

agriculture and medicine in a sanctions regime against the country of which we are at war. If we have declared war, obviously we are not going to be aiding or trading with the enemy in any way. Congress would not have to again provide ratification of the President's sanctions in that setting.

My colleagues and I are genuinely of the belief that this bill is in the best interests of American agriculture. It is the best approach to agricultural sanctions reform. We do not have to balance national security interests versus farm exports because we do not limit the ability of the United States to protect its national security interests. When the national interests are clearly at stake, the Congress and the President should be able to agree.

For the most part, I do not think we should use items such as wheat and soybeans as weapons for foreign policy. However, if the need ever arises to embargo agriculture, Congress and the administration can impose sanctions that would affect the flow of our agricultural goods to nations abroad; we just need to have a deliberative process set in place, and we need to ensure that both the President and the Congress are in agreement.

The food and medicine for the world amendment is fair and it is constitutional. The food and medicine for the world amendment, which is the amendment I would propose today if we were actually on the bill, sends a message to overseas customers that U.S. farmers and ranchers will be reliable, that people can depend on our produce and our production, and we will honor our contracts.

The food and medicine for the world amendment also sends a message to U.S. farmers and ranchers. It says we will not tamper with their capacity to have good, open markets around the world without due deliberation. Also, it begins to fulfill a definite promise made to our farmers and ranchers a little over 3 years ago.

Not only would we be assuring U.S. farmers and ranchers, I think we would be sending a signal to poor citizens around the world who need the food, the produce, the fiber that we produce, the medicines that we have, that we have a heart in America that respects their heart, that they are not subscribing to tyranny because they have to live under it, and that we are not unwilling to provide needs to individuals as long as our provision of needs doesn't sustain the oppression of individuals.

It is time to enact a policy that supports our farmers' efforts to reach their competitive potential internationally, a policy that makes food and medicine available around the world. We must create "ascending" opportunity for our farm families. This measure would provide for that. It also understands that there are times when we need to curtail the flow of our goods overseas, but it requires both the administration and the Congress to come

to an agreement in order for that to happen.

I believe the food and medicine amendment which I would be proposing, were those on the other side of the aisle not thwarting our capacity to move forward in addressing the pressing needs of agriculture today, is essential to the well-being of the farmers and ranchers in America, also essential to our well-being and our reputation as a reliable producer and provider of food, fiber, and medicine around the world.

I ask unanimous consent two pertinent letters be printed in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

JUNE 23, 1999.

Hon. JOHN D. ASHCROFT,
U.S. Senate, Hart Senate Office Building,
Washington, DC.

DEAR SENATOR ASHCROFT: We are pleased that you and other supporters of sanctions reform are preparing to offer an amendment to the Agriculture Appropriations bill today.

The amendment, "Food and Medicine for the World," would exempt agricultural and medical products from unilateral sanctions unless the President submits a report to Congress asking that the sanctions include agriculture and Congress approves his request by joint resolution. If a sanction is imposed on agricultural exports following joint resolution approval, it would sunset in two years unless the process is repeated at that time.

We strongly support this amendment and believe it would result in true sanctions reform for U.S. farmers and ranchers. As you know, unilateral sanctions inflicted the most damage on U.S. producers. They often result in no change in the target country as these nations simply source their agricultural purchases from our competitors. The end result is that our producers are branded unreliable suppliers and lose access to important markets for decades to come. This amendment would begin to restore the U.S. reputation as a reliable supplier of agricultural products.

Access to export markets is more important than ever given the decline in projected exports for 1999 and depressed commodity prices worldwide. We endorse your efforts to keep our export markets open.

American Cotton Shippers Association;
American Farm Bureau Federation;
American Soybean Association; American Vintners Association; Animal Health Institute; Archer Daniels Midland Company; Biotechnology Industry Organization; Cargill; Central Soya Company, Inc.; Cerestar USA; ConAgra, Inc.; Continental Grain Company; Corn Refiners Association; Farmland Industries, Inc.; Florida Phosphate Council; Independent Community Bankers of America.

