Although these provisions at least require some form of summary, in my view they strike the balance between the alien and the Government less carefully and less fairly than the Senate version of the bill.

The fight against terrorism and all criminal acts against Americans must be conducted vigorously, relentlessly, and in a manner that respects basic civil liberties. I believe the fundraising and alien terrorist removal provisions are one area in which the Terrorism Prevention Act could have been improved by not leaving civil liberties protections to the Executive and Judicial branches. I would have preferred for the act to have to have expressly provided for disclosure of the secret information to the maximum extent possible.

It is my hope that despite the administration's insensitivity to these concerns and its insistence on including these provisions in their current objectionable form, during the legislative process, the executive branch will be sensitive to the questionable constitutionality of these provisions when it turns to enforcing them and will take great care in their use. Should it fail to do so, I would expect the courts to step in. In any event, and especially should the executive branch restraint prove insufficient, and the abuses I fear prove not only hypothetical but real, I will seek the opportunity to revisit these provisions at the first opportunity.

Despite these weaknesses, Mr. President, I believe the Terrorism Prevention Act is an extremely important measure, and I am pleased to have had a chance to participate in its enactment into law.●

SALUTE TO CARL GARNER

● Mr. PRYOR. Mr. President, on Friday, May 3d, Mr. Carl Garner of Tumbling Shoals, AR, will retire from Federal Service after 58 years as an employee of the U.S. Army Corps of Engineers. He is one of the longest consecutive serving Federal employees in the history of this Nation, and today I want to take a brief moment to reflect on his career and service to our country.

Carl Garner began his career with the Army Corps of Engineers on June 16, 1938, following his graduation from Arkansas College—now Lyon College. His early career placed him at Bull Shoals Lake in northern Arkansas. On March 15, 1959, he was assigned to the new project at Greers Ferry Lake as a supervisor for Construction Management Engineering.

Greers Ferry Lake would become Carl Garner's life's work, and today you cannot mention one without mentioning the other. On October 14, 1962, Carl was named Resident Engineer for Greers Ferry Lake, and has held that title for 34 years. On October 3, 1963, President John F. Kennedy dedicated the last public works project of his life and short Presidency on a hillside overlooking the dam at Greers Ferry Lake. Carl Garner stood on the podium with the President on that occasion.

Carl Garner had a vision. He was an environmentalist long before the word became common in our vernacular. Carl's vision was that Greers Ferry Lake should be pollution free and should reflect the natural beauty and landscape of the region. Greers Ferry Lake should be a model for the Nation, and today, it is the pearl in our Nation's inventory of multiple purpose man-made lakes.

The vision that Carl Garner has preached for the last 30 years involves responsibility. Today, because of the tenacity and foresight of this one man, we have a public law, Public Law 99–402, which requires all Federal agencies that manage land and water to conduct a Federal lands clean-up. Carl has taught us to be responsible with our environment through the Greers Ferry Lake clean-up, which occurs on the first Saturday following Labor Day each year. Over the years, literally hundreds of thousands of volunteers have learned how to be environmentally responsible because of Carl's legacy, and Greers Ferry Lake is the result.

Mr. President, I am proud to say that Carl Garner is my friend. His impact on my world is profound. Today I salute him and wish him the very best in his future endeavors as he enjoys a well earned retirement from Federal service.●

● Mr. HATFIELD. Mr. President, it gives me great pleasure to share with the Senate the accomplishments of an outstanding researcher from Oregon Health Sciences University [OHSU], Dr. David A. McCarron. His research was recently validated by a team of researchers from McMaster University in Hamilton, Ontario. The findings of the research was published in the prestigious Journal of the American Medical Association, on April 10, 1996, accompanied by an editorial from Dr. McCarron.

The research done at McMaster University has bolstered the findings of Dr. McCarron and his team of researchers in dealing with the relationship between calcium deficiency in pregnant women, and the amount of maternal and fetal morbidity. What the team found was that if the amount of calcium taken by pregnant women is increased, the amount of maternal and fetal morbidity was significantly reduced. In fact, high blood pressure was reduced by 70 percent among women who consumed the equivalent of four servings of dairy products a day, or 1,500 milligrams of calcium.

What does this mean to all Americans? The 1992 direct health care costs related to hypertensive disorders of pregnancy have been estimated at $18 to $22 billion. But more importantly, the savings would be felt by millions of children who would have a healthier head start in life. This is another fine example of the cost savings results of biomedical research.

