

YOUNG PEOPLE AND GUN
VIOLENCE

Mr. BRADLEY. Mr. President, I would like to alert the Senate that in the week of July 9, when the Senate returns after the recess, Senator WELLSTONE and I, and a number of other Senators on both sides of the aisle, will be submitting a resolution that will designate October 10, 1996 as a day of national concern about young people and gun violence.

The announcement, I think, will be broad enough to include all segments of the political spectrum in a resolution to urge the reduction of gun violence among young people in this country. I believe that this is a very important initiative. There will be more information to come. This is simply to highlight the point that the first week back will be a major effort to get the Senate on record to make a very clear statement about young people taking pledges against the use of guns in their lives.

Senator WELLSTONE spoke about that earlier today in morning business.

Mrs. BOXER. Will the Senator yield for a question on that point?

Mr. BRADLEY. Yes.

Mrs. BOXER. I thank the Senator, and I want to ask him a question. I have introduced a bill with the Senator from New Jersey and with the Senator from Rhode Island, Senator CHAFEE, which would essentially extend the ban on imported junk guns to junk guns made here. I cannot praise the Senator enough for bringing this issue to our attention.

Is it not true that nationally now the leading cause of death among young people from date of birth to age 19 is guns? In my home State of California, it is the first leading cause of death.

Is that the Senator's understanding, and will he, at the time he brings this resolution, look at legislation like this, discuss it so that the American people can be aware there are things we can do to stop the proliferation of these junk guns?

Mr. BRADLEY. As the Senator from California knows, I agree with her and with Senator CHAFEE wholeheartedly on the handgun issue. But the resolution that we will be bringing forward when we come back in July is a very simple resolution. It is aimed at young people in the country to get them to take action.

It will establish October 10 as a national observance to counter gun violence, and it will ask young people across this country to take a pledge that, one, they will never carry a gun to school; two, they will never resolve a dispute with a gun; and three, they will try to use their influence with their friends to keep them from resolving disputes with guns.

That is the resolution. That is what our hope is that this will become a very popular thing in the country among young people; that we will begin to see that influence felt across America; that we will have cosponsors on

both sides of the aisle to make this very clear statement.

I might say, this is an initiative that was started in the State of Minnesota, and it was started by some very public-spirited citizens who will have a big impact on, I think, the whole history of this country if we can get this pledge as popular in schools across this country as Reeboks are today or Nikes or any of the other shoes that people want to wear when they are younger than you or me.

Mrs. BOXER. Will the Senator yield for one more question?

Mr. BRADLEY. Certainly.

Mrs. BOXER. The reason I have asked the Senator to yield again is because I am so pleased about this initiative.

What the Senator is saying is that responsibility is very key here. Clearly, if young people decide it is out of fashion to carry a weapon of choice, even though they can still buy one for \$25 because they can get these junk guns, that will be a tremendous step forward.

I thank the Senator for bringing it to the Senate's attention, and I hope he will add me as a cosponsor to this effort.

Mr. BRADLEY. I thank the Senator from California. I certainly will. I hope that by the time we introduce this resolution in July we will have 100 cosponsors.

Mrs. BOXER. I agree.

Mr. BRADLEY. This is something that should be an unequivocal message for anybody in the Senate that cares about gun violence and young people in America, which I presume is every Member of the U.S. Senate.

I thank the Chair and the managers for yielding.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. THOMAS. Mr. President, I ask unanimous consent that further proceedings under the quorum call be rescinded.

The PRESIDING OFFICER (Mr. DEWINE). Without objection, it is so ordered. The Senator from Wyoming is recognized for 30 minutes.

Mr. THOMAS. Thank you.

HEALTH CARE IN AMERICA

Mr. THOMAS. Mr. President, we wanted to continue our effort with the freshmen focus to bring to the Senate some of the views that from time to time may be unique because we are freshmen, unique because this is the first term we have served here, I suppose unique because, perhaps, we are a little impatient to move forward.

Of course, all of us have great respect for the traditions, but sometimes it is a little discouraging to say, "Gee, we ought to be doing something a little different," and to hear, "Well, it's the way we've done it for 200 years," you

know. And there is some merit to the 200 years thing.