National Association of Animal Breeders;
National Association of Wheat Growers;
National Barley Growers Association;
National Cattlemen's Beef Association;
National Chicken Council; National Corn Growers Association; National Council of Farmer Cooperatives; National Food Processors Association;
National Grain Sorghum Producers;
National Grange; National Oilseed Processors Association; National Pork Producers Council; National Renderers Association; North American Millers' Association; Philip Morris Companies Inc.; Sunkist; USA Rice Federation; United Egg Association; United Egg Producers; U.S. Wheat Associates, Inc.

MISSOURI FARM BUREAU FEDERATION,
Jefferson City, MO, June 17, 1999.

Hon. JOHN ASHCROFT,
U.S. Senate,
Washington, DC.

DEAR SENATOR ASHCROFT: Missouri Farm Bureau, the state's largest general farm organization, strongly supports the Ashcroft-Hagel-Baucus-Kerrey amendment that provides U.S. agricultural producers with much-needed protection from unilateral trade sanctions. Furthermore, I commend the sponsors of the amendment for recognizing the damage inflicted upon our nation's farmers when food is used as a weapon.

This amendment is especially important given the current weakness of the U.S. farm economy. Ill-conceived trade policy that prevents U.S. agricultural exports not only has financial ramifications for our farmers but also provides new market opportunities for our competitors.

This amendment exempts agriculture from unilateral trade sanctions, yet recognizes there may be instances where such drastic action is warranted. When a situation arises where the President feels it is necessary to include agriculture, the amendment provides a procedure to obtain this authority.

Unilateral trade sanctions have proven to be a tool best to avoid. I commend your efforts and urge other Senators to support this important amendment.

Sincerely,

CHARLES E. KRUSE,
President.

Mr. ASHCROFT. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. BAUCUS. Mr. President, I ask unanimous consent to speak for 15 minutes as in morning business, and I also ask unanimous consent that Senator DORGAN be allowed to follow me when I have finished.

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

PATIENTS' BILL OF RIGHTS EMERGENCY SERVICES PROVISIONS

Mr. BAUCUS. Mr. President, I join my Democratic colleagues in their fight to have an open and unrestricted debate on the Patients' Bill of Rights. Over the past several days, we have heard the Republican leadership say they are interested in having an up-or-down vote on their bill, followed by a vote on the Democratic bill. We all know this is not how the Senate is supposed to work. We are a deliberative body, and as such, we should have debate on important issues that affect the lives of Americans.

The Patients' Bill of Rights addresses one of the most important issues the Senate can debate: the rights of Americans to have access to quality health care.

Our health care system essentially relies on three important factors: First is access to health care; second is the quality of our health care; and third is

cost controls, that is, the cost of our health care.

The problem is it is extremely difficult, if not impossible, to have the best in all three areas. If we concentrate on two of the areas, that usually results in sacrifices in the third area. The whole reason we are trying to have this debate is that this trio of access, of quality, and of cost control has shifted out of balance. Our market-driven health care system has become too focused on controlling costs and protecting corporate profits. Although predictable, this, unfortunately, has led to sacrifices in access to health care and quality health care.

It is important to point out we do need to be concerned about cost control in our health care system, no doubt about it. In fact, managed care has done many of the things we hoped it would do. For example, it has improved the efficiency of health care delivery, it has slowed down the growth in health care costs, and it has enhanced the collection of data to assess the quality of care. It has done all that, and that is good.

The message of this debate is not that managed care is the enemy. As I said, managed care has done a lot of things which are very important. This debate, rather, is about restoring a balance in our health care system.

We certainly could design a health care system that is only concerned about money, but that would miss the point. Unfortunately, though, we are headed in that direction. We need to stop and ask ourselves what we value in our health care system and what it means to have health insurance in America. That is why we want this debate so we can find answers to those questions.