Let me again point out for my colleagues that an important portion of the funding for this program came from the legislative language in an appropriations bill. The fiscal year 1992 Agriculture appropriations bill led to a grant to OHSU, and Dr. McCarron, to continue their research effort in the field of assessing calcium impacts on pregnancy, infant birth weight and a wide variety of other nutritional areas. The money bridged a gap for the program until further private funds could be obtained. The importance of this grant and the continuation of this program is now being felt throughout the medical community.

This is the type of appropriations funding provision that has been the subject of heavy criticism in recent years. However, it is this type of modest investment, this type of gentle nudge to the administration, that leads to huge strides in medical research and better health for Americans. The simple fact is, without the funding that Dr. McCarron's research received, as a result of this provision, the program would likely have ended. The continued funding and granting of money to these programs is not only important, it is imperative. Billions of dollars will be saved and lives will be improved as a result of this work by Dr. McCarron.

Dr. McCarron is a soldier in the cause of medical research. He not only fought for his program, but cleared a path for all medical research programs. His tireless devotion to the betterment of the community around him has made him an ally to all medical research. His research will help hundreds of thousands of mothers and children for decades to come.

I ask to have printed in the RECORD the JAMA piece written by Dr. McCarron.

The material follows:

DIETARY CALCIUM AND LOWER BLOOD PRESSURE—WE CAN ALL BENEFIT

Dietary calcium intake fails to meet recommended levels in virtually all categories of Americans. The health implications of this trend were recently addressed by a National Institutes of Health Consensus Conference, which noted that several other common medical conditions besides osteoporosis are associated with low dietary calcium intake. The articles by Bucher et al in this issue and the April 3 issue of THE JOURNAL focus on one of these conditions: increased arterial pressure. These meta-analyses of randomized controlled trials of blood pressure and calcium levels in 2412 adults and in 2459 pregnant women provide compelling evidence that both normotensive and hypertensive individuals may experience reductions in blood pressure when calcium intake is increased.

Do these reports represent this week's favorite nutrient-disease relationship, only to be cast aside when a subsequent study fails to confirm these authors' conclusions? Several factors argue against that possibility. Viewed in the context of substantial prior observational and experimental evidence, the biological plausibility that calcium exerts a favorable effect on arterial pressure is strong. Furthermore, these summary analysis provide insights concerning why nutrient-disease relationships appear at times inconsistent. A threshold of calcium intake

below which arterial pressure increases has been documented in experimental models and in epidemiological reports linking low calcium intake to higher arterial pressures. The threshold range overlaps with the median intake of calcium for adults. As observed by Bucher et al, such a threshold effect predicts that trials composed of participants with varying baseline calcium intake may result in a heterogeneous response, with a negligible or small benefit. The benefits for those individuals whose calcium intake is below the threshold may be masked by the null effect in those whose baseline calcium intake is sufficient.

To better estimate the cardiovascular impact of achieving the recommended levels of dietary calcium intake, researchers should focus either on subjects who are below the threshold or on those whose threshold has shifted upward because of biological demands. Bucher et al did both. Numerous observers have confirmed our index report that persons with hypertension consume less calcium and thus are more likely to be below the threshold. As that evidence would predict, Bucher and colleagues identified a larger benefit of increasing calcium intake in hypertensive than in normotensive subjects.

Calcium requirements vary across the life span. When calcium needs are increased, the relationship between calcium intake and biological responses may be amplified. By analyzing separately the randomized controlled trials in pregnant women, Bucher et al tested this relationship. Gestation is a transient period of increased risk of elevated arterial pressure. It is also a period in which the metabolic demand for calcium increases dramatically. In this otherwise healthy, young, normotensive population, Bucher et al established an unequivocal benefit of increasing calcium intake for both mean arterial pressure and the incidence of pregnancy-induced hypertension, which was reduced by 70%. Preeclampsia was reduced by more than 60%

The observation of Bucher et al that cardiovascular benefits of sufficient calcium intake increased with the quality of the study strongly supports the validity of these findings. The fact that pregnant women 20 years of age or younger benefited more than older pregnant women is another example of increased biological needs for calcium amplifying the relationship between calcium level and blood pressure. Younger pregnant women must provide calcium for the fetus as well as their own continued skeletal growth, thus multiplying their daily requirement. While the current calcium intake recommendation for pregnant women and adolescent females is 1200 to 1500 mg/d, their reported median intake is 600 to 700 mg/d. As the analysis of Bucher et al revealed, the cardiovascular benefits of consuming sufficient calcium are greater in those whose intake is least adequate for biological demands. As noted by these authors, what remains to be confirmed are the trends for reduced maternal and fetal morbidity. Similarly, the impact of adequate calcium intake on infant and childhood blood pressure must be defined, because calcium needs are increased at this time. The anticipated release of data from the National Institutes of Health trail of Calcium for Preeclampsia Prevention (CPEP) should address these issues.

