Maryland Eastern Shore, which celebrates its 111th anniversary this week, commits itself to combining an excellent education with an emphasis on meeting the needs of the region by providing a doctorate in marine-estuarine-environmental science and toxicology. These are just a few examples of the strong commitment HBCU's have demonstrated throughout the years in preparing our young people for the increasingly technological and global economy.

The extraordinary contributions of historically black colleges and universities in educating African-American students cannot be overstated. They are a valuable national resource which are being rightly honored for their exemplary tradition in the area of higher education. I am very pleased to join with them and citizens throughout the Nation in celebrating National Historically Black Colleges and Universities Week.●

CORRECTION TO SENATE BUDGET COMMITTEE OUTLAY ALLOCATIONS

● Mr. DOMENICI. Mr. President, I submit for the RECORD a technical correction to the Senate committee allocations under section 302 of the Congressional Budget Act.

The correction follows:

Senate Committee	Direct Spending Jurisdiction (In millions of dollars)	
	FY 1998	Total FY 1998–2002
Environment and Public Works:		
Budget Authority	25,437	124,266
Outlays	2,715	10,398●

ARMENIAN INDEPENDENCE DAY, SEPTEMBER 23, 1997

● Mr. ABRAHAM. Mr. President, I rise today to recognize the sixth anniversary of the Republic of Armenia. Through the devastating genocide committed by the Ottoman Turks to the search for independence, the people of Armenia have been steadfast in purpose and spirit. Today, we celebrate the event which happened on September 23, 1991, when Armenia declared its independence from the U.S.S.R. With its new-found independence, the Republic created radical free-market economic reforms, held the first free Presidential election, and is the only former Soviet Republic that is governed by a democratically elected leader with no ties to the Communist Party. Despite the hardships that the people of Armenia have endured, they continue to hold strong to the belief that independence and security are essential for the country to prosper. Oliver Wendell Holmes once said ''the great thing in this world is not so much where we stand, as in what direction we are moving.'' Although the Republic of Armenia continues to face an ongoing blockade by Turkey and Azerbaijan, I am convinced it is not where Armenia stands now but rather the perseverance which exists, that will lead Armenia into the future. Let it be known, that I encourage the citizens and Government of the Republic to remain faithful to the ideals of democracy and to continue to strengthen the relationship between Armenia and the United States.●

ORDERS FOR FRIDAY, SEPTEMBER 19, 1997

Mr. JEFFORDS. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until the hour of 9:30 a.m., on Friday, September 19. I further ask that on Friday, immediately following the prayer, the routine requests through the morning hour be granted and that the Senate immediately resume consideration of S. 830, the FDA reform bill, with Senator KENNEDY being recognized until 10:30 a.m.

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

Mr. JEFFORDS. I also ask consent that at 10:30 a.m., Senator DURBIN be recognized to debate his amendments under the previous order.

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

Mr. JEFFORDS. I further ask consent that at 12 noon, the Senate proceed to a period of morning business with Senators being permitted to speak up to 5 minutes, with the following exceptions: Senator COVERDELL or his designee, 90 minutes, from 12 noon until 1:30; Senator DASCHLE or his designee, 90 minutes from 1:30 until 3:00.

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

PROGRAM

Mr. JEFFORDS. Mr. President, tomorrow morning the Senate will resume consideration of S. 830, the FDA reform bill. Under the previous order, Senator KENNEDY will be recognized until 10:30 a.m. for debate only. As previously announced, there will be no rollcall votes on Friday.

Following Senator KENNEDY's remarks, Senator DURBIN will be recognized to offer his two amendments. Those amendments are ordered to be set aside with the votes occurring on Tuesday, September 23, at 9:30 a.m. In addition, following the debate on Senator DURBIN's amendments to the FDA reform, the Senate will proceed to a period of morning business.

I thank all Senators for their attention.

ORDER FOR ADJOURNMENT

Mr. JEFFORDS. Therefore, I ask unanimous consent that, following the remarks of Senator KENNEDY, as under the previous consent, the Senate stand in adjournment under the previous order.

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

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

FOOD AND DRUG ADMINISTRATION MODERNIZATION AND ACCOUNTABILITY ACT OF 1977

The Senate continued with the consideration of the bill.

Mr. KENNEDY. Mr. President, as I understand the agreement, we have an hour for the discussion of S. 830, which is the FDA reauthorization bill. Is that correct?

