

LEGISLATION TO REAUTHORIZE
THE SAFE DRINKING WATER ACT

HON. EARL POMEROY

OF NORTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mr. POMEROY. Mr. Speaker, I rise today to discuss a bill I introduced to reform the Safe Drinking Water Act [SDWA]. This bill, which is identical to legislation passed unanimously by the Senate, would cut burdensome regulations, eliminate unnecessary testing requirements, and assist communities in making sure their drinking water is clean and safe.

Since I was elected to Congress, I have been working to pass legislation to reauthorize and reform the Safe Drinking Water Act. During the 103d Congress, I joined Congressman Slattery and others in introducing H.R. 3392 which passed the House and was the main bill around which negotiations centered. Unfortunately, Congress adjourned before final action could be completed. I am hopeful that with the overwhelming support this bill received in the Senate, swift action will be taken in the House in the near future.

Over the past 3 years, I have visited several small water systems in North Dakota. Through my visits and conversations with system operators, I have become very familiar with the workings of this law. Many small and rural water systems simply cannot comply with these mandates—they don't have the technology and they don't have the resources. This law has driven many North Dakota communities to the edge of bankruptcy, while others have had to ignore the law in order to survive financially.

I firmly believe the rules of SDWA should fit the communities it is designed to serve. The original law was based on large water systems and subscribes to a one-size-fits-all approach to the problem. I believe a more prudent approach is to take the actual threat to public health into consideration and allow communities to target scarce resources to those needs.

This bill does just that. It reduces the regulatory burden imposed on States and public water systems, increase State authority and flexibility, provides financial assistance for unfunded mandates, and directs the Environmental Protection Agency to consider costs and benefits when setting new standards. Importantly, small systems are given special consideration under the legislation. The bill requires the EPA to consider system size when determining the best available technology to address a risk, permits States to issue variances, and provides for technical assistance grants.

Of particular concern to me regarding the current law are the arbitrary numbers of specific contaminants that must be regulated—without regard to the risk they present. Currently, communities must monitor for 83 contaminants and the EPA will require monitoring for 25 more contaminants every 3 years. The bill passed by the Senate and which I have introduced eliminates this requirement and establishes a process for EPA to select and list contaminants for regulatory consideration based on occurrence and health effects.

I am hopeful that the House of Representatives will follow the Senate's lead and take swift action to move this bill.

SPECIAL APPLICATION OF SEC-
TION 1034 OF THE INTERNAL
REVENUE CODE

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mrs. MINK of Hawaii. Mr. Speaker, today I introduced a bill to provide for a special application of section 1034 of the Internal Revenue Code of 1986.

According to section 1034 of the Internal Revenue Code: If a property used by the taxpayer as his principal residence is sold by him and, within a period beginning 2 years before the date of such sale and ending 2 years after such date, property is purchased and used by the taxpayer as his principal residence, gain from such sale shall be recognized only to the extent that the taxpayer's adjusted sales price of the old residence exceeds the taxpayer's cost of purchasing the new residence.

When Hurricane Iniki hit on September 11, 1992, the island of Kauai was totally devastated. Thousands lost their homes along with all of their possessions. The hurricane destroyed documents and caused numerous other problems. The crisis left the County of Kauai unable to process claims already in progress in the usual timely fashion. As a result, the 24 month IRS rollover period permitting nonrecognition of gain, on Ms. Rita Bennington's sale of her old principal residence, expired. The delays caused by the disaster are well documented, however the IRS code has no leniency for such unforeseen circumstances.

My constituent, Ms. Rita Bennington, purchased her new residence within the meaning of section 1034, however was unable to meet its requirements with respect to the sale of her old principal residence, due to the delays caused by Hurricane Iniki. This bill would allow her 2.5 years, instead of 2 years, to complete the transaction thereby allowing her to apply nonrecognition of gain provisions to the sale of her old principal residence.

Natural disasters are truly unfortunate. Nevertheless, individuals who suffer as a direct result of such destruction should not be additionally penalized with the denial of an expected tax deduction. Such circumstances should be given legislative relief.

Mr. Speaker, I urge the immediate consideration of this legislation.

IT IS TIME TO STOP THE FLOW OF
ILLICIT DRUGS IN THE UNITED
STATES

HON. E. CLAY SHAW, JR.

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mr. SHAW. Mr. Speaker, I rise today to introduce legislation that will authorize the imposition of trade sanctions on countries which threaten the health and safety of U.S. citizens by failing to cooperate fully with the United States regarding the reduction and interdiction of illicit drugs.

The United States has been saturated by a flood of illegal drugs which has resulted in our national security being seriously threatened.

Startling new statistics reflect a resurgent drug crisis and a sharp increase in the use of heroin, cocaine, and crack cocaine, LSD, and marijuana by our children—usually between the ages of 12 and 17. We have attempted to fight the drug war by creating joint Federal-State-local task forces and with the Department of Justice's Weed and Seed sites, and by passing strict sentencing laws for drug traffickers.