I stand with my Democratic colleagues who have called for an open debate. One of the reasons an open debate would be helpful is there is room for compromise. In fact, I am a cosponsor of a bipartisan patient protection bill that I think strikes an important balance between the two sides which we have heard about in the last few days.

We need to come out of our corners and debate the issues because I believe there is an important middle ground, one that many Senators can support, if we simply have the courage to debate the provisions of these bills and let the votes fall where they may.

I want to address an important area in the Patients' Bill of Rights; that is, the provisions that address coverage for emergency services. Both the Republican and Democratic bills provide coverage for emergency services using a prudent layperson standard. Unfortunately, the Republican version of the prudent layperson standard falls short of the standard that Congress has already enacted for the Medicare and Medicaid programs in the Balanced Budget Act of 1997.

This means that under that bill, hard-working Americans with private insurance will have less protection for

emergency services than beneficiaries in Medicaid and Medicare programs. The bipartisan bill that I cosponsor and the Democratic Patients' Bill of Rights contain the real prudent layperson standard for emergency services.

What is the problem with the other version, that is, the Republican version of the prudent layperson standard? There are two important weaknesses in that standard.

First, that standard provides an inadequate scope of coverage for emergency services. We have heard a lot of discussion about the scope of coverage in the two bills over the last 2 days. The best example of why we need to have uniform protections for patients throughout the country is the prudent layperson standard.

The Federal Government is already involved in every emergency room visit in this country. We have strict Federal standards to protect patients with medical emergencies. These standards are embodied in the Emergency Medical Treatment and Labor Act or EMTALA. It is hard to argue that the Federal Government should not be involved in protecting patients with medical emergencies when the Federal Government already is involved.

The prudent layperson standard in the Republican bill only applies to 48 million people. Both the bipartisan bill and the Democratic bill apply this important protection to all 180 million people with private health insurance. We need to realize in the Senate, again, we have already mandated that anybody who goes to an emergency room should receive health care. That is mandated. We now have an opportunity to ensure that patients are not held financially hostage for the decisions they make in an emergency. There is broad bipartisan support for the patient-centered concept of the prudent layperson standard. Now we need to extend this scope of coverage so that it parallels the Federal statutes that are already on the books.

The other major weakness in the prudent layperson provisions in the Republican bill is the lack of provisions for poststabilization services. I want to point out what the debate about poststabilization services is all about. It simply boils down to two questions.

First, is poststabilization care going to be coordinated with the patient's health plan, or is it going to be uncoordinated and inefficient?

Second, are decisions about poststabilization care going to be made in a timely fashion, or are we going to allow delays in the decisionmaking process that compromise patient care and lead to overcrowding in our Nation's emergency rooms?

We have heard a lot of rhetoric about how poststabilization services amount to nothing more than a blank check for providers. If these provisions are a blank check, then why did one of the oldest, largest, and most successful managed care organizations in the

world help create them in the first place?

Kaiser-Permanente is a strong supporter of the poststabilization provisions in our bill for a simple reason: They realize that coordinating care after a patient is stabilized not only leads to better patient care, it saves money.

Let me give an example of a case which took place in the past 2 months. It illustrates the problem quite nicely.

A woman came to an emergency department after falling and sustaining a serious and complex fracture to her elbow. The emergency physician diagnosed the problem and stabilized the patient. The stabilization process took less than 2 hours. Unfortunately, the patient's stay at the emergency room lasted for another 10 hours while the staff attempted to coordinate the care with the patient's health plan.

The plan was unable to make a timely decision about the care this patient needed. The broken bone in her elbow required an operation by an orthopaedic surgeon. The patient's health plan did not authorize the operation in the hospital where the patient was located. They denied this care because the hospital was not in its network, even though there was a qualified orthopaedic surgeon available.

