

The magnitude of Medicare cuts that are included in this year's budget resolution make this legislation especially critical. We must make sure that rural hospitals have the ability to react to huge Medicare cuts by becoming more efficient and closing down unused beds rather than by simply closing their doors.

I am very proud to note that West Virginia has been a leader in helping small, rural hospitals figure out how to adapt and cope with rapidly changing economic circumstances. Webster County Memorial Hospital and Broadus Hospital in Philippi were two of the first few hospitals to be designated rural primary care hospitals nationwide. Seven other West Virginia hospitals are currently considering making the transition.

According to Steve Gavalchik, the administrator of the Webster County Memorial Hospital, if they had not been able to take advantage of the EACH/ RPCH Program, the hospital might have been able to hang on for only about 16 to 18 months more before being forced to shut its doors. Now, Webster County hospital can focus on doing a few things well. Networking with an essential access community hospital has been invaluable as Webster County has made the transition to a rural primary care hospital. United Hospital Center, their hospital partner, has provided technical assistance, financial advice, quality assurance and quality improvement support.

For the people of Webster County, access to basic and emergency health care services would have been severely curtailed if Webster County Hospital had been forced to close. The nearest hospital is 43 minutes away—in the summer. In the winter, the drive is much more treacherous and takes up to 1½ hours or more. Patients with chronic obstructive pulmonary disease [COPD], diabetes, pneumonia, and congestive heart failure are the most common diagnoses of patients admitted for short term stays. Just imagine if these patients, most of them elderly were forced to travel an hour or so to get routine hospital care, not to mention the extra costs that would be involved for them and their families.

Family practice services are now available on site at the hospital because the doctors in the town moved into unused space. The doctors' practice have benefited from sharing resources, and the local health department has moved its headquarters to the hospital complex. As a result, the hospital and the local health department are now working together in ways they would have never thought of before. More important, patients benefit from the ease of having a central place to go to take care of their routine health care needs.

According to the hospital administrator at Broadus Hospital, Susannah Higgins, Broadus Hospital was also faced with possible closure prior to being designated an RPCH hospital.

Now, Broadus can function as a mini-hospital. Through its relationships with partner hospitals, Broadus offers oncology, general surgery, ob-gyn clinic services on-site on a weekly basis. Family practice and internal medicine services are available on a daily basis. Lifesaving emergency services are on-site. Just recently a local resident severed his leg in a logging accident. He was transported to Broadus Hospital in a private car. By the time he arrived at the emergency room he was in extremely, extremely critical condition. Fortunately, he was able to be stabilized and was later transported to a medical center. If emergency services had not been available in the area, there is a very good chance that man would not be alive today. When minutes and seconds literally count, a helicopter landing pad cannot take the place of having highly trained and qualified emergency doctors and nurses available immediately to stabilize and begin emergency care.

Webster County Memorial Hospital and Broadus Hospital are examples of how rural communities can adapt to a changing health care marketplace. This legislation builds on the strengths of the current EACH/ RPCH program and the Montana MAF program; improves them; and expands them to all 50 States so that rural hospitals all across America will have the same opportunities.

Mr. President, under our bill, newly designated critical access hospitals would be limited to 15 inpatient days and patient stays would have to be the kind involving limited duration—up to 96 hours, although exceptions are allowed in special circumstances, such as inclement weather or a patient's medical condition.

In this bill, we ease up on hospital regulations so that critical access hospitals can meet the needs of their community and not the needs of a Federal bureaucracy. We are not easing up on quality standards but have rather allowed hospitals to use common sense when it comes to staffing and certain other Federal standards. For instance, if there are no inpatient beds occupied, hospitals do not have to have a full complement of hospital staff on duty. Medicare reimbursement would take into account a small, rural hospital's fixed costs and the inability of small, rural hospitals to take advantage of some of the cost-saving measures that larger hospitals can implement.

Our legislation is targeted at the 1,186 rural hospitals nationwide with fewer than 50 beds. While these hospitals are essential to assuring access to health care services in their local communities, these hospitals account for only 2 percent of total Medicare payments to hospitals. Our country's small rural hospitals needs special attention. This legislation gives them that attention and the ability to adapt to a rapidly changing health care world.

