funded research has provided strong evidence that health care costs can be contained while improving the quality of services. It would be irresponsible to devastate funding to the only Government agency devoted to finding ways for us to improve quality and lower costs.

Recently three of our esteemed former colleagues who were intimately involved in the creation of the Agency for Health Care Policy and Research—Senator George Mitchell, Senator David Durenberger and Representative Willis Gradison—jointly authored an article entitled, ''The Agency for Health Care Policy and Research: A Beacon for Policy Makers.'' This article gives a historical perspective and summarizes the current situation while making a persuasive argument for the AHCPR's continued funding. I ask unanimous consent that this article be printed in the RECORD, and I urge my colleagues to carefully consider these noted health care experts' comments and weigh their advice when the Senate considers the fiscal year 1996 Labor-HHS appropriations bill.

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

THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH: A BEACON FOR POLICYMAKERS

(Jointly authored by: former Senate Majority Leader George Mitchell, LL B., Georgetown University, B.A. in history, Bowdoin College, currently special counsel to the Washington, D.C.-based law firm of Verner, Liipfert, Bernhard, McPherson and Hand; former Senator Dave Durenberger, J.D., University of Minnesota, B.A. cum laude political science and history, St. Johns University, currently senior counselor for the Washington, D.C.-based public affairs consulting firm of APCO Associates Inc.; and, former Representative Willis Gradison, MBA, Ph.D in economics, both from Harvard, currently president of the Health Insurance Association of America, in Washington, DC)

Reasonable people—including the three of us—may disagree about how to address problems in the nation's health care system and the role government should play in ensuring access to health care for American citizens. But there are some major areas of bipartisan agreement as well. We agree that the quality of health care should not be compromised and that we must get the best value for the trillion dollars we spend each year on medical care.

One clear way to maximize the value of health care is to create a body of objective, science-based information on the interrelationship of the cost and quality of health care. In the late 1980s, we agreed that a federal investment was needed in health services research. Our thoughts were influenced by the early findings from research funded by the National Center for Health Services Research (NCHSR).

For example, the ''small-area analysis'' conducted by John Wennberg and others, and the work of the Maine Medical Foundation, showed wide variations in the type and intensity of medical care provided in different parts of the country. Were people in some areas getting too much care? Were others being under treated? To a large extent, we simply lacked the research tools needed to explain these variations. Early research by Wennberg and others also suggested that providing physicians with credible, high-quality information could modify their behavior, improve quality and reduce costs by eliminating unnecessary or ineffective procedures.

While many public and private groups had initiated their own health services research, their efforts were not being coordinated and there were no scientifically-based protocols for research and guideline development. We concluded that a new agency could become the focus of federally-sponsored outcomes studies. This new agency also would elevate the status of health services research in general. Through bipartisan efforts in both chambers, legislation was enacted to create the federal Agency for Health Care Policy and Research (AHCPR). This legislation ultimately became an important part of the Omnibus Budget Reconciliation Act of 1989 (P.L. 101–239).

As noted in a recent historical account of AHCPR, a primary purpose of OBRA 1989 was to improve quality and contain costs in the Medicare program—to curb costs without having to cut back on needed care. Since both the public and private sectors were calling for more readily available information, AHCPR's mandate was two-fold: to find out which treatment methods actually work and which ones are inappropriate and therefore not cost effective. Second, we asked the agency to work closely with the private sector—particularly consumers and health care providers.

Among health care providers, physicians are the key. They are an important group to reach, because they are responsible for making most treatment decisions. It is significant to note that many provider groups supported the creation of AHCPR, including the American Medical Association, the American College of Physicians, and the American Society of Internal medicine. It also should be noted that outcomes research was an important companion to the Medicare physician payment reforms enacted the same year.

Since the federal government is the largest single payer of health care services in the U.S., we initially asked AHCPR to focus its research on the most common and the most costly treatments for federal health programs such as Medicare and Medicaid. In its first five years of operation, AHCPR has made considerable progress. Its research activities focus on ten of the 15 most common diagnoses for Medicare inpatients, and nine of the 15 most common diagnoses for Medicaid inpatients.

To date, the Agency has released 16 clinical practice guidelines designed to inform patients and clinicians of ''state of the art'' medicine. These guideline topics range from the management of acute low back pain in adults to treating otitis media in children.

AHCPR also is funding 15 Patient Outcome Research Teams, known as PORTs. These multi-disciplinary, private-sector groups are created to determine the treatment effectiveness of conditions for which there is widespread disagreement about clinical strategies. Current PORTs are studying conditions ranging from cataracts to low birthweight.

The research and guideline development are the initial steps. Equally important is making sure those guidelines reach the public. So far, the Agency has distributed 26 million copies of its guidelines to clinicians and consumers. By working through partnerships with entities in the private sector, AHCPR has saved $12.6 million in federal reprinting and distribution costs. Private partners have circulated 11.5 million reprints of AHCRP-funded guidelines.