Now it is clear, however, that we must not only have a tough domestic drug policy, such as by enforcing minimum mandatory sentences for drug traffickers, we must also take our fight across our borders into other countries. We need to send a strong signal to all foreign governments that we are serious about our war on drugs.

Despite the increase of drug use this past year, the administration continues to grant significant trade benefits to countries whose governments have failed to cooperate with the United States in drug interdiction efforts. Clearly, Members of Congress must now assume this responsibility and ban together to protect our country and children from these drugs.

My bill authorizes the imposition of trade sanctions on countries that fail to cooperate fully with us to stop the flow of illicit drugs. Reducing U.S. trade benefits will make foreign governments that willingly allow these drugs to end up on American streets and in American schools to think twice before they look the other way while drug kingpins in their country cultivate and or transport cocaine right before their eyes.

I urge my colleagues to cosponsor this important legislation and send a strong message to foreign countries that the United States is serious about halting the flow of illicit drugs.

EXTENSION OF AGENCY RULE-
MAKING PERIOD UNDER TITLE I
OF THE INDIAN SELF-DETER-
MINATION AND EDUCATION AS-
SISTANCE ACT

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mr. MILLER of California. Mr. Speaker, today I am introducing a simple bill that amends title I of the Indian Self-Determination and Education Assistance Act. The act, which was enacted in 1975, empowers tribes and tribal organizations to take over the operation of Federal programs that directly benefit American Indian and Alaska Native tribes. In giving tribes greater control of the programs which affect their lives on a daily basis, we sought to foster true Indian self-determination as well as to limit the growth of the attendant Federal bureaucracy which had sprung up around the Federal Indian programs.

In the 103d Congress, we amended the Indian Self-Determination Act in response to the 6-year refusal of the Departments of the Interior and Health and Human Services to promulgate rules to carry out certain provisions in the act. Through the Indian Self-Determination Act Amendments of 1994, we streamlined the contracting process, curbed the Departments' rulemaking authority, and required the Departments to negotiate new regulations with the Indian tribes.

In order to prevent any further agency intransigence in promulgating regulations pursuant to the Departments' remaining rulemaking authority, the 1994 amendments contained a sunset provision which terminates the Departments' ability to issue regulations if they fail to do so within 18 months of the date of enactment. The Departments' rulemaking authority is set to expire on April 25, 1996.

Since enactment of the 1994 amendments, the tribes and the Departments have proceeded to negotiate a draft set of regulations to carry out the terms of the act. Although the tribes and the Departments finished work on the draft regulations by the end of October 1995, the two Government shutdowns and a spate of bad weather prevented the agencies from publishing the proposed regulations until January 24, 1996. The 60-day public comment period runs until March 25. The tribes and the Departments have both committed to a final meeting prior to publication of the final regulations in order to review, discuss, and reach a consensus regarding the comments received by the Departments.

The tribes and the Departments both fear that there will not be enough time to conduct a final meeting and allow for adequate agency review and integration of tribal comments into the final regulations by April 25. The tribes and agencies are in agreement that they are better off with the negotiated regulations than with no regulations at all. Thus, the tribes and the Departments have asked Congress to amend section 107(a)(2)(B) of the Indian Self-Determination Act to extend the sunset provision by 2 months.

Mr. Speaker, that is what this bill does. I would like to note that not only does this bill have the support of the Indian tribes and the administration, but it enjoys bipartisan support in the Congress. I urge my colleagues to support its swift passage.

THE RICKY RAY HEMOPHILIA RELIEF FUND ACT: HELPING THE VICTIMS OF HEMOPHILIA-ASSOCIATED AIDS

HON. GERRY E. STUDDS

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 6, 1996

Mr. STUDDS. Mr. Speaker, I would ask each of my colleagues to imagine that you are the parent of three fine sons, each of whom has inherited the gene for hemophilia. Then imagine, if you can, that each of your sons acquires the AIDS virus through a contaminated blood transfusion. Your first son dies at age 40; the second, at 37, and your surviving son is very sick. Among them, they have nine children—your grandchildren—all of whom will be left fatherless.

At least one family in my congressional district does not have to imagine what that would be like. They know, because it is precisely what has happened to them. The heart-breaking story of the family of Joseph and Jacqueline Savoie is movingly told in an article by Liz Kowalczyk of the Patriot Ledger, published January 6–7, 1996, which I ask to have inserted in the RECORD.

Nor is their story unique. I have received letters from people throughout New England who have lost family members to hemophilia-asso-

ciated AIDS. At least 8,000 people with hemophilia and other blood-clotting disorders contracted HIV/AIDS from transfusions of contaminated antihemophilic factor [AHF] between 1980 and 1987. This means that as many as half of all individuals who suffer from blood-clotting disorders were exposed to HIV through the use of AHF.

Every death from AIDS is a tragedy that touches many lives. Yet who can fathom the sheer devastation inflicted on families such as these? The enormity of their experience becomes still more compelling when one learns that the Government could have acted to prevent it.

