

I request that a copy of the attached letter be placed in the RECORD at this point. I hope that my colleagues will join me and Bob Affel in opposing President Clinton's unfair proposal.

SUN ELECTRIC CO.,
Knoxville, TN, April 21, 1997.
Representative JOHN DUNCAN,
Rayburn House Office Bldg., Washington, DC.

DEAR REPRESENTATIVE DUNCAN: We oppose the President's project labor agreement executive order. Listed below are some of our reasons.

HOW PUBLIC PROJECT LABOR AGREEMENTS HURT OPEN SHOP CONTRACTORS

Public project labor agreements exclude open shop contractors from the competition for public work. Labor unions often note that open shop contractors can also sign and work under such agreements but in doing so, the unions conveniently disregard the way the agreements actually work.

The problem is rarely the wage rates or fringe benefits that the agreements mandate. The Davis-Bacon Act or one of its many counterparts already require open shop and all other contractors to pay prevailing wages and benefits to those working on most public projects. The problem is that the agreements permit open shop firms to use few if any of their current employees. The also require open shop firms to organize their work around the rigid lines that define each union's jurisdiction. Public project labor agreements can require open shop firms to use three or more employees to perform a task that a one multicraft worker would otherwise perform. Open shop contractors can work under public project labor agreements but not without greatly increasing their cost of performing the work.

Thus, it is true but irrelevant that open shop firms are free to work under such agreements. What matters is that the agreements require open shop contractors to fundamentally change the way they do business that such firms cannot effectively compete.

HOW PUBLIC PROJECT LABOR AGREEMENTS HURT UNION CONTRACTORS

As a threshold matter, a public project labor agreement may well increase even a union contractor's cost of constructing a public facility. Such contractors may find that they have to employ the members of new and different unions. Many such contractors have agreement with only two or three unions, while public project labor agreements can involve as many as seventeen.

More importantly, public project labor agreements disrupt local bargaining for area-wide agreements. They may require wage rates or fringe benefits that exceed the prevailing ones. They often establish new work rules or reinstate old work rules or set other costly or otherwise damaging precedents. Because they typically prohibit lockouts, such agreements may also encourage unions to strike other projects in the area. They certainly undermine the direct face-to-face negotiations that lie at the heart of collective bargaining, as both unions and contractors turn to owners for the concessions that they cannot get from each other.

In sum, public project labor agreements substitute government bureaucrats for the industry's own negotiators. Whatever their intentions, such bureaucrats lack the experience to advance the construction industry's interests. They are schooled in neither construction nor labor-management relations.

QUALITY AND FREEDOM

To the great extent that they limit the competition for public work, or otherwise in-

crease the cost of improving our schools, hospitals, bridges and other public infrastructures, public project labor agreements threaten everyone's quality of life. They also threaten individual rights and freedoms. They typically include "union security" clauses that effectively mandate union membership denying construction workers the right to decide whether to join or otherwise support a labor union.

A DANGEROUS PRECEDENT

Inevitably, public project labor agreements increase the cost of all construction, including the private work the manufacturers and other industries. The President's plan raises ominous questions about the government's role anywhere in the private sector. Having set the precedent, will the government presume to negotiate collective bargaining agreements for the aerospace and automobile industries? At what point will the federal government dictate the terms of a collective bargaining agreement between Intel and its employees?

CONCLUSION

While some federal agencies have long used project labor agreements, the proposed executive order takes the threat of such agreements to new and extremely troubling heights. For the reasons already noted, this executive order would have a negative impact on the entire construction industry, including the substantial segment that continues to work with and under collective bargaining agreements.

Sincerely,

BOB AFFEL,
President, Sun Electric Company.

