

reach a budget agreement. But those negotiations deal with a budget that will run through the year 2002. My concern is that, as we look at a budget in that short timeframe, action which we take to address a budget that would reach balance by 2002 would have impact beyond that period, obviously, because we will put in place decisions that are not going to end at the time that budget concludes in 2002, but it will affect spending beyond that time.

In two major accounts, the President's budget, as proposed, is basically a budget that has a low initial cost but has a dramatic, explosive cost in the outyears when you get past the year 2002. Both in the Medicare account and the Medicaid account, the President's budget, as sent up here, has significant increases in spending, but those increases in spending that are for the 5-year timeframe running through 2002 are really minuscule compared to the spending that will occur in the period after 2002. I believe this needs to be highlighted because, if it is not, I am afraid we will adopt initiatives in the President's budget that come out of it as part of this process of building our own budget and reaching a bipartisan budget.

I am concerned that we will adopt initiatives that will cost us dramatic amounts of money outside the budget window and, once again, aggravate the real problem that confronts the country. We would be passing on to our children a country with huge debts of obligation that our children will never be able to pay.

Let me highlight this in specifics. Under the President's proposal for Medicare, there is \$33 billion in new spending during the budget window, through the year 2002. When you go beyond the year 2002 to the period of the next 4 years—this is a 4-year period, and it would run past that, obviously—there will be an explosion in the cost of those new programs. Those new programs, which cost \$33 billion in the next 4 years, in the 4 years after that will cost \$93 billion in new spending. That represents a 182-percent increase over the 5-year period. That is in the Medicare accounts.

Some of these new programs involve the following—and I agree they are probably programs which we all feel would be nice. But the question is: Can we afford them? Can we afford to pass them on to our children? Can we afford to pass \$93 billion in new spending on to our children, which is outside the budget window? Some of the new programs include: A new initiative in the area of cancer screening, for \$2.5 billion; a direct payment to hospitals, outside of AAPCC, \$26 billion; changing the way the Medicare accounts for the part B, 20-percent charge, which accounts for \$42 billion; and a whole list of other new initiatives, all of which add up to \$93 billion in spending that is outside the budget window, and is new spending for new programs and which will have to be paid by the taxpayers of

this country, and, if not, borrowed from our children. In either event, it will aggravate the balance in the Medicare trust fund and continue to drive the Medicare trust fund toward insolvency.

The second area the President has taken the same course of action on is in the area of Medicaid. In the Medicaid accounts, he has proposed \$16 billion of new spending during the budget period between 1998 and the year 2002. But that \$16 billion in new programmatic spending that occurs in the first 5 years explodes in the next 4 years to \$34 billion, for a 113-percent increase. That is a 113-percent increase over the initial spending period—another explosive expansion of an entitlement program through the process of adding new benefits. In this area, we are talking about new benefits for disabled, illegal immigrants, and new benefits for children of illegal immigrants. And so you have this dramatic increase in spending. When you combine these two proposals—the President's proposal in Medicare and the proposal in Medicaid—the new spending accounts aggravate and compound the problem even more dramatically.

You see here that in the next 5 years, which is the budget period the President sent us on this, there is \$49 billion in new spending in Medicare and Medicaid accounts. As you move into the outyears, that \$49 billion translates into \$127 billion in new spending, or a 159-percent increase because of new programmatic activity. Now, what we are talking about here—and this needs to be stressed—is new programmatic activity. We are not talking about maintaining the Medicare trust fund or Medicaid trust funds; we are talking about adding to that program.

Mr. President, we are talking about increased spending as a result of brandnew programs. So as we move down this road of trying to reach agreement on this budget, I think we have to be very sensitive that we not add a lot of new programs that may look affordable over the next 4 or 5 years, but which, in the outyears, becomes totally unaffordable and further aggravates what is already a very serious situation, because we know the Medicare trust fund is going bankrupt in 2000 and this will only aggravate that. All of these costs, if passed on to our children, may end up making their capacity to have a prosperous and productive country much less. This must be focused on as we go down the road to reaching a budget agreement.

I yield back such time as I may have left. I appreciate the Senator from Nevada allowing me to speak at this point, during the time of the Democratic leader.

The PRESIDING OFFICER. The Chair recognizes the Senator from Nevada.

