Committee be discharged from further consideration of H.R. 1787, and, further, that the Senate proceed to its immediate consideration.

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

The clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 1787) to amend the Federal Food, Drug, and Cosmetic Act to repeal the Saccharin notice requirement.

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. SPECTER. Mr. President, I ask unanimous consent that the bill be deemed read a 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.

Again, I make a disclaimer, Mr. President, that I am making this statement at the request of the clerk in the absence of leadership where more detailed knowledge is present as to the specifics involved.

The PRESIDING OFFICER. Without objection, it is so ordered. The Senator's reservation is duly noted.

So the bill (H.R. 1787) was considered and passed.

Mr. SPECTER. I thank the Chair.

In the absence of any other Senator on the floor, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SMITH). Without objection, it is so ordered.

BALANCED BUDGET DOWNPAYMENT ACT, II

The Senate continued with the consideration of the bill.

Mr. KENNEDY. Mr. President, I understand the time is controlled. I yield myself 12 minutes from Senator BOXER.

The PRESIDING OFFICER. The Senator from California has 5 minutes remaining. Senator MURRAY has 7½, and Senator FEINSTEIN has 7½.

Mr. KENNEDY. I yield myself 3 minutes, Mr. President.

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

AMENDMENT NO. 3508

Mr. KENNEDY. Mr. President, very briefly, there are two major proposals before the Senate this afternoon. One proposal prohibits the District of Columbia from using locally raised funds to provide abortions for its residents. It allows the Congress of the United States to undermine the constitutional rights of poor women and thus, their ability to receive an abortion.

We do not interfere with the disbursement of local funds in any of the States because it is inappropriate to dictate State and local policy in this area. It is equally inappropriate to impose the will of the Federal Government on the District of Columbia. This is the long arm of the Federal Government reaching in and dictating the health conditions for needy women in the District. Many of these women have determined that they must have an abortion but, because they are poor, they need assistance from the District of Columbia. District of Columbia elected officials should have the ability to allocate funds to women in these circumstances.

Second, I reject the belief that the Senate should determine medical residency training criteria as it pertains to issues regarding women. This is the first real attempt to superimpose Congress' view on obstetric and gynecological medical training. Today, we are saying we will not require that medical training institutions provide abortion training for ob/gyn residents. Tomorrow, we may be making policy and setting standards in another area of medical training. Congress should leave the practice of medicine to the doctors. In this case, a highly respected board is attempting to insure that we have the best-trained physicians in the world. We have already acceded to a conscience clause that protects religious and moral beliefs of institutions and residents. Those individuals and institutions will not be required to participate in certain medical procedures that violate their conscience or their religious training. But to go beyond that by passing a law that substitutes congressional and political opinion for medical decisionmaking is wrong. Congress should not interfere with current ACGME policy. It is an inappropriate use of our authority. It is bad policy and it is bad medicine. We should reject this proposal.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. KENNEDY. Mr. President, I yield whatever time remains.

Mrs. BOXER addressed the Chair.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. I yield myself 1 minute just to say to the Senator from Massachusetts how grateful I am that he expressed his views on the floor. This has been a very difficult morning because there was a modified amendment which, unfortunately, I could not get to analyze until this morning. And the Senator is right. We already have a conscience clause. Any institution who has a moral or religious objection to teaching abortion is covered under current law, and what this would say is that any institution, even if they did not have a moral or religious objection, would not have to teach residents how to perform safe, competent abortions so that our women are safe.

On the matter of Washington, DC, I wish to tell the Senator that there are 3,049 counties, 19,100 cities, and every one of them has the right to spend their locally raised funds as they wish. To pick out one entity and reach the long arm of the Federal Government into it is really unfair and goes against the supposed spirit of this Republican Congress. So I thank my friend very much.

The PRESIDING OFFICER. The Senator has used her 1 minute.

Who yields time?

Ms. SNOWE addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

Ms. SNOWE. I thank the Chair.

The PRESIDING OFFICER. The Senator from Maine has 30 minutes allocated to her under the previous order.

AMENDMENT NO. 3513, AS MODIFIED

Ms. SNOWE. I will consume as much time as I require. I thank the Chair.

I rise today to join the distinguished Senator from Indiana in offering an amendment that I think will address many concerns. In fact, I am pleased to have the opportunity to clarify some of the misinformation that has been expressed regarding this compromise amendment.

No one can question whether or not it is appropriate to ensure quality care for women in America. No one can question that we need to maintain accreditation standards for medical institutions across this country. The fact remains that this amendment on which I worked in conjunction with the Senator from Indiana does not allow Federal funds to go to an unaccredited institution because they fail to provide for abortion training.

Nothing could be further from the truth. This amendment accomplishes two things. One, it does protect those institutions and those individuals who do not want to get involved in the performance or training of abortion when it is contrary to their beliefs. Second, and just as important, it preserves the quality of health care that will be provided to women because it protects the universally accepted standards—there is only one set of standards—of the Accreditation Council for Graduate Medical Education that provides for quality standards for ob-gyn programs. So this amendment would not only make sure that women have access to quality health care with the strictest of standards when it comes to quality and safety but it also will ensure that they have access to physicians who specialize in women's health care.

I do not think anybody would disagree with the fact—and I am prochoice on this matter, but I do not think anybody would disagree with the fact that an institution or an individual who does not want to perform an abortion should do so contrary to their beliefs. But at the same time we have to make sure we preserve the accreditation standards that are established by the Accreditation Council for Graduate Medical Education, that provides for the standards for more than 7,400 medical institutions in America.

We want to make sure we do not undo 50 State licensure boards with respect to overturning or overriding this one set of accreditation standards. That is what we were dealing with, and hence this compromise here today, because whether we like it or not—and certainly I do not like it—in the House of Representatives they have already passed legislation that would allow Federal funds to go to an unaccredited institution. That is a fact, and that is unacceptable. That is why I worked with the Senator from Indiana to ensure that would not happen.

Contrary to what has been said here today, 88 percent of medical institutions in this country do not provide abortion training even though it is implicitly required in the accreditation standards. So we are not broadening this issue to provide for an exodus from performing or participating in abortion training. Eighty-eight percent of the institutions currently do not provide it, even though there is a conscience clause.

So this legislation is saying we do not want what is going to happen in the House of Representatives with the accreditation standards being dismissed and abandoned. That is an issue and that is a reality. That is why I worked with the Senator from Indiana to ensure that we preserve the one set of standards in America that the Federal Government relies on for the purposes of Federal funding, that medical students rely on for the purposes of Federal funding, that physicians rely on in terms of judging standards, that patients and consumers and States rely on in terms of determining their licensing procedures.

So the choice was not to address the reality of what is taking place in the House or making sure, more importantly, that the Senate was on record in opposition to that kind of language and developing a compromise with the Senator from Indiana to ensure that we maintained the accreditation standards for all medical institutions to advance the quality health care for women and at the same time to allow training for abortion for those who want to participate in that training or for the institutions who want to provide it. Because that is the way it is done now. That is the status quo, and that is not changing.

I know consensus and compromise is not the norm anymore. I think it is important on this issue because abortion is a very divisive issue. No one can challenge me on where I stand on this issue. But I think it is also important to make sure that we preserve quality health care for women in America. I do not want to see these accreditation standards undone, and that is what the legislation that was originally pending would have done. The House language went much further than that. This is a compromise to preserve those standards. This is a compromise to ensure that it does not jeopardize the 273 ob-gyn programs that otherwise would have been affected if this compromise was not before us. That is the risk, and that is why I worked with the Senator from Indiana to ensure that would not happen.

It is inappropriate for this institution to be involved in the accreditation standards or curriculum, but that is not what we are dealing with here. It has already happened. I want to be able to go to conference to ensure that the House language is not adopted, and the best way to do that is to ensure we can pass language that everybody could agree on, that represents a consensus and does not jeopardize the kind of care that women in America deserve. That is what this compromise amendment is all about.

I urge adoption of this compromise amendment. To do otherwise is to risk getting the House language in the final analysis. That, indeed, would set a very dangerous precedent.

Mr. President, I yield 5 minutes to the Senator from Indiana.

The PRESIDING OFFICER. The Senator from Indiana is recognized for 5 minutes.

