

worker rights and so morally bankrupt that it requires exceptional, coordinated action on the part of all civilized nations. A case in point is the Burmese military junta that has been in power since 1988 and which continues to terrorize this nation of 48 million people to this day.

This is a despicable military dictatorship that is quite simply beyond the pale.

It uses forced labor as a normal way of conducting business and international trade.

It uses forced child labor to build roads and dams, to transport goods for the military, and to tend the fields.

It exploits 50,000 child soldiers—the most of any nation on Earth.

It is a drug trafficker of the first order—the No. 1 source of heroin on our streets in America.

It routinely confiscates and operates apparel and other factories, directly and indirectly, to earn foreign exchange to keep its brutal grip on power.

It brazenly ignores the democratic yearnings of its own people who overwhelmingly elected the National League for Democracy to power in the national elections in 1990.

It has kept Aung San Suu Kyi, the democratically elected national leader of Burma and Nobel Peace Prize Laureate, under house arrest and cutoff from outside communication for most of the past decade, while imprisoning, torturing, and killing tens of thousands of Burmese prodemocracy supporters.

For all of these reasons, I introduced legislation, S. 926, in late May to establish a complete U.S. trade ban with Burma. I am greatly heartened that Senators HELMS, LEAHY, MCCONNELL, HOLLINGS, WELLSTONE, FEINGOLD, SCHUMER, FEINSTEIN, LIEBERMAN, CLINTON, TORRICELLI, DAYTON, CORZINE, and MIKULSKI have already joined as cosponsors of this bill to make more effective the limited sanctions enacted by a bipartisan majority in 1997.

Now we need President Bush to throw his support behind this measure as well. I am hopeful that he will follow his words with action because he wrote to many of us nearly two months ago pledging that “we strongly support Daw Aung San Suu Kyi’s heroic efforts to bring democracy to the Burmese people.”

Now is not the time to hesitate. We already have fresh evidence that even the threat of enactment of this legislation is making life much more difficult for the Burmese generals in several ways.

First, the Wall Street Journal on July 9th carried an in-depth story under the headline, “Myanmar Faces Dual Blow from U.S. Proposed Ban.” In this account, a ranking officer of the Myanmar Garment Manufacturing Association reports that orders for Burmese apparel have already begun to decline in the country’s largest quasi-private sector industry. Not surprisingly,

Burmese government officials and textile industry executives are denouncing our legislation, claiming that it will hurt tens of thousands of Burmese textile and apparel workers and their families. But, in fact, S. 926 enjoys the solid support of the Free Trade Union Movement of Burma, FTUB, and it was developed in close consultation with Burmese workers at the village and farm level inside that besieged nation. Small wonder given that the per capita GDP in Burma has now fallen to less than \$300 a year and the U.S. Embassy in Rangoon last summer cabled home that wages in the textile and apparel factories typically start at 8 cents an hour for a 48-hour work week.

Second, the Burmese military junta for the first time has recently announced that it will allow a team of investigators from the International Labor Organization (ILO) to visit Burma for three weeks in September to follow up the mountain of evidence compiled about the widespread use of forced labor. I hope this is not a cynical ploy on the part of the Burmese generals whereby ILO officials are carefully steered to sanitized work sites, after which the ILO mission issues a report stating that they saw little first-hand evidence of forced labor or that it is in decline due to the government’s efforts to stop it.

To forestall this possibility, the following important precautions need to be taken now to prevent the Burmese generals from “whitewashing” their longstanding use of forced labor:

There should be regular ILO fact-finding teams sent to Burma every six months for the foreseeable future, not a onetime visit.

Every ILO fact-finding team sent into Burma should include at least one of the members of the ILO Commission of Inquiry which compiled the body of evidence of widespread use of forced labor in Burma. It was that Commission’s report which led to the ILO invoking Article 33 procedures for the first time in history in 1999 and twice, since then, calling for the 175 member nations of the ILO to adopt stronger sanctions against this outlaw regime.

Before any ILO inspection team is dispatched, the Burmese generals must rescind their decree which prohibits any gathering of more than 5 Burmese civilians at one time. This will enable Burmese forced laborers or witnesses on their behalf to feel more secure in coming forward.

The ILO must also insist in advance that other UN agencies help monitor the whereabouts and safety of any Burmese forced laborers or witnesses thereto, once the ILO fact-finding teams leave the country.