Finally, this legislation would require the Secretary of HHS to submit a report by next January on a methodology for Medicare reimbursement of telemedicine services. I recently, along with my colleague from Maine, Senator SNOWE, included an amendment in the telecommunications bill—that was passed by the Senate just last week—that will guarantee rural health care providers affordable transmission costs when it comes to telemedicine and other telecommunications technology. The provision in the bill we are introducing today is another important step to improving access to specialty and state-of-the-art medical care for rural residents.

Mr. President, I believe this legislation is critically important and, if enacted, will have an important difference on the health of rural residents across America. I am honored to be part of this effort, and intent on continuing to respond to the health care needs of the people in my State and rural America.●

DECLINE OF DEMOCRACY IN NIGERIA

● Mr. SIMON. Mr. President, today I remind my colleagues that June 12, 1995, was the second anniversary of the annulled election of Mashood Abiola as President of Nigeria. The people of Nigeria commemorated this anniversary with a general strike that brought business in Lagos and other cities to a standstill. The military regime of Gen. Sani Abacha marked the anniversary by rounding up and arresting dozens of Nigeria's prodemocratic leaders. As I speak today, General Abacha continues to hold in prison the legitimately elected leader of Nigeria; the general also continues to deny President Abiola badly needed medical attention.

Nigeria is a nation rich in natural and human resources. Besides producing 2 million barrels of oil a day, Nigeria mines significant amounts of coal, lead, zinc, and other minerals. Nigeria is also the most populous nation in Africa. In the 1960's and 1970's, the people of Nigeria set the standard for improving educational standards and promoting economic development in Africa. By the early 1980's, 100,000 men and women were graduating each year from Nigerian postsecondary institutions and one-third of the population belonged to the middle class. Observers of postcolonial Africa predicted that Nigeria would lead the way in building democracy and prosperity in sub-Saharan Africa.

Since that time, however, this optimistic outlook has been shattered. The military leaders of Nigeria have systematically looted their country's wealth and brought Nigeria to the edge of economic and political ruin. Today the Nigerian Government cannot even make interest payments on its foreign debt and is losing control over many of its territories. Fifteen years ago, Nigeria had a per capita income of \$1,000,

while today per capita income in Nigeria has dropped to \$200 and the middle class has almost completely disappeared into poverty. This economic turmoil has undermined Nigeria's efforts to fight the spread of diseases like polio, riverblindness, and AIDS. Under the regime of General Abacha and his predecessors, Nigeria has become one of the busiest heroin trafficking points in the world.

In the past year General Abacha convened a constitutional conference to decide the future of the Nigerian Government. It is now clear that this conference was stacked with pro-military delegates. The conference ignored the views of the National Democratic Coalition and other groups both in Nigeria and in exile which advocate the restoration of democratic institutions in Nigeria. Quite predictably, the conference voted to indefinitely extend General Abacha's term.

The international community needs to intensify its efforts to restore democratic rule to Nigeria and end the flagrant human rights violations this military regime inflicts daily on the people of Nigeria. President Clinton has taken a good first step by suspending commercial flights to Nigeria and denying entrance to the United States to those people who are suppressing democracy in Nigeria. Up to now, however, these sanctions seem to have had no effect on the behavior of the military regime. I encourage the administration to make further efforts to push Nigeria toward democracy. The United States, along with the rest of the international community must support the prodemocracy movement in Nigeria with the same resolve we showed for the anti-apartheid movement in South Africa.

Support for democracy in South Africa required a unified response that increasingly isolated the South African Government from the rest of the global community. If General Abacha refuses to take any steps toward relinquishing his power, the United States should look at ways to increase diplomatic pressure on Nigeria. The administration should consider the recommendations of groups such as TransAfrica and the Parliamentary Human Rights Group to strengthen sanctions, including, perhaps, a temporary oil embargo on Nigeria. The future of Africa hinges on the development of democracy in countries like Nigeria. It is in our national interest to force Nigeria's military leaders to stop their human rights abuses and begin the transition to a legitimate democratic government. •

ORDER TO PRINT H.R. 956 AND S. 562 AS PASSED

Mr. DOLE. Mr. President I ask unanimous consent that H.R. 956 and S. 562 be printed as passed by the Senate.