Mr. COATS. Mr. President, I thank the Senator from Maine for her diligent work with us in clarifying language here and for her articulate statement of support and the reasons why she supports this particular amendment. I will not repeat those, but I think they clearly make the case.

I would like to respond, also, to the Senator from California, who indicated that one of the reasons why she opposes the Coats amendment is that we will not have medical personnel adequately trained to perform abortions if necessary.

I would like to state for the record that an ACGME member—the certifying body—ACGME member submitted testimony to the Senate Labor and Human Resources Committee that the D&C procedures that are taught to every ob-gyn and procedures used in cases of miscarriages and those of induced abortion require similar experience. Numerous ob-gyn's have indicated to us—and I have a pile of letters here from them, indicating so, and I will be happy to submit those for the RECORD—that an OB-GYN who is trained, as they must be trained, to perform D&C procedures in the case of spontaneous abortions, are more than adequately prepared, should the need arise, to perform an induced abortion. Again, I have an extensive set of letters from those who are trained in those procedures, indicating that is the case.

In short, a resident needs not to have performed an abortion on a live, unborn child, to have mastered the procedure to protect the health of the mother if necessary. Maternal health will not be improved by forcing ob-gyn's to perform abortions on live fetuses if an ob-gyn will not do an abortion in actual practice. But it is clear from the record that they will have sufficient training to do so if necessary.

Second, I would like to just once again, for my colleagues' benefit, indicate the support of Dr. BILL FRIST, the Senator from Tennessee, for this amendment, who has stated, ''The Coats amendment will protect medical residents, individual physicians, and medical training programs from abortion-related discrimination in the training and licensing of physicians.'' ''However,'' he goes on to say, ''in our efforts to safeguard freedom of conscience, there are limits to what Congress can impose on private medical accrediting bodies. I believe this amendment stays within the confines of the governmental role and addresses the matter of discrimination in a way that is acceptable to all parties. The Congress is responsible,'' he goes on to say, ''for the Federal funding that is tied to accreditation by the ACGME, and as public servants we must ensure that there is no hint of discrimination associated with the use of public funds, and that is exactly what this amendment does.''

AMENDMENT NO. 3508

I would like to respond to the issue raised in the second amendment, the amendment offered by the Senator from California, relative to the use of funds for abortions in the District of Columbia. It is clear, as the Constitution so states, that article I, section 8, gives this Congress exclusive legislation over all cases whatsoever in the District of Columbia. It is stated in the Constitution clearly. It has been the basis on which we have operated, and it is a constitutional basis. In all matters relative to the District of Columbia, the responsibility for protection of those and implementation of those and establishment of those is established in the Constitution of the United States.

Public law 931–98, the home rule law, is consistent with this constitutional mandate, because it charges Congress with the responsibility for the appropriation of all funds for our Nation's Capital. The Congress, then, bears the ultimate constitutional and full responsibility for the District's abortion policies.

Second is the question of separating or mingling.

I ask the Senator from Maine if I could have an additional 2 minutes from her time?

Ms. SNOWE. Mr. President, how much time do I have left?

The PRESIDING OFFICER. The Senator from Maine has 17 minutes remaining.

Ms. SNOWE. Yes, I yield the Senator 2 additional minutes.

Mr. COATS. Second, let me state this idea of separating Federal from District funds is nothing more than a bookkeeping exercise. Essentially, what would happen is that the so-called District funds would allow the local government to continue funding abortion on demand. I do not believe that is something this Congress endorses. I do not believe that is something that we should not deal with as

we have dealt before. The separation of Federal funds from District funds is a distinction without a difference, given the constitutional mandate and the practice of this Congress to appropriate all funds for expenditure in the District. We all know that the District has one of the more permissive, if not one of the most permissive abortion funding policies in the country. It is essentially unrestricted abortion on demand. I do not believe that is what this Congress wants to authorize for the District of Columbia, and we have, on numerous instances, addressed this issue.

In the conference report that is before us on the omnibus funding bill, this was discussed at length. The language that is incorporated is language that has been agreed to by the conferees. It does allow the use of funds for abortions to protect the life of the mother or in cases of rape or incest. Members need to understand that. What we are not trying to do, what we are opposing, what I am opposing and others are opposing, is the use of those funds for unrestricted abortion, abortion on demand. That is the issue before us on the Boxer amendment, and I urge my colleagues to vote no on that and vote yes for the Coats amendment, which is a separate issue, and that is the discrimination issue relative to the use of Federal funds for hospitals that provide abortion.

I yield.

Mrs. BOXER addressed the Chair.

The PRESIDING OFFICER (Mr. CAMPBELL). The Senator from California [Mrs. BOXER] is recognized.

Mrs. BOXER. Mr. President, Senator FEINSTEIN offered me her time. I ask unanimous consent that I be allowed to use her time.

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

Mrs. BOXER. I ask the President how much time Senator FEINSTEIN has.

The PRESIDING OFFICER. Senator FEINSTEIN has 7½ minutes.

Mrs. BOXER. And I believe I have a minute and some?

The PRESIDING OFFICER. The Senator from California has 1 minute 15 seconds.

Mrs. BOXER. Mr. President, will you let me know when I have 5 minutes remaining?

The PRESIDING OFFICER. Yes, the Chair will.

Mrs. BOXER. Thank you very much, Mr. President. I want to respond to Senator COATS' point on the D.C. issue when he says, ''Look, we still allow them to use their own local funds for rape and incest but not for abortion on demand, not for unrestricted abortion.'' I want to make this point because over and over again in this debate by the anti-choice Senators, they use the terms abortion on demand and unrestricted abortion. They use the terms and ignore the holding of Roe versus Wade.

Anyone who has read Roe versus Wade knows the anti-choice Senators are not using the terms correctly. According to Roe, in the first 3 months of a woman's pregnancy, she has a right to choose. That is her legal right. The Supreme Court has decided it, and even in this more conservative Court, has reaffirmed it.

Clearly, a poor woman in Washington, DC, cannot get access to Medicaid funding, and the only option she would have, except for charity, would be Washington, DC's own locally raised funds, Mr. President. We do not stop any one of the 3,000-plus counties in this country from using their local funds if they wish, if they desire to help a poor woman. We do not tell the 19,100 cities that they cannot use their locally raised funds.

Washington, DC, does have property tax funds, and they have other funds that clearly are raised by them. If they feel it is a priority to help a woman in poverty in a desperate situation exercise her right to choose, I do not think the long arm of U.S. Senators ought to reach into that situation. That ought to be her own private personal decision and the decision of the locality to help her out.

So I hope that there will be support for the Boxer amendment.

AMENDMENT NO. 3513

As to the Coats amendment regarding Federal funding to medical schools, I want to reiterate what I think is a very important point.

The Senator from Indiana says, ''There is not going to be any danger, no one is going to be put in danger by this. So what if every single teaching hospital and medical school says, 'We will not teach our residents how to do surgical abortion.''' He says, ''Oh, they will have enough training in emergency areas, D&C's, and other ways.''

I do not think the Senator from Indiana would get up here and say it is not necessary for residents to learn how to do a bypass if it was their heart. ''Oh, you can just learn it from reading a book, you can look at a computer simulation.'' No one would ever suggest that.

I really have to say, with due respect, total respect for my colleague, that we are treating women in this circumstance quite differently than a person who had a heart condition, than a person who needed a kidney operation. We would never stand up here and say that doctors do not have to be trained in actually doing those procedures.

Mr. COATS. Will the Senator yield on that point?

Mrs. BOXER. I will yield on the Senator's time, because I am running out of time. I will yield on Senator SNOWE's time.

The PRESIDING OFFICER. The Senator asked to be notified when she had 5 minutes remaining. She has 5 minutes.

Mrs. BOXER. Why do I not yield to the Senator on Senator SNOWE's time?

Mr. COATS. If that is appropriate with the Senator from Maine.

Mrs. BOXER. I retain my 5 minutes.

Ms. SNOWE. I yield 2 minutes.

Mr. COATS. Mr. President, I just want to inform the Senator from California and our colleagues that what I stated was that on the basis of letters that we have received from a number of trained physicians in obstetrics and gynecology that the similarities between the procedure which they are trained for, which is a D&C procedure, and the procedures for performing an abortion are essentially the same and, therefore, they have the expertise necessary, as learned in those training procedures, should the occasion occur and an emergency occur to perform that abortion.