1. FINDING WHAT WORKS

The Agency's work has already produced scientific findings that can improve the quality of health care while constraining its cost.

AHCPR-sponsored research has demonstrated that about half of the 600,000 patients who receive diagnostic cardiac catheterization as inpatients each year could have the procedure on an outpatient basis.

Research shows that ordering tests by computer decreased hospital costs by nearly $600 per admission, and reduced average length of stay by almost a day. If this computer system was applied to the entire medicine service, the hospital projected over $3 million in savings per year.

The use of transurethral resection of the prostate—an operation for benign prostatic hyperplasia (BPH)—has fallen nearly 33 percent, due in part to AHCPR research on prostatic disease and its guideline on BPH. This saves Medicare an estimated $60 million annually.

AHCPR and its predecessor, NCHSR, have also been instrumental in the early development of major improvements to reimbursement systems. They funded the early design of diagnosis related groups (DRGs), which were adapted for Medicare payment reforms in 1983.

They also have helped to fine-tune the DRG system over time. This series of payment reforms, in combination with other initiatives (such as the creation of Medicare's Peer Review Organizations (PROs)) has been widely credited with limiting cost increases for Medicare. In addition, many of these reimbursement reforms have been adapted by private sector payers.

2. IMPROVING CLINICAL PRACTICE

A second type of research conducted and sponsored by the Agency helps physicians and other care-givers take advantage of clinical and cost-effectiveness information. They enable care-givers to use guidelines and other resources to quickly ascertain treatment options and make more informed decisions. For example:

Low back pain.—In 1990, the U.S. spent more than $20 billion for direct medical costs associated with low back pain. Lower back pain accounted for one-tenth of total Medicare charges in 1987. Billions could be saved each year by using the AHCPR guideline, without any loss in the quality of care provided. For example, Singing River Hospital in Pascagoula, Mississippi, has reduced the average length of stay for surgical patients by one day since 1993, with the help of AHCPR's acute pain management guideline.

Pressure ulcer prevention.—More than 250,000 hospital and nursing home patients suffer from pressure ulcers. Broad use of the AHCPR-supported clinical practice guidelines on prevention could halve the incidence of this very painful and costly problem. For example, Intermountain Health Care, a Salt Lake City-based health care system, saved $240,000 in six months by using the guidelines in one of its hospitals. Intermountain is now implementing the guidelines in its twenty-three other hospitals. Similarly, Abbott-Northwestern Healthcare System in Minneapolis estimates it would save $288,000 a year by using the guideline. South Suburban, a 225-bed hospital in Hazel Crest, Illinois, has halved the number of hospital-acquired pressure ulcers since introducing the guideline two years ago.

Most AHCPR-funded guidelines are so new that it is too early to assess the extent to which they have been adopted. Preliminary research suggests that many managed care

entities already use one or more of the AHCPR guidelines. Other groups use the guidelines to improve their internal quality-improvement initiatives.

THE FUTURE

Like all scientific endeavors, there are no ''quick fixes.'' In its first five years, AHCPR has demonstrated that it is a sound investment for the American taxpayer. In fiscal year 1994, AHCPR's annual operating budget of $162 million represents only one fiftieth of one percent of the nation's $900 billion health care spending. Indeed, all federal health services research activities combined accounted for only one twentieth of one percent of national health spending in 1994.

Federal and state legislators grappling with spiraling health care spending should be supporting health services research more than ever before. They need this knowledge to help them make sound decisions as new health delivery systems evolve.

Is federally-sponsored health services research still necessary? We believe the answer is yes, for at least three reasons:

1. In a market-based delivery system driven by provider competition and consumer choice, the information AHCPR generates is essential—especially to the doctor-patient relationship. Health services research also enables us to study the impact of these delivery changes on quality and access as the public and private sectors struggle to contain health care costs.

2. AHCPR-funded research provides the economies of scale that can only occur with a comprehensive national study. Both public and private groups benefit from having this information in the public domain. The federal government's willingness to provide ''seed money'' stimulates privates sector research initiatives and magnifies the applicability of the results.

3. AHCPR acts as an ''honest broker'' in developing the science of health services research. The Agency's authorizing legislation does not allow it to regulate the health care industry, it is not empowered to act as a payer of health care services, and it does not administer a health program. Therefore, it is free from conflicts of interest.

It is appropriate for the government to have a role in building and sustaining the knowledge base that can meet the information needs of a market-driven health care system. Indeed, AHCPR-funded guidelines are often viewed as the ''gold standard'' of guidelines, and are frequently customized by private entities. For example, UCLA Medical Center, Kaiser-Permanente—Anaheim Medical Center and Saint Luke's Hospital in Kansas City, Missouri are among the many facilities that have utilized AHCPR's acute pain management guideline.