After several phone calls, a transfer was arranged to another hospital. Unfortunately, the patient did not leave the hospital emergency room for almost 12 hours.

When the patient arrived at the second hospital, the orthopaedic surgeon looked at the complexity of the broken bone and decided he could not perform the operation. The patient, therefore, had to be transferred to a third hospital, where the operation was finally performed.

Let's look at the extra costs involved in this case. The patient had two ambulance rides and two extra evaluations in hospitals. The patient also laid in the emergency room with a painful broken bone for 12 hours before being transferred. During this time, the emergency room was very busy and the staff had to continue to care for new patients as they arrived.

So why did this occur? In this case, the problem occurred because the plan was unable to make a timely decision about the poststabilization care this patient needed.

This should not be how we in this country take care of patients with a medical emergency. I hope Republicans will join with us to pass a really prudent layperson standard for emergencies.

I urge my colleagues to allow us to have an open debate on the Patients' Bill of Rights. We need to have this debate. Americans want protections in their health plans. Americans want a system that balances the needs for access, quality, and cost control in their health care.

Before I close, I just want to mention how delighted I am to hear my colleagues talk about the needs of the uninsured in America. If they are serious

about working to address the problem we have with 43 million uninsured Americans, I obviously look forward to working with them. Once we have established basic, uniform rights in health care, we should return to the equally important task of providing access to health care for the uninsured in America.

It seems important that universal access to adequate health care should be our goal. But unless we recognize the importance of rights in health care, our constituents may end up with access to a system that is indifferent to both their suffering and their rights.

I yield the floor.

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

THE CRIMINAL JUSTICE SYSTEM IN THE DISTRICT OF COLUMBIA

Mr. DORGAN. Mr. President, I want to call the attention of the Senate to a couple of items that relate to an appropriations bill we will be marking up this afternoon in about half an hour in the Senate Appropriations Committee.

We are going to mark up three bills. I will be there as a member of that committee. One of the bills deals with the District of Columbia. I have spoken on the floor in recent weeks about an issue dealing with the criminal justice system in the District of Columbia. I want to comment on it again in light of a news story in today's paper, this Thursday morning's Washington Post.

Some while ago, a young boy was rollerblading in the District of Columbia—a matter of weeks ago—and he was hit and killed by a car that then sped away. That car allegedly was driven by a man who was arrested, Shane DeLeon. He was arrested and put in jail and then, of course, let out of jail, as is so often the case these days.

Shane DeLeon, it says in the paper today, walked away from custody. It says:

The man charged in the hit-and-run death of an American University student walked away from a District halfway house Tuesday and remained free last night. . . .

I want to read a couple of paragraphs because it describes, I think, the chronic problem in the criminal justice system in the District of Columbia and, I should say, elsewhere as well.

Shane Simeon DeLeon failed to return to the Community Correctional Center on New York Avenue NE by his 11 p.m. curfew, according to D.C. Department of Corrections officials. [He] was allowed out of the facility from 7 a.m. to 11 p.m. to remodel the basement of his girlfriend's home on MacArthur Boulevard in Northwest Washington. . . .

This is the third time [this fellow] has broken curfew. The first two times, he was under home detention.

Now he walks away again, this fellow who is facing second-degree murder charges.

I have spoken on the floor a lot about a case that was in the news a couple of weeks ago. I spoke about this case some years ago on a number of occa-

sions and then again a couple of weeks ago. It is the case involving the murder of a young woman, Bettina Pruckmayr. Bettina Pruckmayr was a young attorney here in Washington, DC. She was abducted late at night and forced to go to an ATM machine and forced to withdraw money; and then her murderer, Leo Gonzales Wright, stabbed her over 30 times in a brutal murder.

It turns out, a couple of weeks ago, after this murderer was sentenced to Federal prison—3 years later, they discovered he had not been put in Federal prison, he was still out at Lorton. The Federal judge was justifiably angry, wondering, why couldn't they even get that right to send this murderer to Federal prison? My understanding is, he is in Federal prison now.