I want to talk a little bit this morning—and I will be joined by a number of my colleagues—about health care and about the issues that surround health care. I suppose, in a broader sense, we are talking about choices, talking about issues, and the choices we have among issues, the choices that we have as to the ways in which we can accomplish the things that all of us want to accomplish.

I do not think there is a soul in here who does not want to move forward with health care. There is no one in the Congress, there is no one in the country who does not want to create a program in which there are greater opportunities for American families to have access to superior health care. Nobody quarrels with that.

The quarrel, of course, comes in, how do you do it? There are legitimately different views as to how you accomplish the things that we want to accomplish.

Unfortunately, some of it is promotional rhetoric. We make great speeches about wanting to do this, accomplish health care for American families and so on, but then when we get down to it, why, there are differences. One of the differences, of course, was highlighted in the last 2 years when the proposal was to have a federalized health care program—a legitimate point of view: Have the Federal Government provide basically health care for everyone in this country. That idea was rejected, soundly rejected, I think, throughout the country. I happen to think that was a good idea to reject it, that we are better off to strengthen the opportunities for health care in the private sector.

So that is where we are. I have to tell you that sometimes one wonders if the opposition to what we are doing now is not an effort to move back to the idea of having the Federal Government provide health care for everyone. But nevertheless, now we are on a new track. Now we are on the idea of, how do we strengthen the health care program in the private sector?

I guess the real question we ought to ask ourselves is, can we do better in providing health care? And the answer is, yes, of course, we can. We have made some progress in the last couple years, made it in the private sector.

In my State of Wyoming, there has been substantial progress made in terms of recognizing what can be done to bring together the doctors and the hospitals and to share among different towns the kinds of services that are available but cannot be available in every small town. So we are making progress.

We have the opportunity to make a good deal more progress right here in this place in the next week. We should have made it 3 weeks ago, but we have not, because there has been an obstacle to progress. It is sort of discouraging that my friends on the other side of the

aisle put out a statement saying, health security, we want the portability of health care, elimination of preexisting conditions, guaranteed renewability. This is what the Democrat leadership committee put out a month ago.

We have that bill before us, Mr. President. We have that bill. We have had that bill since April, ready to be moved forward. But, unfortunately, we have had the objection of Members on the other side of the aisle that have not allowed it to move. I hope that we can do that.

We support reform of health insurance. We support reform of availability of health care and have done a great deal about it over the last couple of years, starting, I suppose, with Medicare, the idea of strengthening Medicare so that over a period of time that is available to the elderly. There is no question that if we do not make some changes in Medicare, it will not be there. We have proposed those changes. We have been for those changes, those changes to strengthen Medicare, to make it available to the elderly, to make it continue to be available after 2001, at which time the trustees say it will fail if we do not change it.

Medicaid, health care to the low-income families of this country, we suggested much of that be transferred to the States so that decisions can be made that fit the needs of the various States. Mr. President, our health care needs, our distribution system in Wyoming must be different than the presiding officer's State of Ohio. So we need to have the opportunity for our States to work in Medicaid. That has been a proposal that we have been forwarding.

We have favored, and continue to favor and urge, the acceptance of reform in the private sector. We have been eager to pass insurance reform, which is out there, which is available now. In March, the House passed historic legislation to make insurance more portable for families. In April, the Senate did the same thing. Sixty-five days have passed, and still no bill.

I think we have to say to ourselves, "Let's just do it. Let's do it." But there continues to be opposition. The Democrats have blocked appointment of the conferees, so there is no movement in this area in which they say they are for: portability of health care, elimination of preexisting conditions, guaranteed renewability. I say, come on, let us do it. You say you want to do it. Now is the time.

President Clinton has hinted at vetoing the bill. I hope that does not happen. On the other hand, Mr. President, frankly I am getting a little weary of the idea, "We don't do that because the President may veto it." That is the President's prerogative, but it is our opportunity and responsibility in the Congress to do those things we think are right, to pass bills we think are right. If the President vetoes them, that is his decision, but we ought not to fail in moving, in doing our part simply because of that.

