There is a limit to what we will do. Ultimately, the democracy that is slowly growing in Haiti can only be preserved by Haitians themselves. Haiti has to have the will, Haiti has to have the perseverance to carry through with the real reforms that we have talked about today. And that is what I believe President Clinton must underscore in the conversation that he will have tomorrow with Haitian President Preval. Our message to President Preval and to the Haitian people must be very simply this: We can help you, we will help you, but the destiny of your country really lies in your own hands.

CHARLES D. ''CHUCK'' SHIPLEY

Mr. DEWINE. Mr. President, this afternoon I honor the memory of a truly great figure in the history of Ohio, Charles D. ''Chuck'' Shipley, who died on April 5 of this year at the young age of 54.

Chuck Shipley leaves Ohio a better place than he found it. Chuck dedicated his whole life to public service, to improving the lives of his fellow Ohioans. He first spent 16 years in the Ohio State Highway Patrol. Chuck was later director of the Ohio Department of Public Safety and served under Gov. George Voinovich in that position from 1991 to 1997. He served as the director of the department of public safety for the entire 4 years that I served as Lieutenant Governor of the State of Ohio. While he served in that capacity, he was in charge of several agencies including the highway patrol, and he was in charge in general of highway safety for the 11 million people who live in our great State.

Chuck and I both had experiences in law enforcement that dramatically shaped our attitudes toward highway safety. I had been a local county prosecutor and in that capacity I dealt with the shattered lives of families who had lost loved ones who had been killed in auto fatalities, sometimes by drunk drivers.

When I was in the State senate, a little 7-year-old boy in my home county, a little boy by the name of Justin Beason was struck and killed by a driver who had been driving and drinking. Little Justin was killed as he was getting off his school bus. In response to this tragedy, with the help of Mothers Against Drunk Drivers, we succeeded in 1983 in writing a tough new drunk driving law in the State of Ohio.

While I was working on safety issues as a prosecutor and as a State senator, Chuck Shipley was on the front lines as a highway patrolman. He saw much more often than I ever did the devastation that is brought by highway fatalities. It was Chuck who was often the one to notify the parents of a child who had been killed in a highway accident.

Chuck told me about that experience, and as he told me about it I could see it had left an unbelievable impression on him. He told me it was the toughest thing he ever had to do in his life, and tragically he had to do that more than once. That kind of experience, as Chuck told me, leaves a deep impression on a person. It certainly left an impact on Chuck.

Chuck Shipley became a committed, dedicated fighter in the cause of highway safety. When I was Lieutenant Governor and he was director of the public safety department, I was, frankly, very grateful time and time again for the passion that Chuck brought to his work. It was contagious. His energy and enthusiasm helped him change attitudes. It helped him win converts who had worked to make Ohio safer.

Chuck and I spent a great deal of time together traveling the State, many times on holidays because that is when you always try to put the emphasis on highway safety—Memorial Day, Labor Day, or some other holiday. We spent a lot of time talking and a lot of time traveling the State to promote antidrunk-driver campaigns or designated-driver campaigns and just overall highway safety. Chuck helped us implement, among other things, administrative license suspensions, to help crack down on drunk drivers, and he took many, many other actions in his official capacity to save lives in Ohio. He was a worker, a hard worker in a good cause, and Chuck got results. I can truly say something about Chuck Shipley that any of us would be incredibly proud to have said about ourselves: There are people alive today who would not be alive but for Chuck Shipley.

I join all Ohioans in being grateful for the life he dedicated to our State but even more I am grateful for our friendship. He was a wonderful human being, a person who would not get upset even in the most difficult circumstance. I do not ever recall, all the hours I spent with Chuck, him ever getting upset. He always had a smile. He was always calm. He always went about his business. I am very proud to have known Chuck Shipley, and I want to express my condolences to Chuck's family, express to all of them my greatest sympathy for the loss of Chuck, to his wife Jana, their children David and Carli, and their family. Their loss is great, and so is Ohio's.

BETTER PHARMACEUTICALS FOR CHILDREN ACT

Mr. DEWINE. Mr. President, I turn at this point to a matter that was brought up a little while ago by my distinguished colleague from Connecticut, Senator CHRIS DODD. He spoke very eloquently about the piece of legislation that he and I are introducing, a piece of legislation that we believe will dramatically improve health care available to America's children.

We as a nation need to do a better job making sure our children get the pharmaceuticals that are appropriate for them. This is a matter I have been concerned about for some time, and it is a matter that as the father of eight children is near and dear to my heart.

