

words, as the plans grow, the pressures on doctors to cut treatment, to prescribe cheaper drugs, to cut hospital stays also increase.

Doctors report to us that they have to spend hours on the phone with insurance accountants and adjusters justifying medical decisions. That should not happen. They tell me they have to provide mountains of paperwork documenting patients' problems. This is a real change.

When my father was chief of surgery at the University of California Medical Center, he had one secretary. He saw patients in his office at the University of California. He taught surgery in the medical school. And there was very little paperwork. Today, walk into virtually any surgeon's office, and there is a mound of paper, there are rooms full of staff, there are accountants, and there is a huge stream of paperwork.

Medicine has changed dramatically in the United States. Not all of that is bad. I am the first one to say it. Many people have good coverage. The problem is the cost of that coverage and whether that coverage is providing for timely and appropriate diagnoses and treatments, which are the finest, as Senator KENNEDY said, that people can expect.

I am also told that physicians are spending increasing time having to fight insurance companies that try to impose rules on their medical practices—rules that are not considered to be the best medical practice or may not even fit an individual's illness. They tell me they have to exaggerate illnesses to get coverage. They tell me they have to struggle to balance medical necessity against insurance company bottom lines.

One survey of California doctors by the California Medical Association found that fewer than 10 percent of doctors had good experiences with managed care. That is what is leading to this headline, "AMA Votes to Unionize." That is what this amendment can change.

Another study reported in the November 1998 New England Journal of Medicine found that 57 percent of primary care doctors in California felt pressure to limit referrals, and 17 percent said that this actually compromised the care of their patients.

Doctors are trained to diagnose and treat based on the best professional medical practice. They know that every individual brings to their office a unique history, unique biology, and unique conditions. And they know that people vary tremendously. What works in one person may not work in the next.

The point I am trying to make is that people vary tremendously. The drug that works in one and has no side effects may work differently in another person. A 70-year-old with the flu or pneumonia is very different from a 30-year-old with the flu or pneumonia. A person with high blood pressure or anemia may need an extra day or two in the hospital after surgery.

This is why the physician should determine the treatment, the length of treatment, the length of hospital stay. That is what my amendment attempts to accomplish.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

PATIENTS' BILL OF RIGHTS PLUS

Mr. GRAMS. Mr. President, I wish to talk this morning about health care. I find it ironic we are trying to get to a very important agricultural appropriations bill, and the Democratic side of the aisle is preventing the Senate from moving on that. Hopefully we can work out an agreement on these health care issues and discuss and debate them openly. I look forward to the debate.

I find it humorous when Senator KENNEDY calls our bill the "Patient Bill of Wrongs". It seems that if it is not his way, it is the wrong way. Our bill is the Patients' Bill of Rights Plus, which I think goes further in trying to encourage people to get health insurance and to have coverage, rather than leading America toward a government-type system of national health care.

I am looking forward to the debate. I hope the agreement can be worked out and we can discuss the different views on health care reform, listen to Senator KENNEDY on his Patients' Bill of Rights, and also to have adequate time to fully debate the Republican plan, Senator NICKLES' bill, the Patients' Bill of Rights Plus. I think we must have time to compare and contrast those two plans. I think the American people are going to get a good idea where both parties stand on the direction of health care and health care reform in the near future.

(The remarks of Mr. GRAMS pertaining to the introduction of S. 1274 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. TORRICELLI. Mr. President, I ask unanimous consent at the conclusion of my remarks that the Senator from North Carolina, Mr. EDWARDS, be recognized for 10 minutes.

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

Mr. TORRICELLI. Mr. President, once again my Democratic colleagues in the Senate have joined this week in a discussion of the overwhelming national need for reform of managed health care. Once again, Senators from States across the Nation have shared the experiences of their constituents, the frustrations of their families at being denied the treatment and care through managed care for which they are paying.

Once again, it has been a one-sided discussion. We have been talking about the need for reform of managed care while our friends and colleagues across the aisle have been preventing any real debate. The American people have

waited long enough for a basic and fundamental reform of the managed health care system in America. We have allowed weeks, months and even years to pass while recognizing American families are in jeopardy and not receiving the care they need, deserve, or have even paid for. There is simply no further excuse for delay.