There are philosophical differences, and I understand that. There are philosophical differences in most everything we approach here. That is healthy. There are going to be philosophical differences in the election. That is what elections are about. That is what we will be deciding, the direction, whether or not we are going to have more Federal Government, more expenditures at the Federal level, or whether, in fact, we move some of these decisions closer to people and move them closer to the States and to the cities from which families will receive the services.

So, of course, there will be differences in philosophy. Republicans believe Americans should be in charge of their own decisions with respect to health care. One of the great controversies in this bill, one of the things that has kept it from moving, is the idea of medical savings accounts. Medical savings accounts provide an opportunity for people to make their own decisions with respect to expenditure of money. They provide the opportunity for people to save, to cut down on the utilization of health care, and at the same time be able to choose the health care program they think is best for their family.

Employers can accumulate over the years dollars that can be spent for employees. It has been proven and several recent reports confirm that out-of-pocket expenses would decline and benefit all Americans. That is part of this package. Unfortunately, our friends across the aisle would prefer the status quo and refuse to give medical savings accounts a try. They think it deviates too far from the idea of the Federal Government controlling. We think that is the right thing to do.

The Kassebaum-Kennedy bill has a good many things that we need to do. Certainly it is not a panacea for all health care, but it moves us in the direction of fixing some of the things that need to be fixed. I happen to be very interested and involved in rural health care. There are unique things about rural health care that need to be changed. Unfortunately, this does not address them, but it does make some of the changes that we need to make to cause health care to be more available, more useful for Americans and American families.

Job lock—we all know of people who would like to move forward with the opportunities of jobs and to change jobs and to move up in the economic stratosphere, but they are concerned about doing that because they lose health care, particularly folks that are a little older. This changes that and provides portability for health care, something most everyone agrees with. It has to do with allowing people to have insurance, despite the fact that there are preexisting conditions. If we are going to be in the private sector with health care, then people have to be insured. It may cost more for everyone. I guess that is what insurance is about, spreading the risk. We think we can do something about it in our State. We have risk pools. They work. But

preexisting conditions should not keep someone from having private health insurance.

It allows small businesses to join and form purchasing cooperatives so that you get some kind of volume advantage in small businesses. Pretty simple stuff, but it is useful and can help with the problems that exist there.

All these measures go, I think, to the core of what American families want. They want availability of health care, they want it in the private sector, they want choice. That is what this bill is about.

I certainly urge our friends on the other side of the aisle to not resist movement on this bill. We have an opportunity now. That is why we are here, to accomplish things. We are moving down to where I think there are 25 or 26 work days left in this session. We have a lot of things to do. We have spent a lot of time on this. It is not as if it has not been discussed. We need to move forward.

The question, I suppose, we ask ourselves in health care, as in other areas, but particularly in health care because all of us are involved, it affects everyone, all of our kids, and all of our families, the question is, can we do better? Of course we can. Of course we can. It is not the job of the Federal Government or the Senate to provide health care for everyone. It is the job of the Senate, in my view, the job of the Federal Government, to provide an environment in which the private sector can do what we want to have it do, and that is provide an opportunity for all Americans to have access. We ought to just do it. The time has come to just do it.

Mr. President, I yield to my friend from Minnesota who has joined in the freshman focus this morning.

THE PRESIDING OFFICER. The Senator from Minnesota.

Mr. GRAMS. Mr. President, I join my colleagues today in issuing our call and asking our Democratic friends on the other side of the aisle to end that filibuster of the Kassebaum-Kennedy Health Insurance Reform Act.

Most Americans probably are unaware that the Democrats are blocking a final vote for portable health insurance for millions of Americans, as our friend from Wyoming has pointed out this morning.

Mr. President, our Founding Fathers established the filibuster as the parliamentary tool for use by the minority in the Senate to ensure that, unlike in the House of Representatives, any issue would have a full and open debate—without limitation by the majority. In the past, it was common to have only about one, maybe two filibusters throughout a session of Congress. Yet, despite President Clinton's remarks lately that the Senate Democrats "have not abused the filibuster in their minority position the way Republicans did * * *" their record shows differently.

