

for the record that the inclusion of any particular criteria for the FCC to consider should not be viewed as limiting the Commission's authority to make a determination under its overall public interest standard of what existing spectrum uses may need to be continued, or from considering in making its decision the impact on any existing users of having to move to other frequencies or from requiring, as a condition of any move, that the costs of relocation be paid by new users.

Most importantly, I urge the Commission to examine all the spectrum referenced in this act and make determinations as to its allocation that are fair, equitable, and that do not unduly hurt or burden any one group or industry.

Mr. President, I hope this clarification helps guide the FCC as it moves toward auctions as mandated by this bill. I yield the floor.●

AN OUNCE OF PREVENTION AS COSTLY AS THE CURE

Mr. SIMON. Mr. President, Henry Aaron, a respected economist at the Brookings Institution, and Prof. William B. Schwartz who teaches medicine at the University of Southern California, had an op-ed piece in the Washington Post commenting about what is driving up health care costs.

It is a solid piece of information when too often we are looking for superficial answers that may temporarily help the budget situation.

I have said for many years that the Federal Government has to look to additional revenue sources if we are to provide the fundamental services that our people want and deserve.

Nothing that I have seen has changed my mind on that.

Our inattention to our revenue problems has caused an escalation of the deficit in this country; and it has caused expenditures of huge amounts of money for interest, in addition to discouraging industrial investment.

The Henry Aaron-William Schwartz article talks about realities in the medical field, realities we seem reluctant to face but I hope will.

I ask that their op-ed piece be printed in the RECORD.

The material follows:

[FROM THE WASHINGTON POST, NOV. 16, 1995]
AN OUNCE OF PREVENTION AS COSTLY AS THE CURE

(By Henry J. Aaron and William B. Schwartz)

On the op-ed page of Oct. 25, Joseph Califano and Robert Samuelson independently comment on solutions to the excessive level and growth of health care spending. Califano invokes prevention as the long-term solution. Samuelson points to managed care, although he prudently warns of possible abuse by profit-hungry managers. Both miss the simple truth—that any sustained slowdown in the growth of health care spending will require health care rationing.

Contrary to popular belief, the principal causes of rising health care spending are not waste, fraud and abuse, an aging population

or increasingly unhealthful behavior. Waste, fraud and abuse can account at most for about one-tenth of the increase in spending over the past two decades. Aging has been an even smaller factor, although its importance will grow. And people have been eating more healthfully, exercising more and smoking less than in the past.

The primary force driving up health care spending is the proliferation of new health care technology. Scientific advance accounts for at least half and probably more of the 120 percent growth in real per capita health spending that has occurred since 1975. There is no indication that the pace of scientific advance is slowing or will slow. It may be accelerating. And population aging will not stop for decades.

It would be nice if investing in preventive care could significantly slow the growth of health spending. Alas, it cannot, for two related reasons. First, with few exceptions (vaccinations stand out), most preventive health measures must be applied to large populations to prevent a relatively small amount of illness.

Take screening for colon cancer, which kills about 50,000 people annually at a treatment cost of about \$1 billion. Deaths from colon cancer could be cut by 20,000 annually if all people age 50 and over were tested annually for blood in their feces and all those who tested positive underwent a colonoscopy. That sounds like a strong case for preventive colonoscopies. And indeed it is—on grounds of public health. But the added cost of the preventive tests would run \$4 billion to \$6 billion annually, depending on how aggressively patients with benign polyps were treated subsequently. This example illustrates a more general point: Some preventive health measures are good for health, but they seldom cut costs.

The same is true of substance abuse. Califano would like to reduce it. So would most of the rest of us. But measures to reduce substance abuse are costly and have few short-run effects on behavior. They may eventually induce less abuse or better diet, but these changes do not come quickly.

Meanwhile, the second reason prevention does not save money comes into play. It may be possible, at a price, to reduce particular forms of illness. But all of us who survive life's other hazards will one day sicken and die. Smokers spared coronaries and alcoholics spared cirrhosis will eventually get sick and consume health care. The ghoulish fact is that many people who are spared cheap death from a tobacco-induced coronary will eventually succumb to costly debility from Alzheimer's.

Treatment for degenerative diseases such as Alzheimer's, arthritis and miscellaneous organ failures will eat up much of the savings achieved through preventive measures and could end up costing more than any direct savings achieved through prevention campaigns. The offset will not be exact. Some money may be saved. Stopping smoking does cut health costs, but only modestly. In other cases, some net costs may be incurred. But the idea that prevention will materially divert the health cost juggernaut is fantasy.