During this session of the Congress, this Senate has spent 7 days considering 38 amendments on the relatively simple concept of educational flexibility. The Senate had 8 days available for 52 amendments on juvenile justice; 4 days for 159 amendments on defense authorization; 13 days to consider 51 amendments on the Y2K problem. These were all important issues, all legitimate. But in each and every instance time was not an issue; the available amendments by Members of the Senate were fully considered. On this single issue, which affects as many or more Americans than any of these others, the Senate does not have time; it cannot give its attention.

Like other Members of the Senate who have come to the floor to discuss the experiences of their constituencies, I want to share the experience of one of mine: A young woman from Spotswood, NJ, Kristin Bolinger. Kristin suffers from a unique condition that causes seizures and scoliosis, but it can be managed with proper treatment. The genius of medical science in America, the care of her doctors, can prevent these seizures that are interrupting her life. Her family is enrolled in an HMO. She was denied access to a specialist, the one with the knowledge to treat her illness. The procedure was deemed unnecessary. She was denied critical home nursing, denied physical therapy, denied reimbursement. The fact of the matter is, the care her parents were paying for, she was paying for, the benefit of the genius of American medical science, was denied to her.

There are 161 million Americans just like Kristin, covered by managed care, who simply cannot wait any longer for this Senate to find their problems, the tragedies of their families, relevant. In my State, in New Jersey, 3.8 million people who are part of health maintenance organizations have no legal protections. Like their fellow citizens across America, they believe it is time for us to act. The American people have been polled and 79 percent are in favor of and demand some reform in the management of health care in America. They believe, as I believe, that doctors, specialists, people trained to care, should be making these medical judgments; not accountants, not financial managers. People should be making decisions to provide care who know what care is required.

There is a lot that has changed in American health care through the years. The family doctor who in the middle of the night knocked on your door to help may be gone. By necessity, it may all have changed. But we do not have to abandon that one principle

that has always been at the foundation of private health care in America—doctors make health care decisions.

Mr. President, 30 percent of the American people, an extraordinary number, claim they personally know someone who needed health care, who had a problem, and was denied that care although they were enrolled in and had paid for a managed care plan.

Here is the answer. Here is the legislation we would like to bring to the Senate that addresses these problems—it is overwhelmingly supported by the American people—but we are denied the opportunity to do so.

No. 1, ensure that doctors, not the HMO, determine what is “medically necessary.”

No. 2, guarantee access to a qualified specialist for those who need one, even if that specialist is not part of the HMO.

No. 3, ensure independent medical appeals for treatment denied by the HMO, so when you are denied treatment, there is someone else to whom you can make your case to get care for yourself, your family, or your child.

No. 4, guarantee wherever you are in America, if you need to get access to an emergency room, you can get into that emergency room.

In sum, what this would provide is some new sense of security in health care in American life. Americans with cancer would be guaranteed access to an oncologist, not just a family doctor. If their HMO denied access, they could go on and appeal to ensure the right judgment was made, and the oncologist, not the HMO, would decide their treatment. In substance that is what this means. This is important for all Americans.

Let me conclude by saying there is a category of Americans for whom these reforms are the most important. Mr. President, 75 percent of all the medical decisions in families in America are made by women, for themselves and for their children. One of the things that is required in our legislation is that an OB/GYN can be a primary health care provider, can make the necessary judgments on first impression. It is, perhaps, one of the most important reforms in the Democratic Patients’ Bill of Rights. It is overwhelmingly supported by American women. But we also prohibit drive-through health procedures like mastectomies and guarantee access by children to pediatric specialists.

From American children to American women to all American families, there is an overwhelming need to begin these reforms. It can be postponed for another year, another few years, maybe another decade. The only thing the Senate guarantees by postponement is that the list of millions of Americans who are not getting to specialists, who are denied access to emergency rooms, whose medical doctors are not allowed to make the ultimate determinations—that list is growing. It is growing, and so is the frustration of the American electorate.

I hope in this session, in this year, in this Senate, the need for a Patients’ Bill of Rights finally comes to be recognized and accepted.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. EDWARDS. I thank the Chair.