But to compare that with not having training for a bypass operation or kidney operation or anything else would not be an accurate comparison. There are enough similarities between the procedure they are trained for and the procedure the Senator from California is advocating they need to be trained for that is not a problem.

I ask unanimous consent to have printed in the RECORD, Mr. President, letters that I have received which so state that training is adequate.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

NATIONAL FEDERATION OF
CATHOLIC PHYSICIANS' GUILDS,
Elm Grove, WI, March 23, 1995.

Re the amendment offered by Senator Coats to S. 555, Health Professions Education Consolidation and Reauthorization Act of 1995.

MEMBERS,
Senate Labor and Human Resources Committee, U.S. Senate, Washington, DC.

DEAR SENATOR: I am writing on behalf of the National Federation of Catholic Physicians' Guilds which is the Catholic medical association in the United States, representing physicians and physician's guilds from all over the U.S. I respectfully urge you to support Senator Coats' Amendment, specified in Sec. 407. Civil Rights for Health Care Providers.

Senator Coats' amendment is certainly accurate in finding the ACGME's revised regulations on Residency Training for Obstetrics and Gynecology a violation of the civil rights of individuals and institutions that are morally or conscientiously opposed to abortion. The revised regulations would require, under penalty of loss of accreditation, Catholic Ob-Gyn training programs, or any training program for that matter, to provide for training in the performance of induced abortion. As you probably know, Catholic moral teaching holds abortion to be a grave moral evil. What might not be as clear is the fact that not only may a Catholic not participate in the procurement of an abortion, they may also not cooperate in any way with the procurement of an abortion; not only may they not offer training in abortions, they may also not provide for the opportunity of training in abortions. Such cooperation would give the cooperator a share of the culpability. The ACGME's regulation would be coercion, an attempt, under severe penalty for failure to comply, to force the institution to participate in the performance of an activity which it, in conscience, considered evil. This would seem to be a clear violation of the civil rights of the individuals and institutions involved.

It is of significant note that the ACGME's regulation revision in this matter comes at a

time when fewer and fewer Ob-Gyn physicians will do abortions. Ob-Gyn training programs that require abortion training are also declining in number. Physicians do not want to be involved in this procedure. Why they do not want to be involved is understandable. The medical profession has always held the moral belief that it's charge is the care of the life of the human being. The Obstetrician has always been the doctor who takes care of the mother and the baby until the baby is born and the Pediatrician can take over the baby's care. It is not in the professional ethos, in the soul of the physician, to take life. It is his or her charge to protect it! Abortion is a surgical procedure that intentionally takes the life of the baby and exposes the mother to a normally unnecessary operation. All of this violates the moral basis of the physician's code. The physician cannot be cast as a killer. He or she is a healer and an agent of the patient for healing. If the regulation mandate from the ACGME is an attempt to require physicians to perform a morally reprehensible act to serve a political charge, then the ACGME has stepped well beyond it's reason for existence.

The stated premise behind the ACGME's revision of the standards was to ''address the need for enhanced education in the provision of primary and preventative health care for women by obstetrician-gynecologists''. (ACGME Press Release, 16 Feb. 95) How does abortion training enhance the provision of primary and preventative health care for women? Primary health care involves the prevention of pathology. Pregnancy is not a disease that must be treated by termination. Primary health care provides medical care for the mother and the child she is carrying. Primary care cares for the well-being of mother and child. To talk of abortion as primary care is a distortion of the meaning of care. We cannot define killing as care. Does abortion training enhance preventative health care for women? What does it prevent? Exposure to sexually transmitted diseases? No. Pregnancy? It certainly doesn't prevent pregnancy. The woman is already pregnant (which means she is already carrying a very dependent human life whom the Ob-Gyn is normally committed to care for, too, working to ensure the baby's successful entrance into the world). What does it prevent, then? Responsibility for my actions? Maternal love? Enhanced education in the provision of primary and preventative health care for women could cover a lot of territory. The destruction of one of the most natural functions of the human person; the characterization of pregnancy as a pathological condition; the denial of professional responsibility to two patients when the pregnant woman comes to your clinic; the acceptance of a cooperative role with the woman in the ending of her child's life . . . these do not seem to fit into this educational objective.

It must be noted that all Ob-Gyn physicians are trained to do D&C's and to handle fetal demise. The training in the specific procedure of induced abortion, especially considering the great moral questions involved, probably has no place as a requirement in Ob-Gyn training. If the ACGME believes it is responsible for providing physicians to do abortions, it needs to find a way to do it other than mandating that training programs include this procedure in their curricula.

Thank you for reading through a somewhat lengthy letter. The issue really is significant. It deals with a controversial area; a procedure that is legal to perform, but morally questionable and lamented by most Americans as an indication that something has failed. Also at stake are the civil rights of those who morally and religiously object to induced abortion and who are now being told that they must, under penalty, provide for training in abortion procedures. There is, as Senator Coats points out, the effect of ''running out of business'' training programs that could not obey the ACGME mandate. And, there is the chilling advocacy of the notion that the doctor should be killer.

I ask you, on behalf of the many members of the NFCPG, and other medical professional men and women of conscience who cannot obey this regulation, to support Senator Coats' amendment and keep true choice available to us.

God bless you in your many varied and difficult duties.

Sincerely,

KEVIN J. MURRELL, M.D.,
President.

THE UNIVERSITY OF
TEXAS MEDICAL BRANCH AT GALVESTON,
Galveston, TX, March 23, 1995.

VINCENT VENTIMIGLIA,
Office of Senator Dan Coats,
U.S. Senate, Washington, DC.

DEAR MR. VENTIMIGLIA: I am a Professor of Obstetrics and Gynecology at the University of Texas Medical Branch at Galveston. It has come to my attention that Senator Coats, during upcoming hearings to reauthorize the Health Professions Education Act, will make efforts to protect the rights of Obstetrics and Gynecology training programs who choose not to teach techniques of abortion for contraception. For this I am deeply grateful.

The Commission which accredits training programs for residents in Obstetrics and Gynecology has made significant changes in requirements for accreditation. In the near future, ''hands on'' experience with elective abortion will be a required component of an approved residency training program. Although an individual trainee may invoke moral grounds to excuse himself from participating, no approved program, or program director, may excuse themselves.

Requirements for an accredited residency training are ultimately approved by the AMA's Committee on Graduate Medical Education (ACGME), and are listed in the Essentials of an Approved Residency. Under the current Essentials of an Approved Residency, an approved program is required to teach its trainees about management of abortion related complications, and provide some exposure to the technique of abortion. Currently a program may fulfill this requirement by providing instruction to residents in the care of women with spontaneous incomplete abortions or missed abortions. Requirements that become effective January 1 1996 specifically require training in the performance of elective abortion as a contraception technique.

Those involved in resident education at the University of Texas Medical Branch made a decision in the mid 1970's not to teach elective abortion as part of our curriculum. This decision was based, originally, on concerns other than moral issues. We encountered two significant problems with our ''Pregnancy Interruption Clinic,'' or the PIC as it was known at the time. First, the PIC was a money loser. Since there was no reimbursement for elective abortions from either state funds or Medicaid a great deal of the expense of the PIC was underwritten by faculty professional income. Faculty income was used without regard to the moral concerns of individual faculty members who generated the income. A second problem was more significant and involved faculty, resident, and staff morale. Individuals morally opposed to performing elective abortions were not required to participate. This led to a perception, by trainees performing abortions, that they were carrying a heavier clinical load than trainees not performing abortions. As fewer and fewer residents chose to become involved in the PIC, this perceived maldistribution of work became a significant morale issue. Morale problems also spilled over to nursing and clerical personnel with strong feelings about the PIC. It is a gross understatement to say that elective abortion is intensely polarizing. Because of bad feelings engendered by a program that was a financial drain, the PIC was closed.