The PRESIDING OFFICER. That is correct, Senator.

Mr. KENNEDY. I thank the Chair. I will say this evening what I have said before, and that is to commend the chairman of our committee, Senator JEFFORDS, and the other members of our committee for working out, by and large, a commendable piece of legislation to bring pharmaceuticals onto the market safely and rapidly, and to assure that Americans would be able to have the benefits of advances in the areas of medical devices.

There is a very important provision which has been included in the bill and which I think poses a very significant threat to the health and safety of the American people. I want to take some time this evening to discuss the reasons why this particular provision should be eliminated from the bill or modified to retain existing protections available under the Food and Drug Act.

I will use the time that I have this evening to try to spell out for the Senate and for those who are watching these proceedings the dangers of this provision so that, hopefully, when the Senate has the opportunity to change this particular provision on Tuesday next it will do so. It is time to make the changes that will protect the American people, and it is important that we do so.

Mr. President, this is not just a provision that I have reservations about. We have put in the RECORD, and I will mention at this time once again, that the President of the United States has indicated that this is one of four major concerns that he has in this legislation because of its potential to adversely effect the public health.

It isn't only the President of the United States who has identified this particular provision as being a danger to the health of the American people, but it is the Patients' Coalition, which is made up of patients from all over this country, who review various pieces of legislation to ensure that the patients of this country are adequately protected: the Consumer Federation of America, the National Women's Health Network, the National Organization of Rare Disorders, the American Public Health Association, Consumers Union, Center for Women's Policy Studies, the National Parent Network on Disabilities, the National Association of Social Workers, and the list goes on and on and on.

That is why, Mr. President, this particular provision should be revised to protect the health of the American people. It does not do so now, and it has not since it has been reported out of the committee.

If this provision becomes law, it would force the Food and Drug Administration to approve unsafe or ineffective medical devices in cases where a manufacturer submits false or misleading information about the product. This issue goes to the heart of the role of the FDA, and it is an unconscionable provision. The result is that patients who rely on medical devices may well be exposed to dangerous products that could maim or kill.

Ninety-five percent of all devices approved by the FDA involve upgrades of existing devices. The upgrades are reviewed in what is called the 510(k) procedure under the statute. Under this procedure, the manufacturer of the device asks for an FDA approval based on the fact that the new device is substantially equivalent to an existing device that is already on the market and that has already been approved as safe and effective.

On this basis, the FDA usually quickly approves the new device. If the new device has significant technological changes, the manufacturer must submit the data to the FDA to show that the new device is as safe and as effective as the older device to which it is being compared. That is the current law.

In making these determinations under the current law, the FDA looks at the use of the earlier device and the claims that the manufacturer of the new device makes on the label for the new product. Sometimes, however, the new device has technological characteristics that make it clear that the device is intended to be used for a new purpose, a different purpose than the one the manufacturer claims on the proposed label.

All we are asking is that the FDA be able to act in these circumstances to assure that the device is safe. We want to prohibit false and misleading labels.

Mr. President, this is not a hypothetical case. A recent case demonstrates the basic problem.

A new biopsy needle for diagnosing breast cancer in women was submitted for approval to the FDA by the U.S. Surgical Corporation, a well-known manufacturer of medical devices. Compared to the existing biopsy needle, the new needle was huge, far larger than would normally be used in a biopsy. In fact, the tissue removed by the device was 50 times as large as the standard instrument would remove.

It was obvious to the FDA that the new needle would be used to remove small tumors, not just to perform a biopsy. In fact, the company marketed the device for that purpose in Canada. Yet, the corporation proposed to market the device with the old biopsy label, which gave no hint of the obvious new use of removing cancer cells. Under current law, the FDA has the authority in such cases to require the manufacturer to submit data on the safety and effectiveness of the needle for the new use, to be sure that it is capable of removing tumors without leaving some cancer cells in place.

Under this legislation, if the FDA said, ''Well, let us examine whether this particular medical device provides safety and protection for American women when that device is used to remove tumors,'' the FDA would not be permitted to do so. Under the old law, it would. Under the new law, it would not.

In this particular case the tissue removed by the device was 50 times as large as the standard instrument would remove. It was obvious to the FDA the new needle would be used to remove small tumors, not just to perform biopsies. In fact, videos were distributed in Canada demonstrating how to use the device to remove breast tumors. Yet, the corporation proposed to market the device with the old biopsy label which gave no hint of the obvious new use for removing tumors.