Samuelson is right to remark on the importance of the managed care revolution. He is properly worried about the effects of an infusion of profit-oriented managed care plans on the quality of care. But he is too credulous about the achievements of managed care in slowing the growth of health care spending.

Yes, health care spending slowed in California during the 1980s as managed care plans spread. But education spending also slowed as California fell from 22nd in the nation in 1979-80 to 33rd in 1991-92. California

experienced a protracted recession during the 1980s. Recessions produce unemployment and reduce incomes. Both cause growth of spending of all kinds to slow.

Samuelson is right that some companies have stopped growth of health insurance premiums by shifting to managed care. But that slowdown could come from reductions in benefits, increased cost-sharing and cost-shifting to other payers through negotiated discounts, as well as from genuine increases in efficiency. Despite the vaunted achievements of managed care, inflation-adjusted health care spending grew 5 percent in the past year, the same as the average for the past four decades.

Maybe managed care will do better in the future than it has in the past. But if 70 percent of all those privately insured already have managed care, as Samuelson reports, one should hesitate before cracking open the champagne in celebration of victory over rising health costs.

Managed care may eventually succeed in saving money by squeezing out waste, but it will have to save enough to pay for the extra administrative costs it generates. Much waste has been squeezed out already. Hospital days have fallen by one-third since 1984. And waste can only be squeezed out once. After it is gone, the same forces that have been driving up health care costs—technology and aging—will reassert themselves.

A sustained slowdown in health care spending can be achieved in only one way: by denying some beneficial services to some people. People have been reluctant to repose such power in government bureaucrats, who have nothing personal to gain from the decisions they make. One wonders whether they will be more willing to cede such sensitive authority to well-paid managed care executives who make larger profits every time they decide some procedure is not worth what it costs them.●

THE BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, more than 3 years ago I began these daily reports to the Senate to make a matter of record the exact Federal debt as of close of business the previous day.

As of the close of business Friday, November 17, the Federal debt stood at exactly \$4,989,662,795,523.25. On a per capita basis, every man, woman, and child in America owes \$18,940.85 as his or her share of the Federal debt.

It is important to recall, Mr. President, that the Senate this year missed an opportunity to implement a balanced budget amendment to the U.S. Constitution. Regrettably, the Senate failed by one vote in that first attempt to bring the Federal debt under control.

There will be another opportunity in the months ahead to approve such a constitutional amendment.

ADDRESSING THE CONCERNS OF ATOMIC VETERANS

Mr. WELLSTONE. Mr. President, last month, President Clinton at a White House ceremony accepted the final report of the Advisory Committee on Human Radiation Experiments. Following Energy Secretary Hazel O'Leary's announcement early in 1994 about secret human radiation experiments carried out or sponsored by the

U.S. Government, President Clinton created the advisory committee to advise the Human Radiation Interagency Working Group on the ethical and scientific issues related to such experiments. The Human Radiation Interagency Working Group, is a Cabinet-level body that includes the Secretary of Veterans Affairs Jesse Brown.

I believe the advisory committee should be commended for devoting considerable attention to atomic veterans in its final report and including two recommendations concerning compensation for them. On several occasions, I strongly advocated that the advisory committee include atomic veterans in their inquiry. In February, for example, I issued a statement urging the panel to include atomic veterans in their final report and recommend specific options for the Government to provide recourse to atomic veterans seeking compensation. At that time, I stressed:

By any standard atomic veterans are perhaps America's most neglected group of veterans, and with the work of the advisory committee we now have an excellent opportunity to finally answer some of these veterans' questions and to address some of the injustices they have suffered.

In March, I had the honor of being the only Senator to publicly testify before the advisory committee—dedicating my testimony to the Forgotten 216th. I did so not only because many of these atomic veterans are Minnesotans but also because they have done so much to educate me about the plight of atomic veterans and their brave and continuing fight for justice.

Mr. President, since January 1994, I have had numerous meetings and contacts with the men of the Forgotten 216th and their families. Since their problems typify those of other atomic veterans nationwide, permit me to tell you about veterans of the U.S. Army's 216th Chemical Service Company and about why they now term themselves the Forgotten 216th.