Unfortunately, the President and I disagree in our interpretation of the word "abused." In the 102d Congress, when the Republicans were in the minority, we filibustered 40 times. Yet the Democrats, this Congress, have already filibustered more than 66 times and we still have another 6 months to go before the end of this legislative session.

Mr. President, I will highlight just a few of bills that our Democratic colleagues have filibustered in the last 15 months. Those bills include term limits, the line-item veto, welfare reform, product liability reform, and others. Despite Republican willingness to compromise and to work with the minority to achieve legislation amenable to all, they have continued to filibuster legislation which national polls have shown most Americans want passed by overwhelming margins.

Mr. President, I want to again emphasize that these are Democrat-led filibusters—nothing more and nothing less than Democrat gridlock. There is no question that the most egregious Democratic filibuster this session has been by the Senator from Massachusetts in his effort to delay final passage of the Health Insurance Reform Act. The Senate considered this legislation almost 2 months ago, yet the Senator from Massachusetts, the original co-author with Senator KASSEBAUM, is filibustering this important bill because he wants to deny hard-working Americans the ability to put a portion of their pretax earnings into a savings account that would be designated for medical expenses.

Mr. President, if you will recall earlier this year, the Senator from Massachusetts and the distinguished minority leader, a number of times, alleged that Republicans were holding up the bill, even refusing to allow a vote on it. Unfortunately, our desires to review the final legislation in consultation with our Governors, State health officials, industry officials, health and care providers, and, most importantly, our constituents, were perceived as objections or opposition to the Kassebaum-Kennedy bill.

This, however, was not the story told by our Democratic colleagues. A final agreement for consideration was entered into on February 6 to debate the Kassebaum-Kennedy Health Insurance Reform Act on April 18 and 19, giving all 100 Senators ample time to consult, review, and improve, prior to floor debate. When all the statements were made and amendments considered, this body approved the Kassebaum-Kennedy legislation by a margin of 100 to 0. Despite our diverse membership, the unanimous vote shows our strong support for expanding health insurance to more Americans. Even President Clinton urged passage of this legislation in his State of the Union Address early this year.

Mr. President, in light of President Clinton's support, the unanimous Senate support, and the millions of cries

from American people who desperately need this legislation, I believe it is reprehensible that the Senator from Massachusetts has decided to filibuster the joint priority of health insurance reform for political power rather than good policy.

Since it has been 2 months since we debated the Kassebaum-Kennedy legislation, I want to highlight again what the Senator from Massachusetts is denying to 15 million Americans who will benefit from this legislation. First, portability, ensuring that when an individual wants to change a job they can take their health care with them. They will not lose it. Next, limiting preexisting condition exclusions. That is, ensuring that individuals who have played by the rules when they are healthy get to maintain their health insurance when they are diagnosed with a potentially costly medical condition. We should not allow insurance companies to only insure the healthy. If this were to occur, taxpayers would be required to pay for their care under the Medicaid Program, which we all know is having difficulty sustaining its current number of beneficiaries today.

Most importantly, Mr. President, this Democrat filibuster is denying working Americans the opportunities to save money to pay for unexpected health care costs.

A recent study reported by the Bureau of National Affairs stated in its June 6 edition that a Workplace Pulse Survey of 1,000 workers, conducted back on May 20 to May 24 by the Marketing Research Institute, for Colonial Life & Accident Insurance and the Employers Council on Flexible Compensation, found the following: 87 percent of respondents believe that Congress should allow medical savings accounts to be tax free; 4 of 10 full-time working Americans, with health insurance, would be more likely to change jobs if Congress enacted legislation mandating the portability of their insurance.

Now, the Senator from Massachusetts alleges that medical savings accounts are only for the wealthy; yet, one of the wealthy groups who would benefit from MSA's is a group the Senator usually rallies behind, and that is the United Mine Workers. Currently, the United Mine Workers have medical savings accounts; however, they do not get fair tax treatment because they are taxed on the amount that they have in those savings accounts for health care.