Under the current law, the FDA has the authority in such cases to require the manufacturer to submit the data on safety and effectiveness of the needle for the new use to be sure that it is capable of removing tumors without leaving some cancer cells in place. But not under the law that is before the U.S. Senate.

No woman would want to have a breast cancer removed by a medical device that cannot do the job safely and effectively. No Member of the Senate would want their wife or mother or sister or daughter put at risk by such a device. That is precisely what this bill does in changing the existing law that would permit the FDA to look behind the label to examine the safety and efficacy of a use clearly intended by the technological characteristics of the device.

The proponents of this legislation say no to an amendment when we have tried to ask that the FDA be able to look at the primary use of medical devices to make sure that when a company, such as the U.S. Surgical Corporation, is going to say that this is really just the old small needle, to permit the FDA to look behind it. They say, ''No. We've got the votes. Public be dammed.''

Unless the American people are going to pay attention to this issue, they will have the votes when we vote on this next Tuesday. But they should not have the votes on it. They should not have the votes on it if we are interested in protecting the American consumer, not only on this particular measure, this particular device, but on others as well.

The justification offered by the proponents of this provision is that the FDA, in its zeal to protect the public, has sometimes required manufacturers to offer data on safety and effectiveness on purely hypothetical, possible uses of the new device, uses never intended by the manufacturer.

If that is the goal of the provision, it goes too far because it puts public health at risk. No American should die or suffer serious injury because the FDA is forced to ignore false or misleading claims. That is what Senator REED's amendment next week will be, just prohibiting false and misleading claims. People will have a chance to vote on that up or down.

No American should die or suffer serious injury because the FDA is forced to ignore false or misleading claims. That is what this is about.

As I mentioned, the administration has singled out this proposal as one of the four in this legislation that merit a veto. It is strenuously opposed by a broad coalition of health and consumer groups. An obvious compromise can correct this defect so it achieves what the sponsors say is its legitimate purpose, without undermining health and safety. Under the compromise, the FDA will have the authority to look behind the label only in cases where the label is false or misleading.

This is a bare minimum requirement to protect public health. What possible justification can there be for the FDA to approve a device based on false or misleading labels? No ethical manufacturer would submit a device with a false or misleading label. No unethical manufacturer should get away with submitting one. And no Senator should vote to protect a false and misleading label.

The protection is already in the bill for the 5 percent of the devices that go through the traditional approval process. But for the 95 percent of the devices that go through the 510(k) procedures, the bill gives a license to lie to the FDA and harm the public.

Mr. President, a few days ago the public was made aware of the tragedy that resulted from the use of diet drugs in ways that had not been approved by the FDA as safe and effective. This so-called ''off-label'' use of fen/phen may well have caused serious and irreversible heart damage in tens of thousands of women who thought the drugs were safe. The legislation before us would actually encourage the use of off-label, unapproved uses of medical devices. We have seen in every newspaper in the country, we have heard on every radio station, every television, the dangers that the off-label use of fen/phen has posed for the American people. Now, just at the time that the country is looking at that, we are inviting the same kind of disaster for off-label use of medical devices.

It is shocking that this shameful provision has been so cavalierly included in the bill. It is incomprehensible that reputable device manufacturers are not prepared to support a compromise that allows the FDA to look behind the labels that are false and misleading.

Medical devices can heal, but they can also maim and kill. The history of medical devices is full of medical stories of unnecessary death and suffering.

But thanks to the authority the FDA now has, there are also many stories of lives saved by the vigilance of the FDA. What is incomprehensible about the bill before us is that it would take us backward in the direction of less protection of public health rather than more.

That isn't just Senator KENNEDY saying that, Mr. President. Those are the findings of our Secretary of HHS, the Patients' Coalition, Consumer Federation of America, National Women's Health Network, National Organization for Rare Disorders, the American Public Health Association, Consumers Union—the list goes on and on. They have reached the same kind of conclusion, Mr. President, that we are going backwards instead of advancing the interests of the public health.

The whole story of device regulation has been to provide the public greater protections since the mid-1970s.

Mr. President, let me just take a few moments and talk about what has happened previously in terms of medical devices that posed very important health threats, injury and death to American people when we were not attentive to the public health interests of the people of this country.