These findings have acted like a beacon, they show policy makers in advance where problems are developing and provide alternatives for helping to solve these problems. The creation of AHCPR has improved the quality of health care delivered in this country by facilitating health services research and disseminating the results to the public. At the same time, it has proved to be an extremely sound investment for American taxpayers.

THE 250TH ANNIVERSARY OF FREDERICK, MARYLAND

Mr. SARBANES. Mr. President, I would like to call to the attention of our colleagues celebrations that are underway to celebrate the 250th anniversary of the establishment of the city of Frederick, MD. The mayor of Frederick, Jim Grimes, along with the entire community, has planned several significant events to commemorate this propitious milestone.

Throughout its history, Frederick has served not only as a monument to Marylanders, but it has also carved its place in American history as well. Established in 1745, Frederick Town was the home of many great colonial Americans including Francis Scott Key, author of ''The Star Spangled Banner''; Roger Taney, second Chief Justice of the Supreme Court; and John Hanson, President of the Continental Congress.

The English and German settlers of Frederick Town were ferociously proud of the independence and the liberty they found in the New World. When the British passed the Stamp Act in 1785 requiring colonists to purchase stamps for all legal and commercial documents, 12 Frederick County judges resolved to reject the Stamp Act and approved the usage of unstamped documents. This bold maneuver is believed to be the first recorded act of rebellion in the colonies.

According to several historians, it was in Frederick Town, not St. Louis, where Lewis and Clark began their famed expedition across the unexplored Nation. In July 1803, the travelers set forth from the Hessian Barracks in Frederick Town across the unchartered west and into the unknown territory.

Frederick Town was incorporated as a city in 1817, thus officially changing its name to Frederick. In the early 1800's, construction of the B&O Railroad and the C&O Canal began. The establishment of these two major avenues of transportation opened a window to the world for the citizens of Frederick. These corridors to Washington and Baltimore would provide access to jobs, to industry, and to trade.

But in 1864, Frederick was faced with grave despair. Under the threat of General Jubal Early's torch, city officials had to secure $200,000 in loans from local banks to save Frederick. Three of the five original banks that contributed to that ransom are still open for business.

Over the course of the next century, Frederick would mature into a thriving and continuously expanding community. It is the home of a wide spectrum of facilities that include Fort Detrick, high-tech firms that are instrumental in AIDS research, the Frederick Keys baseball team, Hood College and Frederick Community College. And although Frederick is the third largest city in Maryland, it still maintains its small town charm and charisma.

Frederick is a model of community spirit and cooperation. The activities that have been sponsored to commemorate this auspicious occasion exemplify the deep devotion of Frederick's residents to their community. The spirit and enthusiasm of Frederick's citizens have been the foundation of its success. These celebrations provide the opportunity to renew the dedication that has supported Frederick throughout its history and helped it to develop into one of Maryland's most attractive communities.

We in Maryland are fortunate to have an area as community-oriented as Frederick. I join the citizens of Frederick in sharing their pride in Frederick's past and optimism for continued success in the years to come.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Thomas, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations and treaties which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGES FROM THE HOUSE RECEIVED DURING ADJOURNMENT

Under the authority of the order of the Senate of January 4, 1995, the Secretary of the Senate, on August 11, 1995, during the adjournment of the Senate, received a message from the House of Representatives announcing that the Speaker has signed the following enrolled bill:

H.R. 2161. An act to extend authorities under the Middle East Peace Facilitation Act of 1994 until October 1, 1995, and for other purposes.

Under the authority of the order of the Senate of January 4, 1995, the enrolled bill was signed on August 11, 1995, during the adjournment of the Senate by the President pro tempore (Mr. THURMOND).

Under the authority of the order of the Senate of January 4, 1995, the Secretary of the Senate, on August 18, 1995, during the adjournment of the Senate, received a message from the House of Representatives announcing that the Speaker has signed the following enrolled bills:

H.R. 535. An act to direct the Secretary of the Interior to convey the Corning National Fish Hatchery to the State of Arkansas.

H.R. 584. An act to direct the Secretary of the Interior to convey a fish hatchery to the State of Iowa.

H.R. 614. An act to direct the Secretary of the Interior to convey to the State of Minnesota the New London National Fish Hatchery production facility.

H.R. 1225. An act to amend the Fair Labor Standards Act of 1938 to exempt employees who perform certain court reporting duties from the compensatory time requirements applicable to certain public agencies, and for other purposes.

H.R. 2077. An act to designate the United States Post Office building located at 33 College Avenue in Waterville, Maine, as the ''George J. Mitchell Post Office Building''.

H.R. 2108. An act to permit the Washington Convention Center Authority to expend revenues for the operation and maintenance of