

respect to investigative tools. We have the so-called black box which has the flight data information. We are poring through that to try to determine what was happening mechanically on that plane when it went down. Then we have the audio recording which is now the focus of all sorts of international speculation. We listen to that audio recording for sounds, for words, and then try to piece together this mystery to determine what happened in the cockpit of that plane which led to this loss of life.

This is more than just to satisfy curiosity. This investigation is being undertaken, as most are, to determine whether there is something we can or should do to change the way aircraft are maintained and flown to protect those who are passengers. These investigations are critically important. We often come up with information about a mechanical failure. We then set out to repair it. We decide that planes won't go back up in the air until that is taken care of. If there is human error—that will happen in most accidents—we at least get to the bottom of the equation and understand what is going on.

The thing I find absolutely incredible, in 1999, is that we are dealing with such primitive tools when it comes to investigating aircraft disasters. The idea of an audio recording in a cockpit goes back to the 1930s. That was the state of the art then. But today, technology is far more advanced and I would suggest that we need to update plane safety by putting a video camera in the new planes' cockpits so we can determine what is happening in a crash.

The obvious is not being used. If you walk into a bank, if you walk into most office buildings, a casino, a convenience store, or stand in front of an ATM machine, you will be on a video camera which will reflect your conduct and your activities. Think what a difference it would make today if there had been a video camera in the cockpit of the EgyptAir aircraft.

The obvious question is, Why haven't we done this? The technology is there. It is a question of will. It may be a question of legislation. That is why I have written not only to the head of the Federal Aviation Administration as well as the Department of Transportation and the National Transportation Safety Board, urging them to expedite this question about whether or not we can safely install a video camera in the cockpit of aircraft to make certain that if there is an accident, so that we have another tool available to determine the reason for the disaster. We wouldn't be involved in all this speculation with the people of Egypt about the utterance of a prayer and whether that meant this was a suicide mission or something far different if we had a videotape we could refer to. We could find out who was at the controls and what they did at those controls. We would have an obvious clear answer to the question.

As I went through this, I was amazed. I stopped and thought for a moment, why in the world are we still stuck with a tape recording of voices and sounds in the investigation of this aircraft disaster? I am urging my colleagues, those who feel as I do, to join me in this effort to make certain we bring the very best technology to the cockpits of aircraft, not only in the United States but those who serve the United States, so the day may come that if there is a disaster, we will have a final and complete answer, not just to satisfy curiosity but, even more important, to make sure passengers across the world can at least have some piece of mind knowing we have done everything we can to make airline safety our top and highest priority.

#### CLOSING DAYS OF THE SESSION

Mr. DURBIN. In the closing days of this session—it is interesting—we have spent almost a year debating 13 appropriations bills. Now we are trying to bring them to a close. We have some six or seven bills that will finally be lumped together in a huge package which literally no single Member of the Senate will ever read.

It will come to the floor. And then weeks afterwards, when people pore through the details, they will call us in our offices and say: Did you know there was a paragraph in this bill which has an impact on some people or some businesses? In all honesty, we don't. We rely on our leadership and other appropriators. Frankly, we rely on a system that is flawed, a system that allows this to happen too often. It is an unfortunate system and, frankly, reflects the fact that this Congress has been very unproductive.

When Members of the Senate return to their homes and are asked by average families in their States, what did you accomplish to make life better for the families of America, we will be hard pressed to point to any significant thing we have done.

If we pay attention to the polling data of what Americans are worried about and what families are concerned about, we have missed the boat entirely. We have missed it entirely, when it comes to the question of the relationship between American families and their health insurance companies. Time and time again, when asked, these families respond that they are concerned about the fact doctors are no longer making decisions, nurses are no longer making decisions. Decisions are being made by insurance companies and their clerks.

We are down to the wire. Most of the major issues that are on the minds of the American public are being buried in this session of the Congress. Most of the bills, such as the Patients' Bill of Rights, that could have helped working families are being stifled and gutted. The Senate passed a bill several months ago which was an embarrassment. It was, in fact, a protection bill

for the insurance companies. It didn't protect patients. It protected the CEOs of companies that are making literally millions of dollars off health care in America.