Two decades ago, the Dalkon Shield disaster led to the passage of a law giving the FDA greater authority over medical devices. At the time, this birth control device went on the market, the FDA had no authority to require manufacturers to show that devices are safe and effective before they are sold. In 1974, an FDA advisory committee recommended that the Dalkon Shield be taken off the market—after almost 3 million women had used it. The device was found to cause septic abortions and pelvic inflammatory disease. Hundreds of women had become sterile, and many required hysterectomies. According to the manufacturer's own estimates, 90,000 women in the United States alone were injured. The manufacturer, A.H. Robins, refused to halt distribution of the device, even though the FDA requested it, while the issue was reviewed by the advisory committee.

The Shiley heart valve disaster was so serious that it led to the enactment of further legislation. This mechanical heart valve was approved in 1979. It was developed by the Shiley Company. The Shiley Company was subsequently sold to Pfizer, which continued marketing the valve. It was taken off the market in 1986 because of its high breakage rate. By that time, as many as 30,000 of these devices had been implanted in heart patients in the United States. One hundred and ninety-five valves broke and 130 patients died. Thousands of other patients who had the defective valves in their hearts had to make an impossible choice—between undergoing a new operation to remove the device, or living with the knowledge that they had a dangerous device in their heart that could rupture and kill them at any moment. Depositions taken from company employees indicated that cracks in defective valves may have been concealed from customers.

Before the defective valve was withdrawn, the manufacturer had tried to introduce a new version with a 70 degree tilt instead of the 60 degree tilt approved by the FDA. The increased tilt was intended to improve blood flow and reduce the risk of clotting. The FDA's review found that the greater tilt increased the likelihood of metal fatigue and valve breakage, and the new version was not approved for use in the United States. Four thousand of the new devices were implanted in Europe. The failure rate was six times higher than for the earlier valve—causing at least 150 deaths.

In another example of a human and public health tragedy involving a medical device, the firm Telectronics marketed a pacemaker wire for use in the heart. Twenty-five thousand of these pacemakers were marketed, beginning in 1994, before it was discovered that the wire could break, cause damage to the wall of the heart, or even destroy the aorta.

The case of artificial jaw joints—referred to as TMJ devices—are another tragedy that devastated tens of thousands of patients, mostly women. These devices were implanted to assist patients with arthritic degeneration of the jaw joint, most with relatively mild discomfort. But the impact of the new joints, sold by a company called Vitek, was catastrophic. The new joints often disintegrated, leaving the victims disfigured and in constant, severe pain. To make matters worse, Vitek refused to notify surgeons of the problems with the joints, and FDA had to get a court order to stop distribution of the product. Similar problems were experienced with Dow Corning silicone jaw implants.

You see with this chart these dramatic, tragic, human disasters caused by unsafe, inadequately tested medical devices. Do we want less safety? Do we want less protection when we have seen these kinds of human tragedies take place, when there have been these instances?

Mr. President, another device disaster is the toxic shock syndrome from super absorbent materials in tampons. Most women would not think that a tampon could kill them, but they would be wrong. About 5 percent of toxic shock syndrome cases are fatal. What seemed like minor design changes, the absorbency of the material, resulted in enormous human tragedy. Women and their families deserve protections from unsafe medical devices. FDA should be strengthened, not crippled.

In yet another example, the FDA was able to block a device that involved a plastic lens implanted in the eye to treat near-sightedness. The device was widely marketed in France, but the FDA refused to approve it for use in the United States. Long-term use of the device was later shown to cause damage to the cornea, with possible blindness.

The angioplasty catheter marketed by the Bard Corporation turned out to be a dangerous device that the company sold with a reckless disregard for both the law and public health. The device was modified several times by the corporation without telling the FDA in advance, as required by the law. The company was prosecuted and pleaded guilty to 391 counts in the indictment, including mail fraud and lying to the government. Thirty-three cases of breakage occurred in a two-month period, leading to serious cardiac damage, emergency coronary bypass surgery, and even death.

Now, Mr. President, these tragedies resulted in expanded powers for the FDA to protect the public against dangerous devices and greater vigilance on the part of the agency. But this bill steps back by forcing the FDA to protect the public with one hand tied behind its back. This bill actually forces FDA to approve devices based on false and misleading labels.

I have already discussed the dangers of a breast cancer biopsy needle that would have been used to treat breast cancer without adequate evidence that it was effective. There are many other examples of the kind of dangerous devices that could be foisted on the American public, if the provision of the bill allowing false and misleading labels is allowed to stand. Under the provision, the FDA cannot look behind the manufacturer's proposed use to demand appropriate safety and effectiveness data, even if it is obvious that the device has been designed for an altogether different use than the manufacturer claims.

