

Committee on Foreign Relations be authorized to meet during the session of the Senate on Thursday, February 26, 1998 at 10:00 a.m. to hold a hearing.

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

SUBCOMMITTEE ON INTERNATIONAL SECURITY, PROLIFERATION, AND FEDERAL SERVICES

Mr. CHAFEE. Mr. President, I ask unanimous consent on behalf of the Subcommittee on International Security, Proliferation, and Federal Services of the Governmental Affairs Committee to meet on Thursday, February 26, 1998, at 2:00 p.m. for a hearing on S. 1495, The Merit Systems Protection Act.

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

SUBCOMMITTEE ON OVERSIGHT OF GOVERNMENT MANAGEMENT, RESTRUCTURING, AND THE DISTRICT OF COLUMBIA

Mr. CHAFEE. Mr. President, I ask unanimous consent on behalf of the Governmental Affairs Subcommittee on Oversight of Government Management, Restructuring, and the District of Columbia, to meet on Thursday, February 26, 1998, at 9:00 a.m. for a hearing on "Progress Report on the D.C. Public Schools."

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

SUBCOMMITTEE ON WESTERN HEMISPHERE AND PEACE CORPS AFFAIRS

Mr. CHAFEE. Mr. President, I ask unanimous consent that the Subcommittee on Western Hemisphere and Peace Corps Affairs of the Committee on Foreign Relations be authorized to meet during the session of the Senate on Thursday, February 26, 1998, at 2:00 p.m. to hold a hearing.

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

ADDITIONAL STATEMENTS

FIFTY YEAR ANNIVERSARY OF THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE OF THE NATIONAL INSTITUTES OF HEALTH AND THE AMERICAN HEART ASSOCIATION

• Mr. FRIST. Mr. President, as we come to the end of what is recognized as National Heart Month, I would like to recognize and commend two outstanding organizations, which are celebrating their fiftieth anniversary this year. These organizations are the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) and the American Heart Association (AHA).

In 1948, President Truman signed the National Heart Act which established the National Heart, Lung and Blood Institute at the NIH. The mission of the NHLBI is to "provide for research and control relating to diseases of the heart and circulation in a supreme endeavor to develop quickly more effective prevention, diagnosis, and treatment of such diseases." In reviewing their record over the past fifty years I am proud of the advances and investments the Institute has made in the area of biomedical research. To help in

the prevention and diagnosis of heart disease, the NHLBI began research studies such as the Framingham Heart Studies which advanced the understanding of the risk factors for heart disease that are universally known today, but was critically lacking in 1948. These factors are of course high blood pressure, high blood cholesterol, smoking, obesity, diabetes and the lack of exercise. These studies led to the development of effective medications to control high blood pressure that have helped reduce deaths from "brain attack", commonly known as stroke. The NHLBI has also performed a critical role in the development of techniques to restore blood flow to the heart, including the use of "clot-busting" drugs. These developments have cut the average length of hospitalization for a heart attack to under ten days.

The NHLBI has also made significant progress in lung and blood research. The programs helped protect the health of our children through the work on prevention and treatment of neonatal respiratory distress syndrome and new techniques for treating asthma. Blood research at NHLBI led to the establishment of the Comprehensive Sickle Cell Center in 1972 to continue its work to cure sickle cell anemia. They have also laid the ground work for advances in the management of blood resources, including the storage and preservation of donated blood, blood type matching, bone marrow transplantation, and enabling safe blood transfusions and more successful organ transplantations.

As one who has devoted his life to medicine, and even more specifically to heart surgery and transplantation, I can tell you, without the NHLBI leading the way, many of the treatments for heart and pulmonary disease we take for granted today would not have been possible or would still be in development. To understand the impact of the last fifty years, let me relay a few statistics. In the fifty years since the establishment of the NHLBI, heart attacks have decreased by more than 50 percent and stroke by at least 66 percent.

However, to say that we have cardiovascular disease under control is a mistake. It is the number one killer in America, claiming 960,592 lives in 1995 or 1 out of every 2.4 deaths. In my own state of Tennessee for every 100,000 people living in the state, 220 died of cardiovascular diseases. The 1998 estimated annual cost of cardiovascular disease to the United States for health care expenses and lost productivity is \$274 billion.

The American Heart Association, which I have had a long history of working with, has also played a tremendous role in fighting heart disease by investing in research, education and community service programs. Founded in 1948 the AHA held the first national conference on cardiovascular disease in 1950. Throughout the past fifty years, the AHA has been funding important research projects. Some examples of early breakthroughs that are attrib-

uted to the AHA is the first open heart surgery in 1953, and the implantation of the first externally powered pacemaker in 1957. The AHA has continued supporting research and most recently funded the 1992 Nobel Prize winner Dr. Edwin Krebs whose research on how proteins are switched on to perform functions within cells has helped scientists understand organ transplantation rejection.