We are introducing the Better Pharmaceuticals for Children Act. This legislation will provide an incentive in the form of 6 months of market exclusivity to encourage pharmaceutical companies to conduct the necessary clinical trials for FDA approval of their products for children. These studies would take away the guesswork that too many physicians and parents go through in trying to treat their sick children. These studies would do away with this guesswork by giving an incentive to the drug companies, by giving them a 6-months extension on their patent exclusivity so as to give them the incentive to do the trials and do the studies that would give parents and give physicians better information.

This is not a new product. Let me give several examples to show my colleagues what the problem is. The first example goes back to 1960. There was a drug called chloramphenicol that was approved for use in adults to control bacterial infections. This drug was widely used with adults and it was successful, but when it was used on children the results were devastating. It shut down their liver. Many children got sick and, tragically, a number of them died. This came to be known as the gray baby syndrome.

Let me give another example of the problem that our bill attempts to address. There was a little 4-year old leukemia patient named Stewart Baxter who had to scream through a spinal tap, had to go through immense pain because the doctors were advised they could not give him an anesthetic. The anesthetic was thought to be harmful to young patients. However, later they found that was not true. A few weeks later he was allowed to undergo the same procedure—this time, however, under the anesthetic. Better information earlier would have prevented that child's agony and would have made it possible for the parents not to have had to undergo that trauma as well in watching their child go through that pain.

Let me give you another example. Dr. Ralph Kaufman, representing the American Academy of Pediatrics, testified in the House of Representatives about a 1-month-old infant that he treated. He was treating it for a life-threatening infection, the kind of infection that was resistant to all available antibiotics except one. That one antibiotic was not labeled for children. They had not done the testing. And it certainly was not labeled for a 1-month-old infant. But Dr. Kaufman took the chance, combining his knowledge with the physiology of the 1-month-old child with how the instructions said the antibiotic should be used for adults. In this case Dr. Kaufman said the gamble paid off. But sometimes the outcome is not so favorable. Physicians have to gamble, due to a lack of information. Sometimes physicians do not take the chance and they lose the availability of a very useful drug. Other times they do take the

chance and maybe the results are not what they had expected. By passing this bill, we will change that. As a result, children can be treated for diseases with greater safety and with greater confidence.

The problem this bill addresses is a very serious one. About 80 percent of the drugs on the market today have not been approved by the FDA for use in at least one pediatric age group—80 percent. As a consequence, the drugs do not carry labeling information explaining how they should be taken by children. This is because clinical trials are expensive. It is a dollars-and-cents issue, and often there is little market incentive for pharmaceutical companies to conduct these tests. The result is that drugs are usually prescribed for children on the basis of adult trials and the pediatrician's own experience. Children are not just small adults, and therefore this is a somewhat risky business. Physicians deserve better information and children deserve, as well as their parents, better information.

I had experience in my own family. Senator DODD alluded to this a moment ago. He just heard me talk about it. When you have children, you have a lot of medical experiences. But a number of years ago, my daughter Becky, who was very young, had developed asthma. As is the experience, sadly, of many parents who have children with asthma, we ended up spending many evenings and sometimes the middle of the night in emergency rooms when Becky would have an attack.

Finally, the physician who was treating Becky said: Look, we need to do something about this. I don't think we should allow this to continue. There is something that is on the market today. We have information about its use by adults. I think we should go ahead and try it and I think we should see if it will work with Becky.

He prescribed to her an inhaler that looks similar to the one that I am carrying right now, and gave it to Becky. She was able to use that. I was able to help her, and it lessened the trips to the emergency room for asthma attacks. She was able to get through childhood without anymore serious, horrible trauma, going to the emergency rooms because of asthma attacks.

So I think this is an experience that many people have had. It is important, I think, to make the change in the law to give the drug companies the incentive so they can go out and do these tests. There are many drugs that are in this category, including those used to treat AIDS, as well as, as I mentioned, those to ease asthma attacks, drugs to alleviate pain, drugs even to treat other illnesses. Too often, physicians and parents are forced to guess about dosages or possible side effects. They should not have to play this kind of Russian roulette with their sick children.

This problem has been around for a long time. In the last session of Congress this bill was passed by the Labor Committee, but unfortunately it did not reach the floor.

We have had extensive discussions with the Food and Drug Administration, pediatric community, pharmaceutical companies, and makers of generic drugs. I am confident that we have come up with a practical way to remedy this problem. This bill is supported by health providers, including the American Academy of Pediatrics, the National Association of Children's Hospitals, and the Pediatric AIDS Foundation.

I intend and hope to work with the FDA to solve this problem and find the best approaches, both legislatively as well as administratively. I look forward to continuing our dialog with the FDA. But I am not going to and Senator DODD is not going to wait around for a proposal that they might make. This is our proposal. It is a legislative proposal. I believe it will do the job. I look forward to moving this bill through the Senate.