Mr. President, I appreciated and enjoyed the remarks of my distinguished colleague from New Jersey. I come again to the Senate Chamber to talk about what I believe is a crisis in America today, which is the issue of health care and the desperate need for a Patients’ Bill of Rights.

If we need more glaring evidence of that, all any American needs to do today is open the front page of their newspaper and find that the American Medical Association is supporting doctors being allowed to form unions. Nothing can better exemplify the crisis with which we are confronted.

Here are medical professionals, the last group anyone would imagine, forming a union or finding the need to form a union, who now find, in order to do what they believe is right—to make medical decisions about the patients they care so much about, to be allowed the autonomy to make those decisions and not have those decisions made by health insurance bureaucrats sitting behind a computer screen or a desk somewhere—it necessary to talk about the need to form unions.

I listened to my colleague from California earlier this morning. I agree with everything she said. Only the most skeptical of us would have ever thought this was a possibility. The root cause for the doctors’ need to form a union is that they want to make medical decisions about the care of their patients and, more specifically, they want to decide when a procedure is medically necessary and when a procedure is not.

If I can use two examples which I think glaringly show the problem doctors in this country and patients are confronted with today, they are two I have mentioned before on the floor of the Senate. One involves a young man named Ethan Bedrick who developed cerebral palsy as a young child. One of the problems associated with cerebral palsy is the development of what is called muscle contractures. We have all seen adults with cerebral palsy who are all balled up, their arms held up against their bodies. They have little or no control over their limbs. The reason that happens is because, as children and as young adults, these patients do not receive physical therapy to extend their limbs on a regular basis to give them their best use.

What happened with Ethan Bedrick is every single doctor who was treating him for his cerebral palsy—and there were myriad doctors—said it was absolutely essential he receive physical therapy. This was a group of doctors who had seen him every day and was responsible for his care.

Then some insurance company doctor, sitting behind the desk looking at

a piece of paper, who had never seen Ethan Bedrick, never examined him and, I will add, unlike all the doctors who were treating him, had absolutely no expertise in treating kids with cerebral palsy or the issue of physical therapy for those kids, made the decision this was not medically necessary. Therefore, the insurance company decided it was not going to pay for any physical therapy for this boy.

After some 2 odd years of going to court and going through a lot of litigation procedures which absolutely should never have been necessary, the U.S. Fourth Circuit Court of Appeals determined the obvious, which is that the treating doctors were correct, that Ethan desperately needed this physical therapy for the purpose of keeping him from becoming like so many adults with cerebral palsy who we have seen all balled up and unable to control their limbs in any way.

They reversed the insurance company decision and said they had to provide this treatment. It took over a year after that decision before the insurance company actually began to do something.

It is a perfect example of insurance company bureaucrats and accountants making health care decisions. That is the reason doctors feel the need to unionize, so they can make these decisions instead of insurance companies.

A second example is a man named Steve Grissom from Cary, NC, who developed leukemia as a young man. As a result of his leukemia, he had a blood transfusion. During the course of his blood transfusion, he acquired AIDS. He became sicker and sicker with his AIDS to the point a pulmonary specialist, a leading authority in the world at Duke University Medical Center, prescribed oxygen for him 24 hours a day, 7 days a week.

What happened was during the time he was being treated, his HMO was providing coverage for him because the pulmonary specialist, the real expert, determined it was necessary. Then his employer changed HMOs. The new HMO—again with some person sitting behind a desk somewhere, not a medical doctor—decided based on a chart that he did not quite meet the numbers for oxygen saturation that were necessary and, therefore, cut off all coverage for the oxygen that his world-renowned specialist had ordered for him.

Now Steve is working desperately—in fact, he is coming to Washington this week to see me and other Senators—to pay for the oxygen that keeps him alive. It is one of the reasons he is alive and able to be with his family, which he loves and cherishes so much.

These are terrific examples of what is fundamentally wrong with our health care system in this country today. The judgments of what is medically necessary have to be made by people who are trained to do it. They have to be made by doctors who are seeing the patients, who have the clinical judgment to make those determinations.