Over the steadfast opposition of the Republican leadership, the House of Representatives took a different course. They overwhelmingly approved, 275-151, a bipartisan bill with strong protections for all privately insured Americans. What a contrast. The Senate came up with an insurance version of the bill; the House came up with a version for American families.

Well, keep hope alive. Can there be a conference? Can we come together? Can we finally come up with a bill to protect American families? No. The honest answer is the Republican leadership in the House and the Senate refuse to convene the conference to come up with the bill and the House leadership has rigged the naming of conferees so that their conferees are all members who opposed the House passed bill. So we leave and close this session at the end of 1999 no better than when we started. We have nothing to say to the families across America when they ask whether we have taken any steps to protect them when it comes to their relationship with these insurance companies.

I am glad 68 Republicans in the House of Representatives broke from their leadership and voted with the Democrats for a real Patients' Bill of Rights. The bill the Senate passed on July 15 did absolutely nothing when it came to protecting Americans and dealing with their concerns about health insurance.

Let us take a look at some of the differences between the two bills introduced in the House and the Senate. This chart shows the Senate Republican bill and the bipartisan bill passed by Republicans and Democrats in the House of Representatives. It goes through a long litany of things American families tell us they want to see in their health insurance policies: protecting all patients, whether they are employed in a small or large business or bought their own insurance; the ability to hold plans accountable if they make the wrong decision about medical care; the definition of medical necessity; access to specialists; access to out-of-network providers—the list goes on and on—can a woman keep her OB/GYN as her primary care physician if that is the person with whom she is comfortable.

Some plans say no. Many women across America think that is a decision that should be made by them and their doctors. That is in this bill. And as we go through all of these, we find the bipartisan bill that passed the House of Representatives basically provides all these protections.

Look at the scant protections provided by the Senate Republican bill. You can see why many people across America think we have failed in our most important mission. The bill

passed by the Senate excluded more than 100 million Americans from basic protections of health insurance reform. Most of the provisions applied only to the 48 million Americans in big employer-sponsored plans. It failed to provide basic protection to millions of others.

In my State, Caterpillar Tractor Company's workers would have been covered by the Senate bill; Motorola's employees would have been covered. John Deere's would be covered. But America's small business employees would be left behind by the Senate Republican bill. A farmer in Macoupin County, IL, who pays for his own family's insurance, and pays a lot for it, wouldn't be safe from insurance abuses. Public school teachers, policemen, women, firemen, and so many others would be out of luck.

I will return to this in a moment. I will speak to another issue, which I believe the Senator from Massachusetts is going to address. That is the perilous situation we find ourselves in in the closing hours of the session when it comes to the critical question of fairness in organ allocation.

We have a situation across America where over 4,800 Americans die every year waiting for an organ transplant. There are people in your State and mine sitting by the telephone hoping for the call that tells them they have a chance to live. It is hard to believe this has become a political issue. In fact, it has. An effort by the Department of Health and Human Services to make organs available across America to those in need is being stopped by an organization and a special interest group that really has put profit ahead of human well-being. I hope we can address this and address it forcefully. Let it be known on a bipartisan basis that we want to take the politics and the special interests out of organ allocation, that our dedication is to the men and women and children sitting by those telephones waiting for word of the availability of an organ.

At this point, I yield the floor to my colleague from Massachusetts, Senator KENNEDY.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. How much time remains?

The PRESIDING OFFICER. Under the previous order, 9 minutes remain until the hour of 12.

#### TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT

Mr. KENNEDY. Mr. President, today, the House of Representatives will take up one of the most important bills to come before this Congress, now labeled the Ticket To Work and Work Incentives Improvement Act, which is intended to move us closer to opening the workplace doors for the disabled in communities across the country.

It is a sad day when the U.S. Congress finds it necessary to attach a

controversial provision to the legislation that could jeopardize the opportunity for large numbers of people with disabilities to fulfill their hopes and dreams of living independent and productive lives.