Mr. President, continued efforts by a few Senators on the other side of the aisle are undermining the ability of this body to prove to the American people that we do listen, we do care, and that we can come together on important issues to find a compromise and ultimately enact serious and sensible health insurance reform legislation.

Now, the definition of compromise, according to Webster's, is "meeting halfway, coming to terms by giving up part of a claim." Mr. President, Republicans have compromised.

Over the last few weeks, the majority leader has sent numerous compromise proposals to opponents of MSA's, and they still complain that our proposal is too broad. I disagree.

Mr. President, when President Clinton has indicated his support for the Kassebaum-Kennedy bill, the Senate passed the same bill unanimously and we have continued to compromise on the main issue of concern for the Senator from Massachusetts who claimed earlier this year that Republicans were denying a vote on the bill, I find it all very suspicious in this year of Presidential elections.

We should pass the Kassebaum-Kennedy conference report, and we should urge the President to sign the bill at the earliest date possible, again, so that 15 million Americans awaiting its enactment can go to bed knowing that they have portable health insurance.

Mr. President, I yield the floor to my good friend from Wyoming.

Mr. THOMAS. I thank the Senator. I am now glad to be joined by our colleague from Pennsylvania. First of all, on April 23, this was published, the Senate Democratic Action Agenda. It says, "health security, payroll security." Then it turns to health security and says "portability of health care." This is on the 23d of April, this action agenda. We have that available. We have it here. We have had it for 65 days.

So I guess the real issue is that it is one thing to talk the talk and another thing to walk the walk. We have an opportunity here to do that, to make it available to families, to have health care for children. What we really ought to do is just do it.

I yield to my friend from Pennsylvania.

Mr. SANTORUM. I thank my colleague.

Mr. President, I think it is interesting to, first, understand why this bill is being held up. It is being held up—at least the reason given that it is being held up—because there is an objection to the concept about the proposal known as medical savings accounts. Now, I have had town meetings about medical savings accounts ever since I first introduced a medical savings account bill. I was the first Member of the House to do so in January 1992. I had been holding town meetings in the Pittsburgh area when I was a Congressman, as well as across Pennsylvania.

I consistently find one thing—most people do not know what medical savings accounts are. The few that do, when I ask them to explain them, usually do not do a very good job explaining what they are.

Let us explain what is the big holdup here. Why are medical savings accounts so bad? What do they threaten? What damage can they do? How will they disrupt the health care system? Why is this such a horrible thing that we can hold up what most Members—in fact, I think all Members—would like to see done and believe needs to be

done to help the current system be better. That is what the Kassebaum-Kennedy bill does. It improves the current system of health care delivery in the private market health insurance system.

So let us ask what medical savings accounts do. Well, I like to call medical savings accounts patient choice accounts, because I think those who are tuned into what is going on in health care will tell you—and I am not talking just health care providers or insurers, I am talking about everybody who sees what is going on in health care—realizes that managed care is coming to dominate the marketplace and, in fact, will be, eventually, I believe, if nothing is done, take over the marketplace in most areas of the country. So the choices will be limited to just managed care options. The old fee-for-service, doctor-patient relationship in medicine will go by the wayside.

What I believe medical savings accounts do is give us a chance to keep that relationship available to patients who want that, to people who want the doctor-patient relationship. And what managed care is, you have a doctor, a patient, and you have a third party, an insurance company, who sort of regulates the transaction between doctor and patient. They are the ones who sort of dictate what services you can and cannot have. Well, before managed care, the doctor and patient determined what services you had. Well, the problem with that was that neither had incentive to control costs. On the patient's side, you had fee-for-service medicine with very low deductibles, so you did not pay anything for the services you got. You had no concern about how much they cost. Nobody asked how much it costs for health care. On the physician's side, the more you did, the more services you provided, the less chance you were going to be sued, and the more money you made. So there were no incentives here to control costs. Then managed care came in.

Well, what we are trying to do with medical savings accounts is very simple—that is, to put some incentives with the patient to be cost conscious, to encourage them to be careful about what kind of health care services they consume and how much they consume and where they consume them, to create some sort of a marketplace for health care. That is what medical savings accounts do.