"IF NOT NOW . . ."—MARY FISHER'S POWERFUL CALL TO ACTION IN SUPPORT OF THE AIDS DRUG ASSISTANCE PROGRAM

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 8, 1997

Mr. UPTON. Mr. Speaker, I recently had the honor of meeting personally with Mary Fisher, founder of the Family Aids Network, and of hearing her address a congressional briefing on the AIDS Drug Assistance Program [ADAP]. Her speech, "If Not Now . . ." is one of the most powerful and compelling statements I have heard on the need for a strong national commitment to assist persons with HIV and AIDS. Due to remarkable progress in the development of AIDS drug therapies, we now have combination drugs that can dramatically lower virus levels, that appear to be transforming AIDS from a fatal illness to a manageable chronic condition, and that may actually eliminate the virus entirely or almost entirely from the body.

But, Mary asks, do we have the national will to make these drugs available to all who need them? That is the question posed by the availability of these new therapies.

I am entering Mary's speech in today's CONGRESSIONAL RECORD because I believe it should be required reading for every Member of Congress—and every American.

"If Not Now . . ."

(By Mary Fisher)

Thank you very much, Bill. I appreciate your kind words.

In order to be very brief today, I intend also to be very direct. I do not mean to be

brusque, but I do want to be blunt. The good news is that I won't elongate your program with a massive keynote address. The bad news is that I have no time for good jokes.

Let me begin with a happy idea. We should be ashamed of ourselves. Like evangelists caught in cheap motels with bad magazines, we are where we ought not to be: Nearly two decades into an epidemic that has killed hundreds of thousands of Americans, we have gathered to discuss how many more should die. I regret that we have come to this point and, as an American, I am ashamed of it. And I want you to be ashamed of it too. We should never have gotten ourselves to the place we find ourselves. And we should get out of this as soon as possible.

Pharmaceuticals represented here this noon have, by virtue of hard work and well-principled research, produced drugs that may prolong my life and the lives of others with AIDS. They should take great pride in what they have achieved. I am in their debt.

Members of Congress and their staff here this noon have, through consensus-building and budget-brawling, protected funds needed for AIDS research, AIDS-caregiving, and AIDS-intervention. I am also in your debt.

And colleagues from the AIDS community are here who've fought this epidemic with unimagined creativity and unheralded courage, not out of a desire for national recognition but out of a commitment to keep alive those who are dying. I take enormous pride in being one of you, and in the moral legacy written by pilgrims on the road to AIDS and those who have cared for them.

In this afternoon's program, expert colleagues are going to explain hard facts, large figures and complicated realities. I am here not to give their speeches, but simply to set a context. And the context I want to set is, in a word, shame.

For twenty years, this nation has treated persons with AIDS as uniquely responsible for their own condition. Despite what we know about smoking and cancer, we have not done to smokers what we have done to persons with AIDS; despite what we know about diet, we have not done to heart-attack sufferers what we have done to persons with AIDS; despite what we know about bucking horses and skydiving, we have not done to Christopher Reeves what we have done to persons with AIDS. Senators debating HIV-infected immigrants have used, as their point of useful reference, "infested fruits"—a double entendre' on both "infection" and the word "Fruit."

And because we have labored against such stigma and discrimination, such ignorance and evil, we have not reached common agreement on the most basic of all understandings: That Americans with AIDS do not deserve their disease but do deserve our assistance.

Failure to achieve consensus across moral and political lines on that fundamental reality has done more to contribute to the destruction of the AIDS community than the virus itself. So deep has the stigma been, so controversial the epidemic, that more than a hundred thousand Americans had died of the disease before an American president dared say the word "AIDS" in public. Tens of thousands of obituaries have lied about the cause of death, out of families' fear of shame. And those of us who are left are often mute. How do I explain to my sons Max and Zachary their father's death and my disease, on the one hand, and the nation's response on the other, with anything less than shame?

Archbishop Desmond Tutu once said that the South African Truth Commission was created to "release our shame, to move us from anger to healing, from futility to hope." It is Tutu's sense of shame—an active shame, a useful shame; shame that says "for

crying outloud, it's enough already"—which should motivate us to do what we've not done before.