Regardless of our reasons, the failure to teach the technique of elective abortion has never been a factor in the approval of our program by an accrediting agency. When the changes to the Essentials of an Approved Residency become effective next January, I will never be forced to participate in the performance of abortion; but I am distressed that, to keep my current job, I would be forced to cooperate in an educational mission that espouses these objectives. To me, a ''non-combatant'' working to advance amoral objectives bears significant culpability. How could a pro-life physician ever become a Program Director if required to teach this curriculum? How could any Catholic hospital support such a training curriculum, even if its trainees went elsewhere to obtain the skills? Shouldn't program directors have freedom of choice to decide if a morally controversial area is included in their program? Where does a pro life medical student obtain training in an abortion free environment?

Aside from my personal problems there are larger issues. Due to a number of forces, there recently has been a de facto segregation of the abortionist from the mainstream of practitioners of Obstetrics and Gynecology. The abortionist has become a specialist apart from the rest of us—they are practitioners of a peculiar paraspecialty. Trainees completing a residency program in Obstetrics and Gynecology recognize that the professional community considers the abortionist to be a physician on the fringe of respectability. In addition to this marginalization by the professional community, marketplace forces make a new practitioner avoid abortions. Patients do not tend to seek obstetric services from physicians heavily identified with abortion. Young physicians who start doing abortions soon have a medical practice which only does abortions. Residents, hoping to practice the breadth of our specialty, structure their new practices accordingly. Changing the Essentials of an Approved Residency is a deliberate attempt by those wishing to disseminate abortion services to try to reintroduce abortion into the ''everyday practice'' of our specialty. Their claim that unique technical skills are involved in performing elective abortions, that are different from technical skills involved in treating spontaneous abortions, is ridiculous and a clear attempt to mislead. The changes in training requirements were not made to serve an educational agenda—only a political agenda.

This change in the Essentials is coercive. It will make my participation in furthering an amoral educational objective a condition of employment. I currently have the right not to teach that which is morally repugnant. I hope my right can be protected.

Sincerely,

EDWARD V. HANNIGAN, M.D.,
Frances Eastland Connally Professor.

CONGRESS OF THE UNITED STATES,
Washington, DC, August 2, 1995.

DEAR COLLEAGUE: There is one thing that can be said with certainty about the abortion training mandate of the Accreditation Council for Graduate Medical Education: it has nothing to do with ensuring that medical residents receiving training will be better equipped to provide appropriate health care

to women and children. OB/Gyn residents already learn the techniques to handle pregnancy, miscarriages and complications from abortions and, in learning these, learn the medical techniques to handle those extremely rare situations in which an abortion is actually performed in response to a women's health emergency.

So, if the ACGME directive is not really about providing medically necessary training for medical residents, what is it about? Simply, to accomplish what 20 years of legalized abortion have failed to do: to make abortion a part of mainstream of medical care and force doctors and hospitals to do abortion as if a refusal on their part would constitute substandard medical practice. Can there be any doubt whatsoever that after they define abortion as a part of standard medical care for residents, they will move on to declare it standard care for every hospital? Can there be any doubt the directive that we would overturn is only the first step in a battle against every medical facility which would dare claim that abortion is not ''health care,'' that it is no part of standard medical practice?

The way in which ACGME and their friends in the pro-abortion community are going about this is deeply disturbing. They are not merely forcing doctors and hospitals to adhere to a particular ideology, they are requiring them in the name of practicing good medicine—to actually kill defenseless, unborn human lives. It is not enough for them that medical residents are already learning the techniques that could be used in abortion, but learning these without using them to destroy live human beings. Abortion advocates are not satisfied unless these techniques are used to kill unless residents resistance in this killing is actually numbered.

This attempt to overturn the healing ethic that is the very lifeblood of medical residency programs and medicine itself must be rejected. I ask that all Members support the provision in the bill to overturn the ACGME's directive and to oppose any motion to strike it.

Sincerely,

TOM DELAY,
Majority Whip.
TOM A. COBURN, M.D.,
Member of Congress.

ST. JOHN HOSPITAL
AND MEDICAL CENTER,
Detroit, MI, March 27, 1995.

DAN COATS,
Russell Senate Office Building,
Washington, DC.

This is a letter of support for any legislation that would prevent a residency program from being forced to implement a special kind of training that would be against the ethical and moral teachings of the institution in which the residency program resides. Specifically, we decry the decision made by the ACGME to mandate induced abortion training in all residency programs. There are major flaws in the reasoning of the ACGME: 1) an assumption that somehow abortions are not being carried out because of lack of providers: there is certainly no evidence of this locally or nationwide; 2) failure of the ACGME to recognize the fact that training to perform an induced abortion is exactly the same training as to perform a uterine evacuation procedure in the context of a missed abortion; 3) assuming that OB/GYN residency graduates are not performing induced abortion because they don't know how to; clearly every graduating OB/GYN resident from any program in the United States has the capabilities of being able to perform induced abortions but chooses not to on the basis of conscience and possibly also for a concern for personal rather than because they don't know how to do it; 4) by coming out so strongly for induced abortion, the ACGME creates further polarization in the United States over a very inflammatory issue when further polarization is counterproductive, 5) failing to recognize the philosophical integrity of an institution by arbitrarily forcing health care providers or individuals to do something against their institutional ethics.

In conclusion, the directors of the St. John Hospital and Medical Center's OB/GYN residency program strongly support legislation preventing coercion of a residency program toward implementing an unnecessary training that is against any institution's ethical and moral philosophy and thereby only contributes to the further polarization of the abortion issue in the United States.

MICHAEL PRYSAK, Ph.D., M.D.,
Program Director
and Vice Chief of Obstetrics.

PROVIDENCE HOSPITAL AND
MEDICAL CENTERS,
Southfield, MI, March 29, 1995.

Hon. DAN COATS,
U.S. Senate, Russell Senate Office Building,
Washington, DC.

DEAR SENATOR COATS: I urge the Senate Labor and Human Resources Committee to adopt the amendment you offered to S. 555, Health Professional Education Consolidation and Reauthorization. This amendment would neither limit abortion services currently available in this country, nor would it prevent physicians from seeking the training they might choose in order to perform abortions. This amendment would not interfere with a woman's legal right to choose an abortion. This amendment is about the right of institutions to refuse participation or cooperation in procedures which directly violate their ethical codes.

The reason that our organization, Providence Hospital and Medical Centers, supports this is because:

As a Catholic institution, we hold that direct abortion is a grave evil. It is therefore not an optional procedure for us, since we are bounded by Catholic ethical standards of health care. Since Catholic teaching classifies the direct killing of innocent human life to be among the gravest forms of evil, cooperating with the new ACGME OB/GYN residency guidelines by sending our OB/GYN medical residents to other facilities for training in induced abortions may not be a moral option for us.

There are over 45 OB/GYN residency programs in Catholic hospitals, about a third of all OB/GYN residency programs in the United States. We cannot afford losing these programs. Trying to coerce health care facilities who are morally opposed to direct abortions into cooperating with the new ACGME guidelines will not resolve the issue of the dwindling number of physicians being willing to perform abortions in the United States. It will only exacerbate the situation.

How would mandating abortion training enhance the provision of primary and preventative health care for women? Primary health care involves the prevention of a pathology. Pregnancy is not a disease to be treated by termination. Furthermore, all OB/GYN medical residents are currently trained to do D&C's, to handle fetal demise, and are trained in techniques such as early induction of labor when the pregnancy constitutes a serious life-threatening condition for the mother.

Thank you for considering adoption of this amendment.

Sincerely,

SISTER JANE BURGER, D.C.,
Vice President—Mission/Ethics Services.

CHRISTIAN MEDICAL & DENTAL SOCIETY,
Richardson, TX, February 15, 1995.

CHRISTIAN DOCTORS PROTEST ABORTION TRAINING MANDATE

DALLAS, TX.—The Christian Medical & Dental Society (CMDS) announced today that it is protesting a medical council's decision to mandate abortion training as politically induced, personally coercive and professionally unnecessary. The Council for Graduate Medical Education, which oversees physician training, announced yesterday that obstetrical residents must be taught how to do abortions.

Dr. David Stevens, executive director of the Dallas-based CMDS, said, ''The Council is clearly out of touch with its constituency, the vast majority of whom oppose abortion on demand.'' He cited the results of an independent nationwide poll of obstetricians, conducted in 1994 by the PPS Medical Marketing Group in Fairfield, New Jersey, that revealed that over 59 percent of obstetricians disagreed with the statement that ''every OB/GYN residency training program should be mandated to include elective abortion training.''