The Forgotten 216th participated in a series of atmospheric nuclear tests in Nevada in 1952 called Operation Tumbler Snapper. They believed their Government's assurances that it would protect them against any harm, but now are convinced they were used as guinea pigs with no concern shown for their safety. Many were sent to measure fallout at or near ground zero immediately after a nuclear bomb blast, encountering radiation so high that their geiger counters literally went off the scale while they inhaled and ingested radioactive particles. They were given little or no protection, sometimes even lacking film badges to measure their exposure to radiation and were not informed of the dangers they faced. Moreover, they were sworn to secrecy about their participation in nuclear tests, sometimes denied access to their own service health records, and provided with no followup health care or even medical monitoring. Many members of the 216th have already

died, often of cancer. Is it any wonder these men now refer to themselves as the Forgotten 216th?

Given this horrendous situation, I was delighted to see that the advisory committee report included a recommendation that held out hope that the Forgotten 216th and other atomic veterans may never again be forgotten by the Government that placed them in harm's way. The report urged the Human Radiation Interagency Working Group to work in conjunction with Congress to promptly address the concerns expressed by atomic veterans. Among these concerns cited by the committee are several that I have long believed needed to be addressed, including:

The list of presumptive diseases for which atomic vets automatically receive VA compensation is incomplete and inadequate.

The standard of proof for those atomic vets without a presumptive disease cannot be met and, given the incompleteness of the exposure records retained by the Government, inappropriate.

Time and money spent on contractors and consultants in administering the program, particularly the dose reconstructions required for most atomic vets filing claims with the VA, would be better spent on directly aiding vets and their survivors.

With regard to the last two concerns, it is important to note that the advisory committee found that "the Government did not create or maintain adequate records regarding the exposure of all participants [and] the identity and test locale of all participants. * * *" This finding justifiably calls into question the ability of the Government to come up with accurate dose reconstructions on which the approval of claims for VA compensation of many atomic veterans depend.

In the aftermath of the President's acceptance of the report, Jesse Brown announced the establishment of an interagency working group consisting of representatives from the VA, HHS, and DOD in response to the advisory committee's recommendations concerning compensation for atomic veterans. The interagency working group is expected to submit its report to the Human Radiation Interagency Working Group in the spring of 1996.

Both advisory committee recommendations on atomic veterans urge the Human Radiation Interagency Working Group to work in tandem with the Congress to implement them and, therefore, I have requested that my distinguished colleague Chairman SIMPSON hold hearings soon after the interagency working group established by Secretary Brown issues its report in the spring. The purpose of the hearings would be to permit the Committee on Veterans' Affairs to determine what legislative action may need to be taken.

It is worth noting that the cover of every copy of the Atomic Veterans

Newsletter, the official publication of the National Association of Atomic Veterans, contains the simple but eloquent statement: "The atomic veteran seeks no special favor * * * simply justice." Their fight for justice has been long, hard, and frustrating, but these patriotic and deserving veterans have persevered.

Mr. President, I urge my colleagues from both sides of the aisle to join me in seeking to ensure that atomic veterans finally win their struggle for justice.

ORDERS FOR MONDAY, NOVEMBER 27, 1995

Mr. DOLE. Mr. President, I ask unanimous consent that when the Senate completes its business today it stand in adjournment until the hour of 1 p.m., on Monday, November 27, that following the prayer, the Journal of proceedings be deemed approved to date, no resolutions come over under the rule, the call of the calendar be dispensed with, the morning hour be deemed to have expired, and the time for the two leaders be reserved for their use later in the day, and then there be a period for morning business until 3 p.m., with Senators permitted to speak for up to 10 minutes each.

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

Mr. DOLE. I also ask unanimous consent that the Senate begin consideration of the HUD-VA conference report at 3 p.m., on Monday, November 27.

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

PROGRAM

Mr. DOLE. Mr. President, for the information of all Senators, the Senate will begin consideration of the conference report accompanying the HUD-VA appropriations bill at 3 p.m. The Senate may also be asked to take further action with respect to the foreign operations appropriations bill. However, any votes ordered will be postponed to occur at 2:15 p.m., Tuesday, November 28, 1995.

RECESS SUBJECT TO THE CALL OF THE CHAIR

Mr. DOLE. Mr. President, it is my understanding the House will not act on the adjournment resolution until about 5 o'clock. I do not know of any other Senators seeking recognition, so I now move we stand in recess subject to the call of the Chair.

The motion was agreed to; and at 12:09 p.m., the Senate recessed until 3 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. DEWINE).

AUTHORITY FOR COMMITTEES TO REPORT

Mr. GRAMS. Mr. President, I ask unanimous consent, notwithstanding