The epidemic is nearly two decades long. Hundreds of thousands of Americans have died. Hundreds of thousands more are in danger of dying. What stands between these Americans and death is drugs; what stands between these Americans and drugs is money; and what stands between these Americans and money is...us, the American people, the United States government, and the AIDS Drug Assistance Program.

I've spoken in many settings, but I've never before stood in public to argue for any single piece of legislation. I've worked quietly, confidentially, off-the-record with countless legislators and leaders, including some of you here today. But the time has come for many of us to do what we've not done before, including me. I need to say publicly that we, as a nation, should be ashamed at how we have treated those with AIDS. And I need to call all of us, you and me, to assure that life-prolonging and death-deferring drugs are available for every HIV-infected person in this nation, not when we stand at death's door, but while we stand in the public square. Politics and science make it possible, economics and morality make it imperative. If we do not embrace the opportunity now, we have consciously and unconsciously prolonged the legacy of shame.

We have a new person filling the position popularly known as "AIDS czar." Sandy Thurman is a good and decent person, committed and compassionate. She has no history in this position and, therefore, no enemies' list. Democrats and Republicans alike have every reason to work with Sandy. And if she requires the assistance of people from both sides of the aisle—whether we are homemakers or newsmakers—if we understand the shame that our national response to date has earned us, we will work with her.

The Vice President has argued, recently, for expanding Medicaid coverage to provide interventions earlier in the case of persons who are infected. This proposal makes enormous sense scientifically, morally, and economically—it will absolutely decrease, not increase, Medicaid spending. To my knowledge, no Republicans have responded with assaults. Therefore, the idea is still alive that common sense and common decency would have a place in common policies.

We need not have another bureau or department to consume funds, nor does ADAP propose one. We need not have another study to justify funds, nor does ADAP require one. What we need is consensus that those who are infected deserve an opportunity to live. It is a proposition so simple, and so morally compelling, that both AIDS Action and the Catholic Archbishops can agree on it. It is, at its simplest root, merely a pro-life argument.

Others here today will present the scientific data and the economic numbers. I do not doubt how convincing the case will be. What I wonder about, even worry about, is this: that after two decades of death and dying, we will not yet have the will to move toward hope, even when hope is staring us in the face.

I spoke last week in Arthur Ashe's hometown. I admitted that the AIDS community is no longer certain what to hope for. My own care for my late husband Brian, in the days before he died, is not uncommon—many of us with AIDS are cared for by others with AIDS. But now we face an altogether new situation, unimaginable the Sunday morning Brian died.

One of us will respond well to the new [drug] cocktail, and one of us will not. How then will we live together as one rises up from the grave and another sinks into it? Does "survivor guilt" leave room for love?

"One of us will be able to afford protease inhibitors," I said in Richmond, "and one of us will not. How, then, will we live together in community? How will I love you, if I know you are staying with your children while, for lack of money, I am losing mine?" The fragile bonds that hold together the weakening, fragile AIDS community, cannot withstand such division. Which is why I have come to argue for a legislative action.

Make no mistake about it: the reason AIDS-related death rates have gone down for American men and gone up for American women¹ is access to drugs—early access, complete access, sustained access. In the AIDS community, the great difference between men without children, and women with children, is this: One group is living longer, and one is not.

The power to change these deathrates is in this room. If those of you who are Republican leaders will say to those who are Democrats, "We should be ashamed of these deaths," these statistics can be changed. We have no cure, but we have within our power the ability to end the immoral discrepancy between those who live and those who die for lack of access to drugs.

If the AIDS organizations will work with the religious community; if the pharmacies will work with the legislators; if those on the Hill will work with those in the White House; if staff members from both sides of the aisle will make vulnerable lives more important than political ambitions—it can be done. We can have the experience with AIDS that South Africa has had with apartheid: we can put behind us the darkest days.