Mr. President, we all want to see better labeling for drugs used to treat our sick children. Today, I believe, with this bill, we are taking the first step to resolve a very serious national health problem. Senator DODD and I are serious about seeing this legislation pass both Houses of Congress this session. This project is a very high priority and we will do all we can to make it happen. I encourage my colleagues to cosponsor the legislation and encourage their help and assistance when the bill reaches the floor.

REPORTS OF COMMITTEE

The following report of committee was submitted:

By Mr. JEFFORDS, from the Committee on Labor and Human Resources:

Report to accompany the bill (S. 717) to amend the Individuals with Disabilities Education Act, to reauthorize and make improvements to that Act, and for other purposes (Rept. No. 105–17).

EXECUTIVE REPORT OF COMMITTEES

The following executive report of committee was submitted:

Mr. HELMS, from the Committee on Foreign Relations:

Treaty Doc. 105–5 Flank Document Agreement to the CFE Treaty (Exec. Rept. No. 105–1):

TREATY DOC. NO. 105–5

The Committee on Foreign Relations to which was referred the Document Agreed Among the States Parties to the Treaty on Conventional Armed Forces in Europe (CFE) of November 19, 1990, adopted at Vienna on May 31, 1996 (''The Flank Document'')—The Flank Document is Annex A of the Final Document of the First CFE Review Conference, having considered the same, reports favorably thereon with 14 conditions and recommends that the Senate give its advice and consent to ratification thereof subject to the 14 conditions as set forth in this report and the accompanying resolution of ratification.

TEXT OF THE COMMITTEE-RECOMMENDED RESOLUTION OF ADVICE AND CONSENT

Resolved (two-thirds of the Senators present concurring therein),

SECTION 1. SENATE ADVICE AND CONSENT SUBJECT TO CONDITIONS.

The Senate advises and consents to the ratification of the CFE Flank Document (as defined in section 3 of this resolution), subject to the conditions in section 2.

SEC. 2. CONDITIONS.

The Senate's advice and consent to the ratification of the CFE Flank Document is subject to the following fourteen conditions, which shall be binding upon the President:

(1) POLICY OF THE UNITED STATES.—Nothing in the CFE Flank Document shall be construed as altering the policy of the United States to achieve the immediate and complete withdrawal of any armed forces and military equipment under the control of the Russian Federation that are deployed on the territories of the independent states of the former Soviet Union (as defined in section 3 of the FREEDOM Support Act) without the full and complete agreement of those states.

(2) VIOLATIONS OF STATE SOVEREIGNTY.—

(A) FINDING.—The Senate finds that armed forces and military equipment under the control of the Russian Federation are currently deployed on the territories of States Parties without the full and complete agreement of those States Parties.

(B) INITIATION OF DISCUSSIONS.—The Secretary of State should, as a priority matter, initiate discussions with the relevant States Parties with the objective of securing the immediate withdrawal of all armed forces and military equipment under the control of the Russian Federation deployed on the territory of any State Party without the full and complete agreement of that State Party.

(C) STATEMENT OF POLICY.—Prior to the deposit of the United States instrument of ratification, the President shall certify to the Senate that the United States and the governments of Belgium, Canada, Denmark, France, Germany, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Turkey, and the United Kingdom have issued a joint statement affirming that—

(i) the CFE Flank Document does not give any State Party the right to station (under Article IV, paragraph 5 of the Treaty) or temporarily deploy (under Article V, paragraphs 1 (B) and (C) of the Treaty) conventional armaments and equipment limited by the Treaty on the territory of other States Parties to the Treaty without the freely expressed consent of the receiving State Party;

(ii) the CFE Flank Document does not alter or abridge the right of any State Party under the Treaty to utilize fully its declared maximum levels for conventional armaments and equipment limited by the Treaty notified pursuant to Article VII of the Treaty; and

(iii) the CFE Flank Document does not alter in any way the requirement for the freely expressed consent of all States Parties concerned in the exercise of any reallocations envisioned under Article IV, paragraph 3 of the CFE Flank Document.

(3) FACILITATION OF NEGOTIATIONS.—

(A) UNITED STATES ACTION.—

(i) IN GENERAL.—The United States, in entering into any negotiation described in clause (ii) involving the government of Moldova, Ukraine, Azerbaijan, or Georgia, including the support of United States intermediaries in the negotiation, will limit its diplomatic activities to—

(I) achieving the equal and unreserved application by all States Parties of the principles of the Helsinki Final Act, including, in particular, the principle that ''States will