In 1980, when the first gay men began falling ill from the mysterious ailment that would ultimately be called AIDS, the technology became available to pasteurize blood-clotting agents. Yet for 7 years the Reagan administration failed to require the blood products industry to make use of this technology. Nor did the Government require the industry to inform the public about the risks of contamination with blood-borne pathogens such as HIV.

The failures of our public health system that contributed to this catastrophe are documented in a report by the Institute of Medicine of the National Academy of Sciences, commissioned by Secretary Shalala and published last year. The report recommends a series of steps that will help ensure the safety of the blood supply so that future tragedies can be prevented.

Such forward-looking measures are essential. But we also have a responsibility as a society to make restitution to those for whom these steps have come too late. That is why I have joined with Congressmen PORTER GOSS of Florida in introducing bipartisan legislation to provide partial compensation to these individuals and their families. The bill, H.R. 1023, is known as the Ricky Ray Hemophilia Relief Fund Act. It is named for a young man from Florida with hemophilia-associated AIDS, who died in 1992, at the age of 15.

The bill would establish a Federal trust fund to provide \$125,000 in compensation to victims or their survivors. This may seem like a substantial amount of money in these budget-cutting days. In fact, it will not even cover the annual medical costs incurred by many of these families. As Steve Savoie wrote to me last year, "I have been stripped of my dignity and can no longer support my family. * * * The financial stress is a big part of our lives. * * * There are days I can just barely make it through the day, only to get bill collectors calling the house looking for payment."

The compensation this legislation would provide cannot undo the terrible harm that has been done to Ricky Ray, Joe, Phil, and Steve Savoie, and the thousands like them. But it is the very least we can and must do. I commend Congressman GOSS for introducing this bill, and urge my colleagues to join us and our 181 current cosponsors in supporting it.

[From the Patriot Ledger, Jan. 6–7, 1996]

ANGER, TEARS REVEAL FAMILY'S TRAGEDY

(By Liz Kowalczyk)

For the past five years, Joseph and Jacqueline Savoie have watched life slip away from their three youngest sons. But they couldn't bring themselves to tell people why.

When the boys were born with hemophilia in the 1950s, the Savoies thought that was the worst they would have to face.

Each time Joseph Jr., Steven and Philip hurt themselves playing baseball or climbing

a tree, they were guaranteed a series of transfusions and weeks in the hospital.

So when drug companies started selling a blood-clotting solution that their sons could inject at home, the Savoies were thankful.

Then their gratitude turned to outrage.

The same product that granted Joe, Steve and Phil such freedom became a death sentence.

Sometime during the early to mid-1980's each of the three brothers contracted the AIDS virus from contaminated blood used in the clotting solution.

Joe was the first to die of AIDS-related lung cancer in January 1992. He was 40.

Phil, the baby of the family, died June 6 of AIDS-related illnesses, including pneumonia. He was one week short of his 38th birthday.

Steve, 41, is the sole survivor.

"I'm really scared," he said. "Since Thanksgiving, I've had problems with my throat. I'm afraid it's the beginning of things."

His weight has dropped from 200 to 176 pounds, and his tonsils have become so swollen in the last few days he just eats Cream of Wheat.

Steve's mother lies awake at night and prays.

"We prayed for a miracle, we prayed for drugs, we prayed to every saint, and finally you give up," she said. "You feel like you're sitting on railroad tracks and you know the train is coming but there is nothing you can do to stop it."

Kathy Savoie, Steve's wife, interjected: "We're still praying."

The Savoies told no one but a few close friends and their extended family what was killing their sons. Not their coworkers and not their neighbors in Weymouth and Abington. They worried that people in their suburban communities would ostracize them or ask too many painful questions.

But Steve convinced his family that talking about their very personal tragedy will help ease their frustration.

Steve and Kathy live in Weymouth with their two teenagers, Steven Jr., 14, and Kelly, 17. Kathy and the children have tested negative for HIV, the virus that causes AIDS.

He decided to tell his story after the Supreme Court declined in October to consider a class-action lawsuit, which was brought by AIDS-infected hemophiliacs against four drug companies and the National Hemophilia Foundation.

He and the rest of the family are also frustrated that legislation giving \$125,000 to anyone with hemophilia-related AIDS, or to their survivors, has been stalled in Congress for months. Supporters say the money would compensate victims for the Food and Drug Administration's failure to pull the contaminated products off the market sooner.

"It makes me so awful damn mad to think we lost two boys and they sit back and act like it's nothing," said Joseph Savoie, a retired Weymouth firefighter who now lives in Abington with his wife.

The Centers for Disease Control estimates that 10,000 hemophiliacs—half of all those in the United States—contracted the AIDS virus before the mid-1980s. That's when drug companies started heat-treating the blood products used in the clotting solution, a procedure that usually kills the virus.

About 2,000 hemophiliacs nation-wide have died of AIDS. In Massachusetts, 358 people are known to have contracted HIV from blood products. Two-thirds of those people have died. Activists estimate that in the suburbs south of Boston about two dozen families have children who are infected.

The numbers haunt Steve Savoie.

"The last time I was in the hospital, I was looking out the window," he said, "I imagined I saw Joe's and Phil's faces. They were