Finally, the embassies of Japan and other ASEAN countries who lobbied hard for the dispatch of such ILO fact-finding teams must take on special, added responsibilities and function as conscientious monitors against forced labor and other egregious worker rights violations inside Burma when-

ever ILO fact-finding teams are not on the ground.

Third, now that more and more American consumers are learning for the first time that U.S. trade with Burma is actually growing, they are bringing their own pressure to bear on this sordid business. Last May 23rd, for example, Wal-Mart executives issued a statement that “Wal-Mart Stores, Inc. does not source products from Burma and we do not accept merchandise from our suppliers sourced in Burma and Wal-Mart-Canada will also not accept any merchandise sourced from Burma moving forward.” I hope this claim can be verified soon and that other companies that have been doing business in Burma will follow suit.

Fourth, I am also hopeful that the U.S. Customs Service will move promptly to enforce its recent rulings and make certain that no products enter the U.S. labeled only “Made in Myanmar”. Until such time that my trade ban legislation is enacted, it is very important that all American consumers be able to clearly identify whether a garment or other imported product is made in Burma.

In conclusion, Mr. President, it is unconscionable that apparel and textile imports from Burma, for example, have increased by 372 percent since supposedly “tough” sanctions were enacted in the U.S. in 1997. They increased by 118 percent last year alone, providing more than \$454 million in hard currency that flows mostly into coffers of the Burmese military dictatorship. By what reasoning, do we currently have quotas on textile and apparel imports from virtually every other country in the world, but not Burma?

We need to promptly cut off the hard currency that is helping sustain the Burmese gulag.

We need to demonstrate anew our solidarity with the pro-democracy in Burma and its leaders.

We need to curb the flow of illegal drugs pouring into our country from Burma. We need to answer the call of the ILO to disassociate our country from the Burmese military junta which routinely uses forced labor and the worst forms of child labor, while defying the community of civilized nations to do anything about it.

We can accomplish all of these worthy policy objectives, the sooner we enact S. 926.

PREPARING FOR BIOTERRORISM ... WHAT TO DO NEXT

Mr. AKAKA. Mr. President, I rise to address a subject on which I recently chaired a hearing in the Governmental Affairs Subcommittee on International Security, Proliferation, and Federal Services concerning what the Federal Government is doing to better prepare our communities for an act of bioterrorism.

Mr. Bruce Baughman, the Director of Readiness and Planning for the Federal

Emergency Management Agency, FEMA, testified on terrorism programs, the newly established Office of National Preparedness, and FEMA's plans to enact a nationally coordinated plan for terrorism preparedness. Dr. Scott Lillibridge, the first Special Assistant to the Secretary of Health and Human Services, HHS, for National Security and Emergency Management, discussed the current and future bioterrorism preparedness and response programs within HHS.

They were followed by two expert witnesses, whose testimony and experience were very helpful in laying out what the country should be doing, on a national, State, and local level, to respond to bioterrorism.

Dr. Tara O'Toole, of the Johns Hopkins University Center for Civilian Biodefense Studies, discussed the nature of the threat and the challenges facing response efforts. As she aptly noted, "nothing in the realm of natural catastrophes or man-made disasters rivals the complex response problems that would follow a bioweapon attack against civilian populations."

Dr. Dan Hanfling, a physician in the Emergency Department at Inova Fairfax Hospital, and an active member in regional disaster response planning, shared his views on the ability of local emergency rooms to respond to biological agents. He explained how, with emergency room overcrowding and ambulance diversions, emergency departments and hospitals are operating in a 'disaster mode' from day to day.

Throughout the hearing, I heard three recurring concerns that must be addressed to prepare properly for bioterrorism. First, the medical and hospital community is not engaged fully in bioterrorism planning. Second, the partnerships between medical and public health professionals are not as strong as they need to be. And, third, hospitals must have the resources to develop surge capabilities.

All three will require long-term efforts to correct these problems. However, I believe that we can make considerable progress with some simple measures that can be implemented quickly.

First, we need to improve awareness of the threat among the medical community, thereby increasing engagement with physicians and hospitals. Dr. O'Toole suggested Congressional support for curriculum development for medical and nursing schools. Such support would require funding for the development of biological weapon and emerging infectious disease curricula, which could be shared to educate, train, and retrain medical professionals.