Surgical lasers are increasingly used for general cutting, in place of traditional instruments such as scalpels. In a recent case, a manufacturer called Trimedyne adapted the laser in a way that indicated it was clearly intended for prostate surgery. But it submitted an application to the FDA saying that the laser was only intended for general cutting. The label was clearly false, and the FDA was able to require adequate safety data before the product was allowed on the market. But under this bill, the FDA would be forced to approve the product, without requiring evidence that the device is safe and effective for prostate surgery.

Prostate surgery is a very common procedure affecting tens of thousands, if not hundreds of thousands of older men. Failed surgery can result in permanent incontinence and other devastating side effects. Do we really want surgical tools to be used to treat this common illness that may not be safe and effective? If this legislation passes unchanged, that is exactly the risk that large numbers of patients needing prostate surgery could face.

A further example involves digital mammography, an imaging technology that is becoming an alternative to conventional film mammography. The new

device is being tested for better diagnostic imaging of a potentially cancerous lump in the breast that has already been detected and shows great promise. But it is not known whether the new machine can be used effectively in screening for breast cancer when there are no symptoms. Under this bill, if a manufacturer seeks approval for a digital mammography machine that is clearly designed for breast cancer screening, not just for diagnosis, the FDA would be prohibited from requiring data to show that the machine is effective for screening. Does the Senate really want to support legislation that could result in women dying needlessly from undetected breast cancer? That is what this device provision could cause.

We know that there is more money that is going to be made by those particular companies that can get on the market faster than their competitor through this loophole. Is that what we are about in terms of trying to protect the public? The FDA is the principal agency of the government to protect the health and safety.

The various professionals in consumer organizations and patient organizations that spend every day trying to protect the public health understand the dangers that are involved in this provision. They are all saying why doesn't the Senate build in these protections?

But no. There is that majority in the United States Senate that would go ahead and accept this, and pass this legislation as it is without the adequate protections. And, unless the public is going to understand that this is something which is important and let their representatives understand that by Tuesday next, that is what will happen.

The President of the United States has had the courage to say no to this particular provision, because he understands, as the Secretary of Health and Education understands, and as the public health community understands the dangers to the American consumer if we let this provision continue.

Mr. President, I want to review as clearly as I can exactly what the bill that is before us, S. 830, does. It prohibits the FDA from reviewing the safety of a device for uses not listed by the manufacturer.

Senator REED's amendment will prohibit the FDA from reviewing the safety of a device for uses not listed by the manufacturer unless the label is ''false or misleading.'' You would think we would get 100 votes on that. Is the Senate going to say, ''OK, it is going to be all right for device manufacturers to have false and misleading labels?''

Other examples in the way that this provision could allow unsafe and ineffective devices abound. A stent designed to open the bile duct for gallstones could be modified in a way that clearly was designed to make it a treatment for blockages of the carotid artery. Without adequate testing, it could put patients at risk of stroke or death. But under this bill, the FDA would be prohibited from looking behind the label to the actual intended use of the device.

Mr. President, the vast majority of medical device manufacturers meet high ethical standards. Most devices are fully tested and evaluated by the FDA before they are marketed. But as many examples make clear, if the FDA does not have adequate authority to protect innocent patients, the result can be unnecessary death and injury to patients across the country. There is no justification—none whatever—for Congress to force the FDA to approve devices with false or misleading labels.

Each and every time amendments to medical device and pharmaceutical provisions have been approved by the Congress, Republican and Democrat, the public health and safety of the American people has been enhanced. There are provisions in this legislation that will do so. But not this provision. This provision, if left to stand, poses significant health risks to American consumers.

We ought to be making sure that when the FDA gives their stamp of approval, that devices are going to be safe and efficacious, and that every doctor in this country and every patient knows they are going to meet the highest safety standards. That ought to be our commitment to the American people.

But this particular provision does not do it. Rather than being a step forward, it is a significant and dangerous step backward. Unscrupulous manufacturers do not deserve a free ride at the expense of public health.

We have good legislation that is going to extend the PDUFA which is going to mean that we will have many excellent additional professional people to help to move various pharmaceutical products onto the market sooner.

The public health organizations know what is happening out there, and they have pleaded with all of us in the Senate and said, My God, for once put the profits of this handful of industries that is trying to circumvent the health and safety protections of the American people, put that aside and make sure, when you act next week, the roll will be called, act to protect the public here in the United States.