When I imagine that goal being attainable, and I look at an audience of such concentrated power, I cannot refrain from asking, "If not you, who? And if not now, my God, when?"

You must go explain your actions to your colleagues and your constituents. I must go explain mine to two children not-yet-ten years old. But both you and I must first explain them to ourselves and to Our Maker. In that private chamber of our own souls, surely we can agree that there's been dying enough, and discrimination enough, and injustice enough.

What's offered us here, today, of science, economics, of policies and protocols, may not give us a cure. But it can take us away from shame toward hope. If you would act on that, then I and my fellow-pilgrims on the road to AIDS will offer you more than our thanks, and more than our votes. We will offer on your behalf this ancient prayer, "Grace to you, and peace."

TRIBUTE TO ROYCE E. DAVIS

HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 8, 1997

Mr. SHERMAN. Mr. Speaker, Shakespeare once wrote "As he was valiant, I honor him * * *". Today, I rise to honor and congratulate Royce E. Davis for his valor and bravery. His work for our community is being recognized today as he is named Woodland Hills Paramedic of the Year.

Royce has been with the Los Angeles Fire Department for 23 years. His commitment and

dedication to his job have brought honor and excellence to our community. He has received countless awards, including the Los Angeles Fire Department Medal of Valor, the California State Firefighters Association Medal of Valor and the City of Los Angeles Career Service Award to name just a few.

Royce has also had a full career outside of the fire department. He is the former Chief of Emergency Medical Services for the City of Filmore, CA, and has served as a Physician's Assistant [PA]. Currently he is employed at a cardiology practice, while coming to the aid of the West Hills community in his spare time.

Besides his professional duties and community service, Royce's top priority is his family. He and his wife have been married for 36 years and have been blessed with six children and sixteen grandchildren. Indeed, Royce's years as a firefighter, civil servant, father, and husband are exemplary.

I join the citizens of Woodland Hills, West Hills, and Canoga Park to thank Royce E. Davis for his years of service to our communities. I believe he stands as a model for others in our area and around the Nation, and I am honored, as his Congressional Representative, to send my warm congratulations and best wishes as he is honored as Woodland Hills Paramedic of the Year.

IN HONOR OF INTERNATIONAL BOXING REFEREE JOE CORTEZ: MAKING A DIFFERENCE IN THE RING OF LIFE

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 8, 1997

Mr. MENENDEZ. Mr. Speaker, I rise today to pay special tribute to Joe Cortez, a man of uncommon kindness and dedication to his family and his community. Mr. Cortez has devoted much of his time and energy throughout his life to help others in the fight against drugs, as well as outreach programs to help the sick and needy. His contributions will be recognized at the monthly business luncheon of the New Jersey Hispanic Mercantile Federation on May 9 in Union City, NJ.

Mr. Cortez was born and raised in New York City's Spanish Harlem. There he began his amateur boxing career, winning the Golden Gloves Bantamweight Championship title four times prior to turning professional in 1963. In his 4 years as a professional, Mr. Cortez earned a record of 18 wins and only 1 loss. Upon retiring from professional fighting, Mr. Cortez began a successful career in hotel management, rising to the position of assistant casino operating manager for a major company with properties in New York and Puerto Rico. Mr. Cortez's professional life came full circle when he returned to the boxing ring as a referee. He has since presided over 89 World Title Championship Fights in 11 countries.

Mr. Cortez's humanitarian efforts are truly impressive and admirable. Through his involvement with an anti-drug task force in Yonkers, Mr. Cortez saw the need to ensure a smooth and successful transition back into society for former drug addicts and delinquents. He has been an integral part of a number of community based efforts, including a successful vision outreach program to provide eye

¹The CDC recently released a morbidity report on American AIDS-related deathrates, 1996, showing that such deathrates had decreased 21% for Caucasians, decreased 10% for Hispanics, and decreased 2% for African Americans; decreased 15% for males and increased 3% for heterosexual transmissions.