PRESIDENTIAL NOMINATIONS

Mr. REID. Mr. President, since I have been here in the Senate, we have been

under a majority controlled by the Republicans and the Democrats. When I first came here, the Democrats had the majority, and now the Republicans have the majority.

During the times that the Democrats had the majority, there were some very controversial nominees that came forward, but they always came forward and there was a vote. My concern is that we are now entering into a new era, where the majority is using nominees of the President—and there is no question about their capabilities and their credentials to hold the job, and there is nothing relating to their moral qualifications. They are simply holding up the President's appointees because they don't want them to be selected, or they have some other issue and they are trying to hold the nominee hostage.

As an example, Alexis Herman has been nominated to be the Secretary of Labor. We were initially told we are not going to get her out of committee until there is comptime legislation marked up in the Labor Committee. That hurdle has gone over. The legislation is marked up. Now there is another hurdle this woman must find herself facing. Now we are told that there is an issue that deals with an opposed Executive order that would permit Federal agencies to consider requiring contractors on certain large Federal construction projects to comply with labor contracts for the duration of the project. Governor Miller of Nevada issues a similar order and a project labor agreement is now in use on a very large construction project outside of Las Vegas to bring water into Las Vegas.

Mr. President, I respectfully submit that holding Alexis Herman's nomination hostage to this is wrong. To hold her nomination hostage over an Executive order is wrong. She is qualified morally and educationally and is experienced. Therefore, she should be working for the taxpayers of this country in the job she was selected to do by the President. What is happening is not right.

We can get into the merits of the issue of the majority holding Alexis Herman hostage, but should that really be the case? If we looked at it closely, we would find that in the State of Nevada, as an example, of the seven contracts awarded, three went to nonunion contractors. I assume that is what the majority is concerned about. They have this problem with unions. Well, in Nevada, even though the Governor entered this order, three of the contracts went to nonunion contractors, and four went to traditional union contractors. Of the 36 contractors who bid on the seven contracts, 16 were nonunion, 20 were union.

The point I am making, Mr. President, is that this issue, this proposed Executive order, is just that—an issue. We should debate it. It is wrong and there is legislation to hold hearings or try to get the Executive order overturned, but we should not hold up this woman's nomination.

Are we going to continue without a Secretary of Labor until the majority leadership gets their way on every labor issue? I hope not. I don't think that hostage holding is a proper way to pass good legislation. It is not the way to have the President's nominees chosen. The President has a right to select who he wants to work in these very sensitive Cabinet positions. He has chosen a woman that is certainly qualified.

Mr. President, this woman is a graduate, as is my colleague, the junior Senator from Maryland, from Xavier University in New Orleans, LA. In 1977, she was the youngest director ever of the Woman's Bureau at the Department of Labor. She is certainly entitled to this job by virtue of her qualifications.

We are willing to debate these issues and work for compromises if, in fact, that is necessary. But the majority is saying that it is their way or no way. This tactic is becoming a way of business under this majority. Also, I don't believe there has ever been judicial nominations put on hold by a Congress as we have seen with this one. One must wonder about the pattern of the recent majority attacks—Alexis Herman, Senator LANDRIEU, Congresswoman SANCHEZ, and judicial nominee Margaret Morrow. For example, take Margaret Morrow; she has been found very qualified by the American Bar Association.

She was first nominated almost a year ago, and we still have not had the opportunity to vote on this woman. This is wrong. The rules of the Senate allow leadership to delay a nomination if there are questions about the nominee's qualifications. But there are no questions about this nominee's qualifications.

There is no reason that we don't have a vote on Alexis Herman. And we should have it this week. I think that it is wrong that we go forward with legislation—the majority feels important, and the minority goes along with that—but I think we are going to have to arrive at a point where we have to take a look at how the majority is handling what takes place on this Senate floor. Maybe what we should do is nothing until these people who are qualified, like Alexis Herman and like Margaret Morrow, until we have votes on them.

If they want to vote against Alexis Herman, then the majority should vote against Alexis Herman. But to hold this woman hostage—it is now approaching the 1st of May, and this woman has not been able to go to work as Secretary of Labor. That is wrong. I think the American public deserve more, and I hope that majority leadership will allow her nomination to go forward along with some of other nominees that are being held up for reasons unknown to most of us.