That is what this debate is about. That is what we will have a chance to vote on next week.

Mr. President, I believe my time is just about up. I thank the Chair. We will have an opportunity to go back to this tomorrow morning at 9:30 to add additional information. We hope we will hear from the American people if they care about assuring that their children are going to have safe medical devices, that their parents are going to have safe medical devices, that their daughters and their husbands, their grandparents are going to have safe medical devices. There is only one way to do it, and that is on next Tuesday when the rollcall comes, Senators will support the Reed amendment, which I welcome the opportunity to cosponsor, which will be the most important action we can take in the Senate on this legislation to protect the health and safety of the American people.

Mr. President, I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:30 a.m. Friday, September 19.

Thereupon, at 11:26 p.m., the Senate adjourned until Friday, September 19, 1997, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate September 18, 1997:

SECURITIES AND EXCHANGE COMMISSION

PAUL R. CAREY, OF NEW YORK, TO BE A MEMBER OF THE SECURITIES AND EXCHANGE COMMISSION FOR THE TERM EXPIRING JUNE 5, 2002, VICE STEVEN MARK HART WALLMAN, TERM EXPIRED.

LAURA S. UNGER, OF NEW YORK, TO BE A MEMBER OF THE SECURITIES AND EXCHANGE COMMISSION FOR THE TERM EXPIRING JUNE 5, 2001, VICE J. CARTER BEESE, JR., RESIGNED.

DEPARTMENT OF JUSTICE

JOSE GERADO TRONCOSO, OF NEVADA, TO BE U.S. MARSHAL FOR THE DISTRICT OF NEVADA FOR THE TERM OF 4 YEARS, VICE HERBERT LEE BROWN.

IN THE COAST GUARD

THE FOLLOWING CADETS OF THE U.S. COAST GUARD ACADEMY FOR APPOINTMENT TO THE GRADE INDICATED IN THE U.S. COAST GUARD UNDER TITLE 14, UNITED STATES CODE, SECTION 211:

To be ensign

STEVEN C. ACOSTA, 0000
STERLING V. ADLAKHA, 0000
MARCIE L. ALBRIGHT, 0000
KATIE R. ALEXANDER, 0000
JEREMY J. ANDERSON, 0000
WILLIAM L. ARRITT, 0000
LEANNE M. BACON, 0000
MATTHEW J. BAER, 0000
ABRAHAM C. BANKS, 0000
GREGORY R. BARBIAUX, 0000
JONATHAN BATES, 0000
PAUL R. BEAVIS, 0000
SEAN C. BENNETT, 0000
CHANDLER BENSON, 0000
CHERYL A. BEREZNY, 0000
BRENT R. BERGAN, 0000
ALEX W. BERGMAN, 0000
JAMES B. BERNSTEIN, 0000
JASON M. BIGGAR, 0000
BRYAN R. BLACKMORE, 0000
ANNE M. BLANDFORD, 0000
ROBERT R. BOROWCZAK, 0000
JOHN B. BRADY, 0000
MARC BRANDT, 0000
THOMAS K. BRASTED, 0000
MARK A. BRAXTON, 0000
VERONICA A. BRECHT, 0000
JASON A. BRENNELL, 0000
JOSEPH D. BROWN, 0000
RANDALL E. BROWN, 0000
DAVID L. BURGER, 0000
KATRINA D. BURRITT, 0000
ERIN E. CALVERT, 0000
GREGG W. CASAD, 0000
GEORGE B. CATHEY, 0000
KEMBERLY B. CHAPMAN, 0000
SCOTT A. CLEMENTZ, 0000
JENNIFER J. COOK, 0000
THOMAS D. CRANE, 0000
CHARLES C. CULOTTA, 0000
KENNETH C. CUTLER, 0000
THOMAS C. D'ARCY, 0000
THOMAS W. DENUCCI, 0000
FREDERICK D. DETAR, 0000
ALEXANDER D. DODD, 0000
ROGER S. DOYLE, 0000
JOHN M. DUNLAP, 0000
REGINALD C. EISENHAUER, 0000
MEREDITH M. ENGELKE, 0000
BRIAN C. ERICKSON, 0000
ANTHONY S. ERICKSON, 0000
JOSHUA W. FANT, 0000
LOUIS B. FAULKNER, 0000
GREGORY J. FERRY, 0000