It is critically important for our doctors to do their job. It is critically important for the children, adults, and families they treat. In our Patients' Bill of Rights, we specifically provide that doctors make those decisions. Our opponents' bill does not do that, and that is why the bills are so dramatically different.

One last thing I want to mention is the issue of financial incentives that are sometimes created in HMO contracts either explicitly or implicitly. I know specifically of an example in North Carolina where a mother was in labor. The doctor who was responsible for taking care of her had too many patients to care for. As a result of complications during labor, she needed her doctor. The nurse called for the doctor. The doctor did not come. She did not understand why.

The reason was the doctor had other patients he could not leave. Instead of calling for a backup, the doctor continued to allow this woman to labor with her complications without a doctor by her bedside.

The result of this was a child born severely brain injured. We later learned the reason this is done, the reason no backup doctor is called is because there is enormous pressure, financial and otherwise, put on these physicians by the HMO, by the health insurance company, not to call a backup doctor because it costs them money. It costs the health insurance company and the HMO money, and, further, that they can actually receive bonuses if they prescribe the least expensive treatment for patients, no matter what the patient needs, and if they fail to call backup doctors even though one may be needed. In other words, the HMOs have been putting doctors in the position of having to provide the cheapest treatment, not call other medical personnel who are necessary, solely so they could save a dollar.

These things are what are fundamentally wrong with the way health care is being conducted in this country today. There is a fundamental difference between our bill and our opponents' bill. Our bill specifically provides that these kinds of financial incentives are absolutely prohibited; they cannot occur. Our opponents' bill is silent on that issue.

We cannot continue to allow the American people to be subjected to this. It is the reason we have this crisis. It has gotten to crisis proportions because we have gone this long and done nothing about it. Medical care should be about patients and not about profits.

I say this, in a most nonpartisan way, to my colleagues on both sides of the aisle, for whom I have tremendous respect and who I know want to do the right thing for the people they represent and the American people.

This is not a partisan issue for me. It was an important issue to me in being elected to the Senate. It is an issue I want to talk about while I am here.

But I want to talk about it in an ongoing, meaningful dialogue. I am not interested in fighting about it. I am not interested in political bickering. What I am really interested in is what is done in the best interests of the people of North Carolina and what is in the best interests of the people of America.

With that, I yield the floor.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I note the absence of a quorum.

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

The assistant legislative clerk continued with the call of the roll.

Mr. DORGAN. I ask unanimous consent that the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. Since I hope we have debate, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. Mr. President, as much as I like my colleague from Arkansas, I am going to put in this request. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

The assistant legislative clerk continued with the call of the roll.

Mr. REID. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

The assistant legislative clerk continued to call the roll.

Mr. WELLSTONE. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded so we can have debate.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. Mr. President, so we can debate health care, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object.

Mr. WELLSTONE. I ask unanimous consent that the order for the quorum call be rescinded so we can debate health care, a matter that is very important to the people in Minnesota.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object to the unanimous consent request.

Mr. WELLSTONE. Mr. President, so we can speak as Senators, Democrats and Republicans, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object to the unanimous consent request of the Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting, as in the past, in my capacity as a Senator from Arkansas, I object to the unanimous consent request of the Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I ask, please, unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I regrettably must object to the unanimous consent request.

Mr. WELLSTONE. Mr. President, I know you regret that because you like debate. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded so we can have a full-scale discussion on the Family Protection Act on the floor of the Senate as opposed to being gagged.

The PRESIDING OFFICER. Acting in my capacity as a Senator from Arkansas, I object to the unanimous consent request of the Senator from Minnesota.

Mr. WELLSTONE. Mr. President, even though I know Republicans don't want to debate this, I ask unanimous consent that the order for the quorum call be rescinded so we can debate.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. WELLSTONE. Mr. President, so I can debate my colleague from Oklahoma and other Republicans, I ask

unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. DORGAN. On behalf of the Senator from Minnesota, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. WELLSTONE. Mr. President, on behalf of the Senator from North Dakota and all Senators who believe we should honestly debate issues, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. WELLSTONE. I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. WELLSTONE. I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. WELLSTONE. I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. WELLSTONE. Mr. President, so we can debate the Patients' Protection Act, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

The assistant legislative clerk continued with the call of the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

The assistant legislative clerk continued with the call of the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

The assistant legislative clerk continued with the call of the roll.