In the areas of public education and community service, I would like to single out the American Heart Association efforts in starting the education of "closed chest cardiac pulmonary resuscitation", known as CPR in 1960 and their first public health campaign on the early warning signs of heart disease begun in 1970. Currently the AHA is focusing on women and heart disease, dispelling the myth that it is a man's disease. They point out that since 1984 the number of cardiovascular disease deaths for females has exceeded those of males and that in 1995 over half a million women died of heart disease, which was 50,000 more than men. Coronary heart disease is the number one killer of American women and claims more lives than the leading 16 causes of death combined and almost twice as many as all forms of cancer.

As they reach their fiftieth year, the NHLBI and AHA can look back with pride on the remarkable achievements in treating cardiovascular diseases. However, they will be the first ones to tell you that more can and needs to be done. In the next fifty years, the future of biomedical research into areas of heart disease is very promising. Molecular genetic approaches are emerging as a powerful tool of understanding the causes of disease and for developing diagnostic tests and effective drug therapies. In fact, genetic defects have already been discovered that have been shown to indicate an increased risk of high blood pressure. More extensive investigation of genetic susceptibility for heart disease may lead to new treatments and may even reveal ways to reverse the progression of these diseases.

Gene therapy, in which patients with a defective gene receive copies of a healthy gene, is still in the experimental stage. However recent successes in gene-based therapy, such as gene-based stimulation of new blood vessels around a blocked artery, show how close we are to putting gene-based therapies into practice. There is also important NHLBI research occurring to look at new ways to reduce the risk of immune rejection and graft-versus-host disease in bone marrow and organ transplantation.

Mr. President, today I recognize the past fifty years of achievement of the National Heart Lung and Blood Institute and American Heart Association on an issue that is of tremendous importance not just to me as a heart and lung transplant surgeon, but to all citizens. Through their efforts we are more

aware of the dangers and causes of heart disease. Through their efforts we are more prepared to fight cardiovascular disease and are armed with more effective treatments that continue to be developed. Based on the demonstrated history of dedication by these organizations and how far we have come in fighting cardiovascular disease, I look to the next fifty years with optimism and anticipation of what science will accomplish in building on the solid foundation begun in 1948.●

FEDERAL EMPLOYEE PAY FAIRNESS ACT

● Mr. SARBANES. Mr. President, yesterday, I joined with my colleagues, Senators MIKULSKI, WARNER, and ROBB in introducing S. 1679, the Federal Employee Pay Fairness Act of 1998, legislation that will seek to ensure pay equity for our Nation's civil servants.

In 1990, Congress and then-President Bush approved the Federal Employees Pay Comparability Act of 1990 (FEPCA), legislation which governs the pay system for all general schedule Federal employees—nearly 76% of the workforce in the Executive Branch. Recognizing that Federal employees' salaries have trailed those of their private sector counterparts by as much as 30%, this law was enacted in order to bring Federal employees toward comparability with the non-federal rates that prevail in different localities across the country.

The law set in motion a schedule to close 20% of the pay gap in 1994 and an additional 10% each year thereafter through 2002 to bring Federal salaries within 5% of their private sector counterparts. Each year, the President's Pay Agent makes a recommendation to the President as to what the rates should be in order to comply with FEPCA and remain on schedule to reach comparability by 2002. However, the law also grants the President the authority to override this schedule and set the pay adjustments annually. Since 1994, FEPCA has never been fully implemented. In fact, in 1994, 1995, 1996 and 1998, Federal workers received a reduced annual adjustment, and fully locality payments have never been provided. Thus, instead of facing a 30% pay gap in 1999 as FEPCA would have allowed, we actually face a 69.3% gap today.

The President has the authority under FEPCA to deviate from the Pay Agent's recommendation "because of national emergency or serious economic conditions." Although FEPCA cites consideration of pertinent economic measures such as the GNP, unemployment rate, budget deficit, and CIP, it does not define what constitutes a "serious economic condition." In fact, despite the record economic growth, low unemployment, and reduced budget deficits of the past five years, the President continues to cite "serious economic conditions" each

year when he deviates from the FEPCA-recommended pay levels and proposes a lower pay plan.

Our bill, a companion to legislation introduced by Congressman HOYER and others in the House, would change "serious economic conditions" to "severe economic conditions" and define "severe economic conditions" to clearly indicate when the President can exercise his authority over the pay schedule. Simply put, a "severe economic condition" is defined in the bill as "two consecutive quarters of negative growth in the real Gross Domestic Product"; the definition of recession most commonly used by economists. By providing an objective, rather than a subjective standard, this legislation will ensure that our Federal employees receive a fair and adequate pay level, as set out in current law.