Stevens says the Council's decision ''is apparently induced by political pressure from pro-abortion groups who want to force their belief system on a medical community that has largely rejected abortion.'' Stevens said that ''pro-abortion leaders are worried that few doctors are willing to perform abortions, based on personal convictions as well as the sheer repugnancy of the act itself.''

Stevens said that despite the Council's technical allowances for moral or religious objections, the practical effect of the Council's ruling will be to pressure every resident and teaching hospital into performing abortions.

''Throwing in a little verbiage about 'moral or religious objections' does little to remove the intense pressure these residents will now face to perform abortions,'' Stevens explained. ''The threat of failing to meet GME requirements will now be like a sword of Damocles hanging over their heads as well as over the heads of program administrators,'' Stevens noted.

''In everyday practice, when one resident attempts to opt out of the procedure, he or she can face intense pressure from colleagues who would be forced to take up the slack by performing more abortions,'' Stevens asserted. ''The mandate will also effectively discourage those opposed to abortion on demand from entering the OB/GYN field.''

CMDS chief operating officer Dr. Gene Rudd, an OB/GYN physician, explained that abortion training is unnecessary. ''The skills required to perform first trimester abortions are acquired through learning dilation and curettage (D&C) and other procedures involving spontaneous abortions,'' Rudd noted. ''Only the more controversial second and third trimester abortions require additional training.

''Does the Council's new policy mean,'' Rudd posited, ''that all OB/GYN's who have not been trained to do abortions are inadequately prepared for professional practice? Of course not! There is absolutely no practical reason to force residents to learn to perform abortions if those residents do not intend to perform abortions in practice. Abortion training need not be considered an integral part of OB/GYN training, as evidenced by the fact that roughly a third of all residency programs in the U.S. do not even offer it.''

To receive a free booklet on bioethical issues or for more information on the Christian Medical & Dental Society, contact CMDS at P.O. Box 830689, Richardson, TX 75083 or phone (214) 479–9173.

Mr. COATS. Mr. President, I will also just state, with what little time I have remaining, that the Coats amendment has the support of the AMA, the American Medical Association, the American College of Obstetricians and Gynecologists and the Accrediting Council for Graduate Medical Education. So the very organizations that are most directly involved in this have looked at the Coats amendment, and they have said it is a reasonable amendment and they not only do not oppose it, they support it.

So the very organizations that are held up as being the objectors to this are supporters of the Coats amendment, and I hope my colleagues will use that as a basis for their determination.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, on my own time, and I ask that I have 3 minutes remaining so that I can close on those 3 minutes.

Mr. President, let me say to my friend from Indiana, I just talked to the representative of the American College of Obstetricians and Gynecologists. They much prefer the existing policy. The reason they are on this particular amendment is because they feel this is far superior than the House language, but they prefer the current policy.

I will further say, just trying to exercise a little common sense—and, Mr. President, I feel many times we think these things are over our head—if your daughter found herself in a circumstance where she was raped, let us say, and, let us say she found out within a month that she was pregnant and she made the decision to end this pregnancy, she did not want to bear this rapist's child, and someone asked you, ''Senator, I've got two doctors available to do this. One of them performed a D&C a few times and never did a surgical abortion and one has the experience,'' I do not think it takes a degree in science to know that if you want her to be safe, you want her to go to someone who had the actual experience of performing a surgical abortion.

So I simply do not buy into this argument that because someone performed a D&C and it is similar—it is not the same thing, by any stretch of the imagination.

The PRESIDING OFFICER. The Senator has 3 minutes.

Mrs. BOXER. I ask for another 30 seconds. What this amendment would do is basically say you do not have to teach your ob-gyn residents how to perform surgical abortion and you would still get Federal funds. That is why it is opposed by Planned Parenthood, National Women's Law Center, American Association of University Women, National Abortion Federation, Women's Legal Defense Fund and NARAL. I think it is very clear where this comes down. This takes a situation and makes it dangerous for women.

Is it better than the House language? Sure it is, but why should we go forward with something that is worse than the current policy and I think open up a grave risk to the women of this country?

I retain the remainder of my time.

Mrs. FEINSTEIN. Mr. President, I oppose the Coats-Snowe amendment to the continuing resolution, S. 1594.

This amendment does two things: It puts into law a prohibition on Federal and State governments from discriminating against institutions that refuse to provide training for abortion procedures; and, it undermines the long-respected accreditation system by allowing programs to opt out of meeting the required medical training standards set by the ACGME and still receive Federal funds as if these programs met those standards.

The Coats-Snowe amendment is unnecessary, it undermines the integrity of Federal and State medical educational and licensing standards, and it represents another step in the erosion of freedom of choice in this country.

UNNECESSARY

First of all, this amendment is unnecessary because its antidiscrimination section is redundant. Although earlier standards set by the Accreditation Council for Graduate Medical Education, the accrediting body for medical residency programs, did require abortion training in ob-gyn residency programs, ACGME revised those requirements in February 1995 to explicitly exempt ob-gyn residents or institutions with religious or moral objections to performing abortions.

The policy states: ''No program or resident with a religious or moral objection will be required to provide training in, or to perform, induced abortions.''

The revised standard does not require programs to make alternative arrangements for abortion training. The only obligations on programs that do not provide the training are to inform applicants to the residency program that they do not provide abortion training and to not impede their residents from obtaining the training elsewhere for those who wish to do so.

These requirements strike a balance between the program's desire not to be involved in abortion training and fairness to residents who desire to obtain such training.

So I fail to see any need for this amendment other than to inject Congress further into the abortion decision and into questions of medical curriculum.

UNDERMINES ACCREDITATION SYSTEM

This amendment, even with the compromise language, still undermines the system for evaluating the quality of medical training programs in this country. Under current law, medical training programs may only receive Federal funds if they are an accredited institution.

This amendment creates a loophole by allowing entities to not meet educational and training standards for obgyns set by ACGME, the independent accrediting body of medical experts.

Does anyone in this body think Congress is better equipped to determine the educational requirements for a medical specialty such as obstetrics and gynecology than the medical professionals who actually practice medicine?

The ACGME, a private-sector, professional entity, is the only graduate medical education accreditation organization in the United States, responsible for evaluating over 7,000 medical residency programs throughout the United States.

ACGME is sponsored by five of the leading medical organizations in the Nation: the American Medical Association, the American Hospital Association, the American Board of Medical Specialties, the Association of American Medical Colleges, and the Council of Medical Specialty Societies.

Accreditation by medical experts provides the only method the Federal Government has to assure that residency programs meet appropriate medical training standards. Congress should not undermine that system by supplanting political judgment in place of medical expertise.

FEDERAL INTRUSION INTO STATE LICENSING STANDARDS

Accreditation is relied upon not just by the Federal Government, but also by State governments, private funding sources, students and patients to ensure quality in medical training.

Even if the Federal Government is willing to abandon educational standards in medical training, which it should not be, it should certainly not prevent the States from maintaining standards.

All 50 States currently require an individual to participate in an ACGME accredited residency program to obtain a right to practice medicine. The Coats-Snowe amendment would prevents States from requiring that obgyn residency programs meet ACGME standards in abortion training for those they are licensing to practice medicine in their States. The alternative for States that wish to maintain ACGME training standards is the loss of Federal funds.

This is an unconscionable intrusion by the Federal Government into State licensing procedures.

The ACGME standards, which were unanimously approved by the sponsoring medical organizations, reflect the input of physicians, medical specialists, hospital administrators, clinicians, researchers, and educators who bring decades of medical judgment to their decisions.

The Federal Government has long recognized the specialized expertise that formulates the ACGME accreditation standards and we should not reject that expertise now simply because the issue is abortion.

EROSION OF CHOICE

This amendment is yet another effort to chip away at a woman's right to

choose—a constitutionally protected right that the Supreme Court has clearly affirmed. This is one more in a series of steps Congress has taken to destroy that right:

The 104th Congress, in particular, has enacted an unprecedented number of laws threatening access to safe and legal abortion for many women:

Ending access to abortion for U.S. servicewomen overseas by barring abortions on military bases even if the woman used her own money. This is particularly harsh on servicewomen overseas where private facilities may be inadequate or abortion is illegal.