But the story in today's paper about a fellow facing second-degree murder charges simply walking away—he was allowed, by the way, while facing second-degree murder charges, to go help remodel the basement of his girlfriend's house from 7 a.m. to 11 p.m.—why is a fellow facing murder charges walking around, remodeling his girlfriend's basement?

It is the same story as that of Leo Gonzales Wright. What was he doing walking around on the evening that he eventually murdered Bettina Pruckmayr? Here is a man who robbed a convenience store and shot the convenience store owner; he robbed a cab driver and murdered the cab driver; and then he was sentenced to prison for a minimum of 20 years—not to be let out before 20 years—and he was let out nearly 5 years early, despite the fact that in prison he had 33 different violations for assault and drugs and weapons. Then he was let out on the streets 5 years before his sentence ended, and, while on the streets, he committed theft and tested positive for drugs. When he was brought before the parole board, this fellow, who was a twice-convicted murderer, was told: No; you can stay out on the streets on parole. Taking drugs as a violent offender is not serious enough to put you back in prison. Theft is not serious enough to put you back in prison.

So the message is: The authorities say that a violent offender can commit a theft, can take drugs, can remain on the streets, and remain on the streets in a manner that allowed him, on that fateful evening, to kill this young attorney named Bettina Pruckmayr.

A couple of weeks ago, 3 years after this man was sentenced to Federal prison, the Federal judge found out he was not in Federal prison at all—he was in Lorton—and the judge said: What on Earth is going on?

I looked into it in order to find out what happened. It is a mess. At every step along the way, this inspector's general report—which is some 50 pages long—shows one massive problem after another. This system is completely devoid of common sense. It is a system that says to the fellow who was up for second-degree murder: You go ahead

and fix your girlfriend's basement. We'll give you every day, all day, from 7 a.m. to 11 p.m. to do that. Then he walks away on them, and they are surprised. Or a system that says to another fellow: Yes, we know you are violent, we know you are a murderer, but it is fine if you are on the streets taking drugs, and it does not matter if you are convicted of theft or charged with theft. That is a system, in my judgment, that is defective.

I intend to raise some questions at the markup today with respect to the District of Columbia. I notice my colleague from Illinois has come to the floor. He has raised questions that go directly to these issues.

This is the District of Columbia that says: We have a lot of money we want to offer for tax cuts. They do not have enough money, apparently, to have prison space to keep people convicted of murder in prison.

The Senator from Illinois has asked the questions now a good number of times publicly: What about that? What about your priorities? What about your responsibility to the memory of Bettina Pruckmayr, who was murdered by someone who should have never been on the streets to murder anybody? He should have been in prison, but he was let out early.

This fellow Leo Gonzales Wright was in Lorton Prison. Do you know why he was let out early from there? Because he apparently was allowed into the prison system to change his own records; so when they looked at his records, they had all been altered to say he was a good guy when, in fact, he was a bad guy. It is just unforgivable what is happening on the streets in this country, especially in the District of Columbia. And one additional point: It is not just there. There is a county adjacent to the District of Columbia in which two fellows are, I believe, on trial to be convicted for the murder of a couple people in a Mr. Donut shop. I asked my staff to look at the backgrounds of those folks. It seems the same two people carjacked a fellow on the interstate around this beltway, the same two people just months ago carjacked someone in a violent carjacking out on the streets so they could murder a couple people at a Mr. Donut late at night.

Day after day we read this, especially in the District of Columbia. I am sick and tired of it.

I will offer a couple amendments. I will consult carefully with my friend from Illinois, who is the ranking member on that subcommittee. One of the amendments is, if you are on parole in the District of Columbia for a violent crime and you are picked up on the streets as having taken drugs, you ought to find that your next address is back in that same jail cell. We ought not have violent criminals on parole taking drugs and then have parole officers say that is alright; that it is a minor infraction.