Mr. President, over the years, Federal employees have made significant sacrifices in the name of deficit reduction. The Federal government is currently on target to downsize by more than 272,000 employees by 1999, and according to the Office of Personnel Management, has already reduced the number of Federal workers by more than 254,000 as of September, 1997. Additionally, these employees have persevered despite numerous attacks on their pay and earned benefits and the denigration by some in this body during the government shutdowns of 1995 and 1996. Through it all, Federal employees have continued to provide the high quality of service the American public has come to know and expect.

Now, in order to maintain the high quality of service the American people have come to expect, we need to be able to recruit and retain the most qualified and competent employees. Certainly, if we are to expect more from our Federal workforce, if these very dedicated individuals have to do more with less during this time of downsizing, then we should ensure a rate of pay comparable to what they could get in the private sector. Federal employees and the public they serve deserve no less.

Mr. President, as one who firmly believes in value of a first-rate public service, I urge my colleagues to join me in support of this important legislation to provide pay equity for America's Federal worker.

Mr. President, I ask that the text of the bill be printed in the RECORD.

The text of the bill follows:

S. 1679

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Federal Employee Pay Fairness Act of 1998".

SEC. 2. LIMITATION ON AUTHORITY TO PROVIDE FOR AN ALTERNATIVE PAY PLAN.

(a) IN GENERAL.—Paragraph (1) of section 5303(b) of title 5, United States Code, is amended by striking "If, because of national emergency or serious economic conditions affecting the general welfare," and inserting "If, because of a declared state of war or severe economic conditions,".

(b) SEVERE ECONOMIC CONDITIONS DEFINED.—Section 5303(b) of title 5, United States Code, is amended by adding at the end the following:

"(4) For purposes of applying this subsection with respect to any pay adjustment that is to take effect in any calendar year, 'severe economic conditions' shall be considered to exist if, during the 12-month period ending 2 calendar quarters before the date as of which such adjustment is scheduled to take effect (as determined under subsection (a)), there occur 2 consecutive quarters of negative growth in the real Gross Domestic Product."

(c) CONFORMING AMENDMENT.—Paragraph (2) of section 5303(b) of title 5, United States Code, is amended by striking "an economic condition affecting the general welfare under this subsection," and inserting "economic conditions for purposes of this subsection,".

SEC. 3. LIMITATION ON AUTHORITY TO PROVIDE FOR AN ALTERNATIVE LEVEL OF COMPARABILITY PAYMENTS.

(a) IN GENERAL.—Subsection (a) of section 5304a of title 5, United States Code, is amended by striking "If, because of national emergency or serious economic conditions affecting the general welfare," and inserting "If, because of a declared state of war or severe economic conditions,".

(b) SEVERE ECONOMIC CONDITIONS DEFINED.—Section 5304a of title 5, United States Code, is amended by redesignating subsection (b) as subsection (c) and by inserting after subsection (a) the following:

"(b) For purposes of applying this section with respect to any comparability payments that are to become payable in any calendar year, 'severe economic conditions' shall be considered to exist if, during the 12-month period ending 2 calendar quarters before the date as of which such payments are scheduled to take effect (as determined under section 5304(d)(2)), there occur 2 consecutive quarters of negative growth in the real Gross Domestic Product."

SEC. 4. EFFECTIVE DATE.

(a) NEW STANDARDS APPLY STARTING WITH ANY ALTERNATIVE PAY PROPOSAL SCHEDULED TO TAKE EFFECT AFTER 1998.—The amendments made by this Act shall apply with respect to any alternative pay adjustments under section 5303(b) of title 5, United States Code, and any alternative level of comparability payments under section 5304a of such title 5, scheduled to take effect after 1998.

(b) TRANSITION PROVISIONS.—

(1) REVISED DEADLINE FOR ALTERNATIVE PAY PLAN REQUIRED TO BE SUBMITTED IN 1998.—For purposes of applying section 5303 of title 5, United States Code, with respect to any adjustment scheduled to take effect in calendar year 1999, subsection (b) of such section (as amended by section 2) shall be applied by substituting "December 1" for "September 1" in paragraph (1)(A) thereof.

(2) EFFECT OF AN ALTERNATIVE PAY PROPOSAL SUBMITTED BASED ON EARLIER STANDARDS.—Any plan or report submitted under the provisions of section 5303(b) or 5304a of title 5, United States Code, as applicable, relating to any alternative pay adjustments or alternative level of comparability payments proposed to take effect after 1998, if based on the standards specified in such provisions as in effect before the date of enactment of this Act—

(A) shall not be implemented; and

(B) shall not preclude the submission of any other plan or report under such provisions as amended by this Act.●

TRIBUTE TO HARRY CARAY

● Mr. BOND. Mr. President. I rise today to pay tribute to the late Harry