I can explain the specifics of how it works, but the bottom line is that it empowers, it gives the individual the ability to control their own health care decisions again. It gives power to individual patients when it comes to their health care needs.

Now, why—why—would anyone be against giving an option to individuals? It does not require everyone to take a medical savings account, by any stretch of the imagination. It does not require anything. It just gives you an option to have a medical savings account. Why would anyone be opposed

to giving individuals powers to make medical decisions on their own, giving individual power in America?

I think you sort of have to step back and say, well, let us recall who were moving forward with the Clinton care health plan and what that plan did. What Clinton care did—sponsored by the Senator from Massachusetts—was take power from individuals, give it to Government-run organizations, and private sector insurance organizations, to manage care for everyone—big organizations controlling decisions of people. That is the model that many who were opposing this bill see as what we should be doing with health care. They do not believe—as Mrs. Clinton said, when asked about medical savings accounts—that individuals have the ability to make decisions on their own, that you are not informed enough, educated enough to make your own health care decisions.

There are people—and I hope and believe it is not a majority in this body—who believe that we need large organizations, whether it is Government or large insurance companies, to dictate to you what services are available to you. That is the fundamental debate here. That is the rub; that is the reason we are not moving forward with this. It is, who has the power to make decisions?

The Senator from Massachusetts believes it is large insurance companies or big Government. Those of us on this side of the aisle—and I think many on the other side of the aisle—believe individuals should at least have the choice to make those decisions themselves.

Mr. President, I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 1997

The PRESIDING OFFICER. Under the previous order, the hour of 9:30 a.m. having arrived, the Senate will now resume consideration of S. 1745, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 1745) to authorize appropriations for fiscal year 1997 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

The Senate resumed consideration of the bill.

Pending:

Nunn-Lugar amendment No. 4349, to authorize funds to establish measures to protect the security of the United States from proliferation and use of weapons of mass destruction.

Warner (for Pressler-Dashcle) amendment No. 4350, to express the sense of the Congress on naming one of the new attack submarines the "South Dakota".

AMENDMENT NO. 4349

The PRESIDING OFFICER. Under the previous order, there will now be 10 minutes of debate equally divided on amendment No. 4349.

Mr. NUNN. Mr. President, what is the pending amendment?

The PRESIDING OFFICER. The pending amendment is No. 4349.

Mr. NUNN. Mr. President, I ask unanimous consent that Senator HATCH be added as a cosponsor to the pending amendment.

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

Mr. NUNN. Mr. President, we had a good debate last night after most Members had gone home and after all the votes had been cast for the day. But, nevertheless, I hope some of our colleagues and their staff—and, indeed, the American people—heard some of that debate because, to me, this is an enormously important subject and a very important amendment.

This amendment is sponsored by Senator LUGAR, myself, Senator DOMENICI, Senator BIDEN, Senator GRAMM, Senator HATCH, and others.

It has three major thrusts.

First, it recognizes that one of our most serious national security threats is the proliferation of weapons of mass destruction—not just nuclear weapons but also chemical and biological weapons.

Just this week "The Nuclear Black Market" report came out by the Global Organized Crime Project, which is chaired by William Webster, former head of the FBI and CIA, with the project Director Arnaud de Borchgrave.

That publication made it very clear in the findings of this very distinguished group of Americans with considerable national security experience.

Quoting from that report:

The most serious national security threat facing the United States, its allies, and its interests is the theft of nuclear weapons or weapons-usable materials from the former Soviet Union. The consequences of such a theft—measured in terms of politics, economics, diplomacy, military response, and public health and safety—would be catastrophic.

Arnaud de Borchgrave said at the press conference:

We have concluded that we're faced now with as big a threat as any we faced during the cold war, when the balance of terror kept the peace for almost half a century.

We also have a quote that makes it clear that the foundation for this amendment is based on some of the findings in this report, as well as extensive hearings.

We had reports from the Harvard group headed by Graham Allison; reports from the Monterey Institute, and others.

So this is not the only report. This is the most recent and, I think, one of the more thorough reports that has been done on this subject.

But this report says:

A layered defense against nuclear trafficking is essential. Countermeasures must continue to emphasize securing warheads and