Mr. DEWINE addressed the Chair.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. DEWINE. Mr. President, I ask unanimous consent to speak for 10 minutes, and I also ask unanimous consent that the time for the Senator from Georgia be extended by 10 minutes.

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

ORGAN DONATION STATUS REPORT

Mr. DEWINE. Mr. President, I rise today on the occasion of National Organ and Tissue Donor Awareness Week. I rise to challenge all of us to take actions that will eliminate the chronic shortage of organs available for transplant in the United States.

Mr. President, this Nation faces a severe organ shortage. I have talked about this issue several times on the Senate floor. Last year at this time when I talked about it, at least eight people in America every day were dying while waiting for organ transplants. One year later, tragically, the figures are even worse. Today, 10 people now die every day while waiting for organs.

Mr. President, these numbers are certainly very distressing. They are devastating because the technology to save these men, women, and children is available. It is there. If you ask our expert on this issue, and the Senate's expert, Dr. FRIST from Tennessee, he will tell us that these people can be saved. These 10 people who die every day could have been saved. The technology is there. Medical science has advanced that far. But they die because there are simply not enough available organs. That is a tragedy, Mr. President.

In January 1996, there were almost 44,000 patients in this country waiting for an organ transplant. One year later, the figure is up to 51,000 individuals who are today waiting—up 7,000 from just a year ago.

The need for transplantable organs has increased in all categories. These aren't just statistics, not just numbers, not just longer and longer lists. These are people. These are children, friends, and families that love them, and that pray every day that there will be a chance for that loved one to live—that there will be an organ that is available for that child, that parent, that husband, or that mother.

I think that we have to ask ourselves what we can do about this. What can we do about this as individuals and as elected officials?

As private citizens, when we go to get our driver's license for the first time, or when we go to get it renewed, we are asked sometimes very quickly, "Do you want to donate your organs in case of an accident, in the case of your death?" We all need to say yes when that question is asked. We can also, and should, encourage our relatives and friends to do the same thing. As Americans, we need to talk about this issue. As families we need to talk about this issue before tragedy strikes.

This is not a subject that anyone of us likes to discuss. But it is very im-

portant that we do so because our willingness to discuss it now, our willingness as a people to be open and to organize a donation is really a matter of life and death.

My wife, Fran, and I faced this issue when our daughter, Becky, was killed almost 4 years ago. This was not something that we had thought about really. It was not something that we had talked about as a family. When we were asked the question whether we would do this or not, my wife, Fran, turned to me, and said, "You know that is what Becky would have wanted us to do." So we did it.

I think, Mr. President, that most people would want their loved ones to do the same thing. Too often the survivors—people who are faced with life's most horrible tragedy—just do not want to do it. They do not know that the loved one would have wanted them to do it.

So I think by talking about this we will increase the number of organs that are available, and we will, in fact, save lives.

I think too often that the No. 1 obstacle to life-saving organ donation is simply that lack of awareness. People simply aren't aware of the huge difference—the life-saving difference that they can make in someone else's life. They don't think about it. They don't talk about it. And that is natural. But that is why the decision to donate the organs of a loved one sometimes is a very difficult decision. But I think when people talk about it that it will be made much easier.

As elected officials, we in this Chamber have another responsibility. I believe that we must take this message to the American people. Educational efforts have, of course, already begun.

Thanks to the leadership of our colleague, Senator DORGAN, information about organ donations is being enclosed with Federal income tax refunds that are going out this year. It is estimated that 70 million individuals will receive these refunds. So information contained in those envelopes is going out.

Further, today I sent a letter to Postmaster General Runyon asking him to approve a "Gift of Life" postage stamp as soon as possible. Mr. President, I have been talking to the Postmaster General's office for more than a year now about this issue because I am firmly convinced that this stamp will remind people of the vital importance of organ donation. It will save lives. It will bring about more awareness. Mr. President, anything that we can do to encourage families to discuss this issue will, in fact, better prepare them to make this life-saving decision.

Further, Mr. President, as you and other Members of the Chamber may know, Senator KENNEDY and Representative MOAKLEY held a field hearing in Massachusetts on this very issue. I will hold a similar field hearing in Ohio this fall, and I encourage all of my colleagues to do the same in their