Mr. INHOFE. Mr. President, I ask unanimous consent that the Senate stand in recess subject to the call of the Chair.

The PRESIDING OFFICER. The Senate is in a quorum call.

The assistant legislative clerk continued with the call of the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

The assistant legislative clerk continued with the call of the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. INHOFE. I object.

The PRESIDING OFFICER. Objection is heard.

The assistant legislative clerk continued with the call of the roll.

Mr. INHOFE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Is there objection?

Mr. DORGAN. I object.

The PRESIDING OFFICER. Objection is heard.

The assistant legislative clerk continued with the call of the roll.

Mr. INHOFE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

RECESS

Mr. INHOFE. Mr. President, I ask unanimous consent that the Senate stand in recess until the hour of 11:30, at which time there will be a period of morning business not to exceed 1 hour equally divided.

The PRESIDING OFFICER. Is there objection?

Mr. DORGAN. Mr. President, reserving the right to object, and I shall not object, my understanding is there is a conference occurring on the other side that the two Members of the majority party in the Chamber wish to attend. We want to allow that to happen.

I point out, under my reservation, it is my hope that when we reconvene with the hour of morning business, whatever transpires beyond that will be an agenda that allows Members on the floor of the Senate to come and discuss the issues they want to discuss. I will not object with that caveat.

Mr. REID. Mr. President, reserving the right to object, I ask the Senator from Oklahoma to amend the unanimous consent request to allow the Senator from Minnesota, Mr. WELLSTONE, to have 10 minutes during our block of time.

Mr. INHOFE. Before amending my request, I ask the Chair, would the Senator from Minnesota be entitled to 10 minutes of the half hour that they already have under my request?

The PRESIDING OFFICER. Only if he were recognized.

Mr. INHOFE. I so amend.

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

Thereupon, the Senate, at 10:58 a.m., recessed until 11:30 a.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. HUTCHINSON).

The PRESIDING OFFICER. Who seeks time?

Mr. BROWNBACK. Mr. President, might I inquire, where are we parliamentary-wise?

The PRESIDING OFFICER. We are in morning business for 60 minutes equally divided.

U.S. POLICY TOWARD INDIA AND PAKISTAN

Mr. BROWNBACK. Mr. President, I rise to address the Senate on an issue regarding an amendment which we have recently passed on this floor: U.S. policy toward India and Pakistan. I want to address the Senate on that issue.

We passed an amendment on a defense appropriations bill that would allow the President to waive certain sanctions we have against India and Pakistan and also suspend economic sanctions we have against India and Pakistan. That passed this body and has gone over to the House. This is something the House is going to be considering, and it is important U.S. policy in a number of regards.

Our relationship toward India has been one where we have been willing to sanction them rapidly and readily, in spite of the fact that they are a democracy and we share a number of institutional values and we have worked together sometimes in the past. But it seems as if we are very willing to sanction them. Yet, at the same time, we are willing to go toward China and say: China, you may steal our weapons technology, you may have human rights abuses, you may be shipping weapons of mass destruction to countries that are opposed to our interests; you have forced-abortion policies in place. Yet we are going to overlook all of those things because we want to have a good, open relationship with you, a good trade relationship. But, India, you tested here and you broke into these areas, so we are going to put economic sanctions on you, put these other sanctions on you, and we are going to hit you hard. It is the same with Pakistan.

I think we have the wrong policies in place, and I don't understand it. I want to draw that to the attention of my colleagues because it appears as if we are putting these on with different balances, that we are saying in the case of China we are going to overlook the problems, overlook the situation, all these abuses, and with India we are going to smack you no matter what you do. They have a democracy, a vibrant democracy and a free press. The same with Pakistan, as far as their issues go, but we are willing to hit them so hard.

So I don't understand why we are doing that, why the Clinton Presidency looks at the two countries differently, and lets China get away with virtually anything, if you look at the record that has built up over a period of time. Toward India, we say we are going to smack you.

Senator ROBERTS and I have put forward an amendment that has passed this body and is going to the House. It