Prohibiting Federal employees from choosing health insurance plans with abortion coverage.

Maintaining the prohibition on Medicaid coverage for abortion for low-income women—except in cases of rape, incest, or life endangerment.

Denying access to abortion for women in Federal prisons.

Prohibiting the District of Columbia from using its own locally raised money to pay for Medicaid funded abortions.

Banning Federal funds for human embryo research.

Most significantly, Congress for the first time directly challenged Roe versus Wade by passing legislation that criminalizes a particular and rarely used abortion procedure and jails doctors who perform them.

All of these represent a steady march by the Federal Government into the abortion decision, and the weakening of a woman's constitutional right of personal privacy. The Coats amendment is yet another erosion of that right.

But it is an extremely important one. This is a direct attack on maintaining access to quality reproductive health care for women.

SHORTAGE OF DOCTORS

There is already a severe and escalating shortage in the number of physicians who are trained and willing to provide abortion services.

The total number of abortion providers in the country decreased by nearly 20 percent since 1982—from 2,908 to 2,380—in spite of a 10-percent increase in the population.

Eighty-four percent of the counties in the United States have no physicians who can perform abortions. States such as North and South Dakota have only one provider each.

Only 25 percent of obstetrician-gynecologists in the southern United States are trained to perform abortions. Only 16 percent of doctors in the Midwest are trained.

With the violence and harassment aimed at abortion providers increasing steadily in recent years, fewer doctors are willing to risk their lives or the safety of their families, to provide abortion services.

This amendment is a thinly veiled attack on freedom of choice. By making abortion unavailable, opponents of abortion will do what they cannot do legislatively—eliminate abortion as a safe and legal option for women in this country—one State, one doctor, one piece of legislation at a time. I strongly urge my colleagues to oppose this amendment.

Ms. SNOWE addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

Ms. SNOWE. Mr. President, I think it is always important that, when we are discussing legislation, we get a chance to read the legislation, in this case, the amendment that is before this body. The fact remains that this compromise amendment allows that anybody who wants to participate in training of abortions is allowed to do so. Nothing changes from the current circumstances. Any agency or institution that wants to provide the training of abortions to medical residents can do so. That is how the legislation reads. That is fact.

I regret the fact that there has been so much misinformation circulated about what this amendment does and does not do. This amendment avoids getting the U.S. Congress involved in setting accreditation standards, because that is exactly what is happening with the legislation that passed in the House of Representatives. The Senator from Indiana and I worked with the American College of Obstetrics and Gynecologists on this very language. Sure we prefer not to be here today discussing this issue, but that is not reality.

I am looking down the road. What I do not want to have happen is to have the U.S. Congress overturning the one set of accreditation standards that is predicated on quality care. If we do nothing, we run the very serious risk of having the U.S. Congress, because of the House language, overturn that one set of standards that everybody in America uses to determine the standards and the quality of care.

If you think that is a risk worth taking, then vote against this amendment. I do not happen to think so. This accreditation standard that we are talking about in this legislation is the accreditation standard that has been developed by the Accrediting Council for Graduate Medical Education. You might say, Who sits on this accreditation council? This is the one council that everybody looks to for setting the standards for medical institutions and residents in this country.

The organizations that sit on the council are: the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, the American Board of Medical Specialties, the Council of Medical Specialties Societies. Then you have the residency review committee that reviews the ob-gyn programs that set the standards for the accreditation council, the American Board of Obstetricians and Gynecologists, the American College of Obstetricians and Gynecologists, and the Council on Medical Education of the American Medical Association.

These standards have been set with the conscience clause for medical residents since 1982. There has always been a conscience clause. That is what this legislation does. It allows for that. The accreditation council had to go a step further and establish a conscience clause for institutions because of a recent court case. That is a fact.

Not one institution in America—even when it was implicitly required in the accreditation council standards before their proposed change this year, they did not deny accreditation to one institution in America because they solely refused to provide abortion training. It was for a host of other issues.

So even when it was required, 88 percent of the institutions did not provide for abortion training. So this amendment basically preserves the status quo under the Accrediting Council for Graduate Medical Education, the one set of standards that everybody uses from the Federal Government on down.

If we fail to support this amendment, I hesitate to think what message it is going to send to the conference committee on this issue. It is important that the Senate send a very strong message that we reject the intervention of Congress in establishing a different set of standards. That is what this is all about.

Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. The Senator has 7 minutes 20 seconds.

Ms. SNOWE. I would like to quote part of a letter that was sent by Dr. James Todd, executive vice president of the American Medical Association, which he sent in March 1995 to Senator KASSEBAUM. I quote:

> The Accrediting Council for Graduate Medical Education standards were developed by professional medical educators in the field of obstetrics and gynecology. The standards were developed with great sensitivity to the differing moral and ethical views about abortion and after substantial consultation with medical societies, program directors, and obstetrics and gynecology and other individuals and organizations.

So that is the standard that is embodied in this compromise legislation. If individuals who are participating in medical training programs want to get training for abortion, they will be allowed to do so. If an institution wants to provide it, they will be allowed to do so, just like it is under current circumstances.

We, also, preserve the accreditation standards of the one group in America that sets those standards, rather than running the risk of what has been established in the House of Representatives that says that Federal funds can go to any institution in America that is unaccredited if those standards mention abortion. That is what the legislation says in the House of Representatives. That is what we are dealing with here. They would allow Federal funds to go to any institution that is unaccredited if those institutions use the accreditation standards, of which there is only one set in America, if they refer to abortion in whatever way.

That is what I do not want to have happen in this body. That is why I supported and worked on this compromise legislation. The fact is the House goes further. Every State has a licensing board. Every State looks to the Accrediting Council for Graduate Medical Education standards in order to determine the licensing. So, if we are saying it does not matter anymore, then they are going to have to go back, and every State will have their own set of standards for medical institutions, of which there are 7,400 in America.

So is that what we want to create? I do not think so. I think there is a time when you have to accept what is before you and work together in reaching a consensus, which is what the Senator from Indiana and I have done. I think that is what the American people want. We are never going to get unanimity on the issue of abortion. Far from it.

But I do think it is important that we work together in the best way that we can to ensure that we have legislation that will benefit, in this case, the women of America, because this is who will be most directly affected by this legislation, and to ensure that our medical institutions are dealing with one set of accreditation standards rather than 50 different sets because that is, in essence, what will happen if we reject this amendment. That is the risk that we are running. That is why I would urge adoption of the Coats-Snowe amendment.

Mr. President, I yield the floor.

Mrs. BOXER addressed the Chair.

Mr. MCCAIN addressed the Chair.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. I will yield to the Senator from Arizona for a question.

Mr. MCCAIN. I was going to call up an amendment of mine. I will be glad to wait until the Senator from California finishes.

Mrs. BOXER. I thank the Senator.

Mr. President, I am assuming we are debating the abortion amendment that is——

The PRESIDING OFFICER. That is correct.

Mrs. BOXER. Mr. President, I think the Senator from Maine makes a good point when she says we have to work together. That is what we did to get to where we are with the current policy. Current policy says that, if you are an ob-gyn resident with a religious or moral objection to learning to perform surgical abortion, or if you are an institution with a religious or moral objection to teaching abortion procedure, you do not have to learn it and you do not have to teach it.

I support that. I am pro-choice. I believe very much in Roe versus Wade and a woman having the right to choose to make this decision without Government interference. But I believe that if someone has a deep religious or moral objection, and they are a medical school or an ob-gyn resident, they should have the right to say, I really do not want to learn this. However, if there is no religious or moral objection, I believe that it is very important that these ob-gyn residents learn how to perform surgical abortion until there is another safe alternative. And what the Coats amendment does, regardless of the kind of spin we hear, is basically says to us that an institution that has no religious objection can just decide, because they bow to public pressure, we are not going to teach our residents how to perform surgical abortion, and we will get Federal funds anyway.

Now, just to stand up here and say, ''I have a compromise'' is not enough.

I ask unanimous consent that I be allowed to take Senator MURRAY's time. She has offered it to me.

The PRESIDING OFFICER. Is there objection?

Ms. SNOWE. Reserving the right to object. How much time is that?

The PRESIDING OFFICER. Senator MURRAY has 7½ minutes reserved.

Ms. SNOWE. How much time do I have remaining?