For pregnant women the goal is clear, calcium intake must meet metabolic needs. Current intakes in women of childbearing age are not sufficient to assure optimal gestational blood pressure regulation. Younger women can no longer assume that the consequences of inadequate calcium intake will emerge only decades later as osteoporosis. They may occur within 9 months as serious complications for both mother and child. Optimizing calcium intake will benefit not only pregnant women but also society in general. The 1992 direct health care costs related to hypertensive disorders of pregnancy and their sequelue have been estimated at $18 billion to $22 billion. Using the most conservative estimates of Bucher et al, the savings from increasing calcium intake during pregnancy might reach several billion dollars within 1 year.

In virtually all age, sex, and ethnic categories of the US population, median calcium intake is equal to or less than the minimum recommendation, leaving more than 50% of individuals consuming inadequate amounts of calcium. For those groups at higher risk of hypertension (African Americans, pregnant women, the obese, and the elderly), the situation is worse. Furthermore, consuming adequate calcium is no longer simply a ''women, issue.'' After age 40 years, American men have a median calcium intake of less than 750 mg/d. For African-American men, whose risk of hypertension is two to three time that of their white counterparts, the median calcium intake is than than 600 mg/d. There are therefore many reasons, including control of arterial pressure, why every individual should be advised to consume the current recommended level of calcium as a general health measure.

DAVID A. MCCARRON, MD.
DANIEL HATTON, PHD.

DESPITE ITS FLAWS, A RESPONSIBLE BUDGET AGREEMENT

● Mr. WELLSTONE. Mr. President, late last week we finally approved a budget for the fiscal year which started 7 months ago. After long and heated negotiations, Presidential vetoes, and numerous shutdowns of the Federal Government, that budget protected many of the priorities that had been identified by the President and by Democrats here in Congress, including key investments in education, crime prevention, the environment, and other key areas. It also effectively removed many of the policy-related riders that would have done so much damage to our efforts to protect Americans in the workplace, and to protect the environment; major victories for all Americans.

The bulk of the funding for key education and job training programs, which I had fought hard to restore through an amendment on the Senate floor, was retained by the conferees. Key Federal investments in the skills, character, and intellect of our children must remain our highest priority.

The conferees also preserved funding for the new community policing program called COPS, which has provided funding for over 430 new police in Minnesota, and over 34,000 nationwide. Ultimately, it is scheduled to put 100,000 new police on the streets of our Nation's cities and towns. Chiefs of Police and sheriffs from across the country, from big cities, small towns, rural areas and suburbs, have supported this program because they know that more police make a real difference in combatting crime. This is a victory for communities nationwide who are struggling to bring down crime and combat fear in their streets by strengthening their community policing programs.

In addition to these major victories, the measure gained overwhelming approval here in the Senate because many Senators, including myself, believed that we must not allow to continue to go unfunded key Federal agencies and departments which protect the environment, provide funding for schools, protect the health and safety of Americans in their workplaces, provide funding for critical Federal health benefits, or support a host of other Federal activities.

While on balance I believe the bill goes a long way toward protecting key priorities, there are some areas where very large budget cuts will still be made by this bill. For example, I am very concerned that the House conferees insisted on slashing advance funding for the Low Income Home Energy Assistance Program, which is critical to thousands of Minnesotans who rely on it for heating aid in very cold weather.

Despite the battles over LIHEAP funding this past winter, and my amendment urging the Senate conferees not to accede to House demands to scuttle advance funding for this program, passed by a vote of 77 to 23, Senate conferees agreed to drop advance funding for next winter. This is a major and unwise policy change, and makes it doubly important that adequate funding for the entire heating season be provided in the fiscal year 1997 Labor-HHS appropriations bill that will be developed soon by the Appropriations Committee; I will fight to fully restore these funds during that process.

There are also substantial cuts in programs for the arts, for legal service programs which ensure that the constitutionally guaranteed rights of even low-income people are secured within our legal process, for Federal Indian education efforts, for job training, for homeless programs, and for a host of other key public investments in our future. While I recognize the need to continue to reduce the deficit, I opposed these cuts, and will be working to restore critical funding in these areas in the coming months.

Mr. President, I did not agree with all of the priorities contained in the omnibus appropriations bill. It is not the bill I would have written. My colleagues know I would restructure Federal spending in very different ways, even while securing the same level of savings. But this final agreement allowed us finally to move beyond last year's funding fights, and to turn our attention to this year's appropriations process. That is why I supported it, despite its flaws. I hope we can do better this year; Americans deserve a more orderly and responsible process, with very different priorities, than Congress delivered this year.●