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

MIDDLE EAST PEACE FACILITATION ACT

Mr. DOLE. I ask unanimous consent that the Senate proceed to the immediate consideration of S. 962, a bill introduced earlier today by Senator HELMS.

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

The clerk will state the bill by title.

A bill (S. 962) to extend authorities under the Middle East Facilitation Act of 1994 until August 15, 1995.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill.

Mr. DOLE. Mr. President, I ask unanimous consent that the bill be considered read the third time, passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be placed at the appropriate place in the RECORD.

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

So the bill (S. 962) was considered read the third time, and passed, as follows:

S. 962

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF AUTHORITIES.

Section 583 of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (Public Law 103-236) is amended by striking "July 1, 1995" and inserting in lieu thereof "August 15, 1995".

AUTHORIZING REPRESENTATION BY SENATE LEGAL COUNSEL

Mr. DOLE. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Senate Resolution 141, submitted earlier today by myself and Senator DASCHLE.

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

The clerk will state the resolution by title.

A resolution (S. Res. 141) to authorize representation by Senate legal counsel.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the resolution?

There being no objection, the Senate proceeded to consider the resolution.

Mr. DOLE. Mr. President, the plaintiff in William D. (Bill) Peterson II versus the Honorable Senator ORRIN G. HATCH, a case pending in the U.S. District Court for the District of Utah, contends that his constitutional rights, including his first amendment right to petition the Government, have been violated because Senator HATCH has followed economic policies that differ from those the plaintiff advocates.

Lawsuits alleging that citizens have been aggrieved by Members' failures to act in accordance with the citizens' views have been filed against Members of Congress from time to time. As the Senate has noted previously in response to such lawsuits, every citizen

has a constitutionally protected right to petition the Government for the redress of grievances. However, elected officials have the discretion to agree or disagree with communications they receive, and must be allowed to decide how best to respond to the many problems and points of view which are presented to them.

the following resolution would authorize the Senate legal counsel to represent Senator HATCH in this matter.

Mr. President, I ask unanimous consent that the resolution be considered and agreed to, the preamble be agreed to, and the motion to reconsider be laid upon the table, and that any statements relating to the resolution appear at the appropriate place in the RECORD.

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

So the resolution (S. Res. 141) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, is as follows:

S. RES. 141

Whereas, in the case of *William D. (Bill) Peterson II v. The Honorable Senator Orrin G. Hatch*, No. 95-C-0352-S, pending in the United States District Court for the District of Utah, the plaintiff has named Senator Orrin G. Hatch as the defendant;

Whereas, pursuant to sections 703(a) and 704(a)(1) of the Ethics in Government Act of 1978, 2 U.S.C. §§288b(a) and 288c(a)(1)(1994), the Senate may direct its counsel to defend Members of the Senate in civil actions relating to their official responsibilities: Now, therefore, be it *Resolved*, That the Senate Legal Counsel is authorized to represent Senator Orrin G. Hatch in the case of *William D. (Bill) Peterson II v. The Honorable Senator Orrin G. Hatch*.

ORDERS FOR MONDAY, JUNE 26, 1995

Mr. DOLE. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in recess until the hour of 11 a.m., Monday, June 26, 1995; that following the prayer, the Journal of the proceedings be deemed approved to date, that the time for the two leaders be reserved for their use later in the day, and there then be a period for morning business until the hour of 12 noon, with Senators permitted to speak therein for up to 5 minutes each, with the exception of Senator HATCH, who will speak for up to 15 minutes; further, that at the hour of 12 p.m., the Senate resume consideration of S. 240, the securities litigation bill, under the provisions of the previous agreement.

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

PROGRAM

Mr. DOLE. Mr. President, for the information of all Senators, we will resume consideration on Monday at 12 noon on S. 240. We have reached agreement earlier today that we will have votes starting at 5:15 p.m. on Monday. There will be three votes, and prior to