The PRESIDING OFFICER. Three minutes 30 seconds.

Mr. BUMPERS. Mr. President, was there some kind of an agreement about time?

Mrs. BOXER. Mr. President, if I may answer the question, I asked if I could take Senator MURRAY's time as it relates to the abortion issue. She has 7 minutes. I do not think I am going to use it all, but I need to make a couple of points.

Mr. BUMPERS. Mr. President, I have no objection. I was under the impression that we were going to recess at 12:30. I thought I would speak on the Murkowski Greens Creek amendment prior to the recess.

The PRESIDING OFFICER. The Senator is correct that we were to adjourn at 12:30.

Mr. BUMPERS. I do not understand the time. How much time is left on the Coats amendment?

The PRESIDING OFFICER. The Senator from Maine has 3 minutes 30 seconds. Senator BOXER used her time, and Senator MURRAY had reserved 7½ minutes.

Mrs. BOXER. Mr. President, I ask unanimous consent that the Senator from Arkansas have 15 minutes to speak immediately following the hour of 12:40, and that we extend the time.

The PRESIDING OFFICER. That will require postponing the recess.

Mrs. BOXER. That is correct, until 12:55, so the Senator can have his 15 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. BOXER. I say to my friend that we may not use all this time. I think it is important that when we stand on the floor of the Senate and talk about a compromise, we understand what we are compromising. A compromise was made on this issue previously. Institutions and ob-gyn residents already have a very generous and appropriate clause for a religious or moral objection. So not only individual doctors and residents in medical school, but also we, the institutions themselves, may exercise a conscious clause exemption.

So now to take that compromise and say we need to compromise because the House has some terrible language—Mr. President, I came here to fight for the issues that I think are right. I came here to fight for a woman's right to choose. I believe that there are some things you can compromise, and I was very pleased to support a religious conscience clause.

But if you take it further, theoretically, under the Coats amendment, every single medical school in this country could say that they were no longer going to teach residents how to perform surgical abortions, and they would still get their Federal funds.

Now, you can stand up here and read off everybody who belongs to the American College of Obstetricians and Gynecologists. The fact is that they prefer current policy. Yes, they are willing to go with the Coats amendment as a lesser of two evils, but why are we not fighting this, straightforwardly fighting this, and saying this is nonsense—saying it is nonsense that institutions who have no religious problem would still be able to not teach surgical abortion and get Federal funds?

On the issue of Washington, DC, they would be the only one of 19,000 cities to be told by the Federal Government what they can or cannot do with their local funds.

Mr. President, I see that the Senator from New Jersey has just come on the floor. We have precious few moments remaining. I would be very pleased if he is ready to yield to him the time I have remaining, if I might inquire how much that would be.

The PRESIDING OFFICER. There are 4 minutes 52 seconds of Senator MURRAY's time remaining.

Mrs. BOXER. I ask the Senator from New Jersey if he would like my remaining time?

Mr. LAUTENBERG. I would appreciate having some time from the distinguished Senator from California.

Mrs. BOXER. I yield the Senator from New Jersey the remainder of my time.

Mr. MCCAIN. Will the Senator allow me 30 seconds to make a request to modify my pending amendment?

Mr. LAUTENBERG. I am happy to do it, and I ask unanimous consent that it does not come off the remaining time.

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

AMENDMENT NO. 3521, AS MODIFIED

Mr. MCCAIN. Mr. President, I ask unanimous consent to modify my amendment No. 3521.

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

The amendment (No. 3521), as modified, is as follows:

On page 756, between lines 10 and 11, insert the following:

SEC. 1103. ALLOCATION OF FUNDS.

Notwithstanding any other provision of this title, funds made available under this title for emergency or disaster assistance programs of the Department of Agriculture, Department of Housing and Urban Development, Economic Development Administration, National Park Service, Small Business Administration, and United States Fish and Wildlife Service shall be allocated in accordance with the established prioritization process of the respective Department, Administration, or Service.

AMENDMENT NO. 3513, AS MODIFIED

Mr. LAUTENBERG. Mr. President, the one thing that mystifies me about some of the actions that we take here is, why is it that a few want to control the thoughts for so many? It is an assault on one's human rights, one's civil rights. It is inappropriate to be introducing this kind of legislation that has to deal with things other than the funding issue, and to intrude on people's private lives.

To suggest that the way to deal appropriately with the sparseness of funds is to take away people's right to learn as part of a medical education, and that they might lose their Federal funding—not might, but will—it is outrageous. God was good to me yesterday. My oldest daughter delivered a beautiful baby boy, and I was in that hospital on the maternity ward, and I was looking around, and I thought, thank goodness, they have the facilities that they have to be able to bring new life into being. I thought about those poor women who, at the same time, who may be distressed by the fact that there was a conception. It was bizarre, but in the news today was a woman who was 10 years comatose, was raped by someone in the institution she was in, and she delivered a child. Is that not ridiculous that we would object to having someone learn the abortion technique, so that in the case of a request or a need, that it is unavailable?

I think this is mischievous, I think it is unfair, and I think that the American people ought to rise up and say: Listen, enough of that stuff. You do what you want to. If you do not believe that a woman ought to have choice in an unwanted pregnancy, then do not do it. But why should someone else lose their right to make that choice if they are in such a situation? It is outrageous. We have these sneak attacks constantly—do it one way, do it another way. You violate the principles that we operate under. Privacy—that is what the Supreme Court said. Why is it OK for some people to decide what is appropriate, private or not? The courts have made a decision.

So, I hope, Mr. President, that both bodies will reject this. I hope the Senate will decline to support this. The notion that the city of Washington should not be able to use its own funds as it sees fit, I think, is a disgrace. So I hope that we will reject this invasion of privacy, of decency, if you will. This issue is not about abortion, it is about Federal intrusion into a private decision.

With that, I yield the floor back to my colleague, if any time remains.

The PRESIDING OFFICER. The Senator from California has 28 seconds left.

Mrs. BOXER. Mr. President, the ACLU opposes this amendment, as does the Center for Reproductive Rights, Planned Parenthood, and on and on. I just hope my colleagues will stand up and say that we already compromised and gave a good conscience clause. That was a compromise. Let us not open this up wide and have women's lives put at risk. Say ''no'' to this Coats amendment and ''yes'' to the Boxer amendment. Let us protect the lives of women.

The PRESIDING OFFICER. The time of the Senator has expired.

Ms. SNOWE addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

Ms. SNOWE. Mr. President, to sum up on where we stand with respect to the Coats-Snowe amendment, first of all, I remind this body what we are dealing with here. This amendment modifies an underlying amendment, and that underlying amendment would allow Federal funds to go to an unaccredited institution. That is what I wanted to prevent. That is the issue. That is what we are modifying through this compromise amendment, so that does not happen. Who supports this amendment? I think that is important since we are naming groups.

The Accreditation Council for Graduate Medical Education, which is the entity that establishes the one set of standards in America for the medical institutions; the American College of Obstetricians and Gynecologists—it is very important because we are talking about ob-gyn programs, and the medical association is made up of the profession of physicians. That is who supports this amendment. They say it is acceptable. They saw what I saw. What were the choices? What we will be facing here potentially is a major risk and threat to women's health.

The House language, which gives Federal funds to unaccredited institutions, basically guts the accreditation standards for ob-gyn programs if those standards mention ''abortion.'' Then we have the original—the underlying—amendment which we are now seeking to modify through this compromise amendment which would have also let funding go to unaccredited medical institutions.

Finally, you have the Coats-Snowe amendment—the compromise amendment—which says we will prevent Congress from engaging in the accreditation standards of medical institutions, will preserve those very important standards for health care in America, and at the same time we will also protect the accreditation standard when it comes to abortion. And that is what it has always been. Nothing has changed. It has always been that, if an individual, who is in a medical training program, does not want to get training for abortion, he or she does not have to. The same is true for institutions. They will be able to exempt the institution from providing that training if it is contrary to their belief. That is what it has always been. The accreditation council has never denied an institution accreditation based on the fact that they refused to provide abortion training. It was always for a host of other standard equality reasons.

I want to make sure that we preserve those reasons by preventing Congress from engaging in establishing, or overturning, accreditation standards which is our only guidepost for quality care for women in America.