Second, FEMA must ensure that our medical and hospital communities have a place at the table in the planning and implementing of bioterrorism programs. Both Dr. Hanfling and Dr. O'Toole emphasized the necessity of involving the public health and medical communities in response planning for

all acts of terrorism. The medical community is always called upon for assistance in disasters by traditional first responders. For acts of bioterrorism, they become the first responders. This will require funding to provide physicians, nurses, and hospital administrators the resources and time to attend meetings, training sessions, and planning activities.

Third, we can also enhance the surveillance and monitoring capabilities of the local and state public health departments. This is crucial in order to detect outbreaks as early as possible. One step in accomplishing this would be to include veterinarians in current monitoring and surveillance networks. Dr. Lillibridge and Dr. O'Toole agreed that the veterinary community can offer many things to the bioterrorism effort.

For example, most physicians do not have clinical experience with likely bioterrorist agents, such as plague, anthrax, and small pox. However, many veterinarians have field experience with anthrax and plague. Veterinarians could also help in detecting unusual biological events because many emerging diseases, such as West Nile Virus, appear in animals long before humans.

Dr. Lillibridge said HHS is considering some options to actively engage the animal health community. I would suggest creating a senior level position within the Centers for Disease Control and Prevention responsible for communicating and coordinating with the veterinary associations, local and State animal health officials, and practicing and research veterinarians on a routine basis. I hope that HHS will act quickly in determining the best course of action.

These three actions can help move bioterrorism response forward. Will they solve all the problems we face? No. But with Congressional leadership, FEMA's coordination, and HHS's implementation, we should be able to improve awareness and engagement by the medical and hospital community. We can also expand partnerships between the medical, public health, and veterinary communities. These are small steps to tackling a problem which, at times, may seem daunting and overwhelming.

Our bioterrorism preparedness effort will be helped by developing new activities and communicating with other interested parties. I look forward to working with the different stakeholders in their efforts to prepare our communities for a possible act of bioterrorism.

IN MEMORY OF CARROLL
O'CONNOR

Mr. HATCH. Mr. President, I rise today to pay my respects to a great American, Carroll O'Connor, who died June 21, 2001 of a heart attack. Mr. O'Connor was a talented actor who is fondly remembered for his role as Archie Bunker in the television show "All

in the Family," which ran successfully from 1971-1979 and for which he won four Emmys. Everyone will agree that Mr. O'Connor's portrayal of Archie Bunker helped start a dialogue in this country about serious issues that had until then been avoided. Issues such as racism, bigotry, and religious and gender discrimination were tackled by the cast of "All in the Family," and Mr. O'Connor led the discussion. His loyal fans will always remember the contributions he made to changing attitudes in America.

As much as I admired Mr. O'Connor for his role in bringing social issues to the forefront of American thought, today I would like to talk about another important issue that Mr. O'Connor helped bring to the attention of the American public. Mr. O'Connor was a tireless advocate for preventing kids from using drugs. He spoke publicly about the importance of keeping illegal drugs away from our kids. He passionately pleaded for parents to get between drugs and their kids so as to avoid the heartache that he himself suffered while witnessing his son Hugh struggle with his own addiction to cocaine and ultimately, as a result of his addiction, commit suicide. At a time when many would retreat in their own sorrow and grief, Carroll O'Connor mustered the strength to speak out about the dangers of drug abuse. He was a true public servant who undoubtedly touched the hearts of millions through his public service announcements that intimately described how he lost his son to drug addiction. I truly believe that his moving announcements prompted many parents to talk to their children about drugs.

I was fortunate to meet several times with Mr. O'Connor to discuss our country's drug control strategy. He had many interesting and innovative ideas as how to best solve the problem. In fact, just a few months ago he appeared via satellite at a Judiciary Committee hearing I held to testify in favor of S. 304, the Drug Abuse Education, Prevention, and Treatment Act of 2001, which I introduced along with Senators LEAHY, BIDEN, DEWINE, THURMOND, and FEINSTEIN. I want to quote a passage from his opening statement, which I believe exemplifies his dedication to the issue of drug abuse.

We only know that there is hardly a family in America, on any level of life, that has not been wounded lightly or severely or fatally by the assault of the drug empire upon our country. The loved ones of insensate addicts, like my own poor son, write to me every day imploring my help, as if I, being well-known, might persuade our leaders to protect and defend them in this war, or at the very least help them care for their wounded and dying. This Committee, by this legislation, is now directing serious attention to the care for the wounded and dying.

I deeply regret that Mr. O'Connor will not be here when the Senate passes S. 304, but importantly, his legacy is secure in the form of the contribution he has made to publicizing this issue