A decade ago, when Congress enacted the Americans With Disabilities Act, we promised our disabled fellow citizens a new and better life in which disability would no longer put an end to the American dream. Too often, for too many Americans, that promise has been unfulfilled. The Ticket To Work and Work Incentives Improvement Act is basically the legislation that Senator JEFFORDS of Vermont and I, Senator ROTH, and Senator MOYNIHAN urged the Senate to accept and had been accepted by the Senate by a 99-0 vote. Now the title is the Ticket To Work and Work Incentives Improvement Act, and it will dramatically strengthen the fulfillment of that promise.

We know that millions of disabled men and women in this country want to work and are able to work. But they are denied the opportunity, primarily because they lack the continued access to needed health care. As a result, the Nation is denied their talents and contributions to our community.

Eliminating the health care barriers to work will help large numbers of disabled Americans to achieve self-sufficiency and enable them to become equal partners in the American dream. The Ticket To Work and Work Incentives Improvement Act removes these unfair barriers to work that face so many Americans with disabilities. It makes health insurance available and affordable when a disabled person goes to work, or develops a significant disability while working; it gives people greater access to the services they need to become successfully employed; it phases out the loss of cash benefits as income rises, instead of the unfair sudden cutoff that workers with disabilities face today; it places work incentives in communities, rather than bureaucracies, to help workers with disabilities to learn how to obtain the employment services and support they need.

For far too long, disabled Americans have been left out and left behind. It is time for us to take the long overdue action needed to correct the injustices that have unfairly been placed upon those with disabilities. We should not have this legislation brought down by a controversial provision that does not belong in this bill—a provision that is effectively what they call around here a "poison pill." A provision that endangers the legislation.

I want to say that for a time it looked as if we were going to see a successful achievement for this legislation, and I want to commend my colleague and friend, the Senator from Vermont, Mr. JEFFORDS, for his strong leadership, as chairman of our Human Resource Committee. He has worked long and hard for this legislation. If we

are able to achieve it, his role in support of it and also in its development is enormously important.

On the unacceptable amendment that I had mentioned, it is the amendment which would effectively undermine the proposal of the Secretary of HHS on Final Rule for organ transplantation. There is an excellent editorial in the Washington Post, dated 11-17-99. It puts this issue in perspective. It says:

Congress has not quite given up the year-long attempt to block rules that would make the Nation's organ transplant network more equitable. House leaders are maneuvering to undo a deal reached by conferees allowing the rules to go into effect, even threatening to block an unrelated authorization for research and training at children's hospitals if the organ rules are not further delayed.

This was written at a time when they were threatening to hold up the help and assistance that pediatric hospitals need to train pediatricians, to make sure that pediatric hospitals were going to be treated fairly and equitably, as other teaching hospitals.

There is broad and wide bipartisan support for the proposal to support teaching in pediatric hospitals. But that was going to be the messenger, and the poison pill was going to be the language which, as I understand, would be a part of the legislation that we will see later on in the day.

Let me continue with the Post editorial:

The rules issuance last year touched off furious counter-lobbying by the supporters of the small local transplant centers who feared that a new system based more on finding the patients with the most urgent need, and less on keeping organs near home, would force small centers to close. Never mind if it also would save lives. Currently, when an organ becomes available, it is offered locally first and then regionally. That leads to situations in which people languish on long waiting lists in some places, while the wait in other regions is much shorter. The wealthy can get on multiple waiting lists and fly to wherever a liver or kidney becomes available. Since some 4,000 people a year die while waiting for an organ, you would think a proposal to purge the distribution system of some of its inefficiencies would have been welcome. Instead, local transplant centers turn to Congress, which twice attached riders to appropriations bills delaying the regulations' effective date. They also turned to State governments, many of which passed laws that bar and prevent organs from being transferred out of State. Finally, conferees reached a compromise that would delay the rules 6 more weeks, then let them go into effect.

Mr. President, that agreement was broken with the language that has been included on the disability legislation. By breaking that agreement, the lives of tens of thousands of desperately ill people are put at risk. Every year, thousands of people die while waiting for transplantation—and at least one person every day dies because the transplantation system is not equitable. The language included on the disability legislation violates fundamental fairness—the fairness of the bargaining process in which an agreement was reached between the