That is the reality. I hope the Senate understands that because to do otherwise, if this amendment is rejected, is that we will face the language in the House which would basically gut and do away with accreditation for all medical institutions in America. That is not a choice nor a decision that we should have to make.

Thank you. I yield.

The PRESIDING OFFICER. Under the previous order, the Senator from Arkansas has 15 minutes.

AMENDMENT NO. 3525

Mr. BUMPERS. Thank you, Mr. President.

Mr. President, I rise in support of the amendment by the junior Senator from Alaska [Mr. MURKOWSKI], which authorizes the Greens Creek Land Exchange. This amendment gives the Kennecott mining company 7,500 acres in the Admiralty Island Monument area of Alaska, in addition to the 340 acres they already own. They received the 340 acres they already own from the U.S. Government in the traditional way. They paid $2.50 an acre for it. For a while Kennecott had to shut down their silver, copper, and gold mine at the site because they were losing money. Now metal prices are higher and Kennecott has reopened the mine. I am glad they reopened the mine because it is good business for them.

But more than anything else, Kennecott has agreed to pay a 3-percent net smelter return royalty on everything they mine from the additional 7,500 acres they are receiving as long as metal prices are at least $120 a ton. If prices go below $120 a ton, their royalty will decline. I want to pay a little tribute to Kennecott. That is what I call good corporate citizenship.

They got the 340 acres for a song because of the 1872 mining law which continues to this day to be the biggest scam in America. And the U.S. Senate has consistently ratified that scam at the same time this body is willing to cut Head Start, student loans so kids can go to college, school lunches, Medicaid, 40 percent of which is used to keep elderly people in nursing homes, and another 40 percent for children. They are willing to cut all of that but not to address this scam.

As I say, I am happy to support the amendment of the Senator from Alaska. It is a good deal for them. It is a

good deal for the taxpayers of America. That is what we ought to be doing around here. But that is not what we are doing.

Mr. President, when I took this issue on 7 years ago, 7 long years ago, the price of gold in this country was $300 an ounce. Every time I have attempted to stop the giveaway of Federal lands for $2.50 an acre, I got my brains beat out. Fortunately, I have been successful in gaining passage of a moratorium on the processing of new mining patent applications.

The small progress I have made has been glacial. The mining companies want the taxpayers of this country to deed them Federal lands that belong to all of us for $2.50 an acre, $5 max, mine the gold, silver, copper, platinum, and other minerals off of this land and then, oftentimes, leave an unmitigated environmental disaster for the taxpayers to clean up—and not pay one thin dime.

When I first took this issue on, gold was $300 an ounce. And the mining industry said, ''Well, if you put a 3- or 4-percent royalty on us, we will go broke. We will have to shut down, and all of these poor miners will be out of a job.'' Today gold is $400 an ounce. And what do you think their argument is? ''We will lose money. We will have to shut down and put all of those poor miners out of work.'' And like Pavlov's dog, Senators in the U.S. Senate grab it like a raw piece of meat and think that is the most wonderful thing they ever heard—''Keep all of these people working, if we will just not put a royalty on it.''

We charge people 12.5 percent for every ounce of coal they take off Federal lands—12.5 percent. We make people who mine underground coal—a very expensive undertaking—pay 8 percent for every ounce of coal they mine. We make the natural gas companies and the oil companies pay 12.5 percent for every dollar's worth of oil and gas they take off Federal lands. And here is what we get for gold—zip. Here is what we get for silver—zip. And here is what we get for platinum—zip.

Do you know what platinum is selling for as of this moment? It is $413 an ounce. We have given billions and billions of dollars worth of platinum and palladium away in Montana in the process of doing it, and we will not get one thin dime out of it.

Just look at this chart: ''Miners Get the Gold and the Taxpayers Get the Shaft.'' Here is Barrick Gold Co., the stock of which has climbed in accordance with the price of gold. About a year and a half ago Secretary Babbitt was required by law to give Barrick Resources 11 billion dollars' worth of gold. Do you know what the Secretary and the taxpayers of the United States got for that $11 billion? Yes, $9,000. Ask Senators who own land with gold or silver or platinum or palladium: How many of you are willing to give the gold companies that kind of a deal? You know the answer to that question.

Then just recently the Secretary was required by law to give a Danish company—Faxe Kalk—1 billion dollars' worth of travertine. Travertine converts into a powder which has very special uses. What do you think the taxpayers of the United States got for that $1 billion? Why, they got a whopping $700—enough to take your family out to dinner about five times.

Do you think I am making this up? If you think I am making it up, invite all Senators who think this is just such a wonderful thing to come to the floor and refute it.

In the past year, we gave Asarco, a copper and silver company, lands that have underneath them—who cares about the value of the surface? We just gave Asarco 3 billion dollars' worth of copper and silver. What did the taxpayers get for their $3 billion? Yes, $1,745. We are going to be required—we have not done it yet, but under the law, because of the 1872 law that Ulysses Grant signed when he was President, we are going to be required to give the Stillwater Mining Co. 44 billion dollars' worth of platinum and palladium. Mr. President, this is their figure, not mine. You want to go and find out where I got that figure? Look at their prospectus. And the taxpayers of this country in exchange for their $44 billion are going to get the whopping sum of $10,000.

We are trying to balance the budget. It makes a mockery of it. It makes an absolute mockery of it. You talk about corporate welfare. That is the reason I applaud the Kennecott Co. At least in the land exchange, the grant we are going to give Kennecott in the Murkowski bill, they had the decency to say, ''We will give you a 3-percent net smelter return for all the copper we mine.'' That is still less than private property owners charge, but it is at least reasonable. If the taxpayers of this country were getting a severance tax or a net smelter return royalty over the next 7-year period when we are trying to balance the budget, it is a big piece of money.

When we look at some of the things we are doing to the environment, even after the add-back in the amendment we are going to vote on here in about 2 hours, even after we add that back into the environmental fund, EPA is still going to be cut significantly. Mr. President. When I came to the Senate, 65 percent of the streams and lakes of this country were not swimmable and not fishable. Today, in 1996, that figure has been reversed; 65 percent of the streams and lakes are fishable, are swimmable. And I do not care where you go. If you go to Main Street America—you pick the town—and you ask people: Do you think we are doing enough for the environment? Seventy percent of the people say, no. Do you want to reverse that figure to 35 percent of the streams and lakes not being fishable and swimmable from the point that 65 percent of them are? No. Nobody wants to turn the clock back on the environment.

The air we breathe, the water we drink goes to the very heart of our existence, and we are cutting the Environmental Protection Agency's budget. Too much regulation, they say. That may be true. Cut the regulations back, but do not cut back the quality of water and air.

Here is an opportunity to find an awful lot of money that we have been giving away since 1872, originally to encourage people to move west. You think about the rationale for the 1872 law—to encourage people to move west—124 years ago. What is the rationale now? Corporate greed. Political campaign contributions. That is it, pure and simple. People will not vote to impose a royalty on mining companies because they give away a lot of money around here. Until we straighten that out, this is not going to be straightened out.

Mr. President, I have made the same speech on this floor many times. The figures keep changing. The companies that are benefiting from it keep changing. I do not know how much longer I am going to be in the Senate, but I promise you one thing: The last day I serve here I will be standing right here, unless this is rectified, making the same speech.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate will now stand in recess until 2:15 p.m..

Thereupon, the Senate, at 12:48 p.m., recessed until 2:15 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. FRIST).

BALANCED BUDGET DOWNPAYMENT ACT, II

The Senate continued with the consideration of the bill.

AMENDMENT NO. 3533

Mr. KERRY. Mr. President, I will vote to support the Bond amendment to the underlying Lautenberg-Kerry amendment only because it provides some additional funding for environmental programs that are critical to improving the health and safety of all Americans and because it is the most that Democratic negotiators could wrest from the Republicans for these purposes. Regrettably, this Bond-Mikulski compromise eliminates any opportunity to pass the Lautenberg-Kerry amendment which contains almost double the funding for environmental protection, including water infrastructure funding for the State revolving loan fund and additional funds to cleanup of Boston Harbor.

However, I hope that the overwhelming support for the Bond-Mikulski compromise amendment will demonstrate to the House conferees that the vast majority of Senators want to support increased funding for critical