for UNFPA during his remarks to the Second Preparatory Committee for the International Conference on Population and Development.

The United States strongly opposes coercion in family planning programs, and State Department representatives to the UNFPA Governing Council meeting in June expressed our dismay about reported continued abuses in China. In deciding to resume assistance for UNFPA, this Administration did not determine that China's population control program is not coercive, but rather that UNFPA does not support or participate in the management of a program of coercive abortion or involuntary sterilization.

This Administration does not believe it should attribute to UNFPA human rights violations in a government's population program unless there is clear evidence that UNFPA knowingly and intentionally provides direct funding or other support for those abuses. The Kemp-Kasten amendment is an ambiguous provision, and Congress did not indicate an intention to apply this restriction automatically and more broadly to an organization which provides assistance to a country that has a program of coercive abortion or involuntary sterilization. We also do not consider it appropriate to withhold funding when UNFPA is not directly involved with these abuses because the nation-members of the Governing Council, rather than UNFPA, decide whether UNFPA will assist a country that requests it.

During the June Governing Council meeting, the Executive Director of UNFPA likewise condemned coercion in family planning programs. She explained that UNFPA has had a constant dialogue with Chinese officials about reproductive freedom and monitors its projects carefully to ensure adherence to universally accepted standards of human rights. Several other country members of the Governing Council repeated their longstanding belief that UNFPA's presence in China is a moderating influence and a catalyst for change there. More recently, UNFPA reported that the Government of China has agreed to keep UNFPA informed about the action it takes to correct abuses identified in the China population program.

UNFPA also has ceased providing computer equipment for China. UNFPA's current program focuses primarily on improving the quality and safety of contraceptives and providing assistance for safe motherhood, infant care, nutrition, breastfeeding and family planning. It supports efforts to raise the status of women and enhance reproductive choice through improved literacy, skills training and income generation.

Nevertheless, we remain concerned about coercion in China, and UNFPA has agreed to the following conditions: United States funds must be kept in a separate, segregated account; No United States funds may be used in China; and UNFPA will report about where United States funds are used and provide adequate documentation to describe and support the stated expenditures.

The United States will ensure that UNFPA reviews, during each annual Governing Council meeting, progress made toward improving reproductive freedom in China. In addition, if there are not significant improvements in China's population program, the United States will not support continued UNFPA assistance to China beyond 1995 when the current program ends.

WHO/HRP LEGAL ANALYSIS

This letter describes the reasons for A.I.D.'s decision that Sections 104(f) (1) and (3) of the Foreign Assistance Act of 1961, as amended (the FAA), do not bar support for WHO/HRP. There is no separate legal memorandum on this subject.

These sections state: ''(f) PROHIBITION ON USE OF FUNDS FOR ABORTIONS AND INVOLUNTARY STERILIZATIONS.—(1) None of the funds made available to carry out this part may be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.

* * * * *

''(3) None of the funds made available to carry out this part may be used for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning.''

It is clear from the words of this statute that Congress intended to prevent the use of appropriated dollars to pay for the abortion activity described in these sections. The restriction does not make an organization ineligible for assistance, however, if it uses its own money, or funds from other sources, to finance abortions or research about abortion as a method of family planning as long as it agrees not to use United States funds for those purposes.

Since Sections 104(f) (1) and (3) were enacted in 1973 and 1981, respectively, A.I.D. has implemented these limitations by a provision in its population assistance agreements in which the recipient agrees not to use grant funds for the proscribed actions. As indicated in my letter of August 6, 1993, the arrangement with WHO/HRP goes further than is standard practice and requires WHO/HRP to maintain the A.I.D. contribution in a separate suballotment to ensure that no United States funds are used for the purposes prohibited by Sections 104(f) (1) and (3) of the FAA, including tests of RU–486. In addition WHO/HRP will report to A.I.D. about where United States funds are used and provide adequate documentation to describe and support the stated expenditures. Under these circumstances, Sections 104(f) (1) and (3) do not bar United States support for WHO/HRP.

I hope this information answers your questions about assistance for UNFPA and WHO/HRP.

Sincerely,

J. BRIAN ATWOOD.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT,
Washington, DC, May 18, 1994.

Hon. CHRISTOPHER H. SMITH,
House of Representatives, Washington, DC.

DEAR CONGRESSMAN SMITH: Thank you for your letter of April 26, 1994, concerning the United Nations Population Fund (UNFPA) and China's population program.

Among the issues raised in your letter are those related to the conclusion of UNFPA's current five-year program in China and the expenditure of funds pursuant to this program. The UNFPA has an agreement with China to provide $57 million in assistance for voluntary family planning programs from 1990–1994. Our understanding is that UNFPA will not have completed $57 million worth of projects before the end of 1994 and will, therefore, carry over unexpended funds into the 1995 calendar year. UNFPA has assured us that they will not spend more than $10 million during 1994 and not more than $57 million for the currently approved program in China. Of course, it will not be possible to confirm actual 1994 expenditures until the end of this year.

In my letter to Chairman Obey dated August 6, 1993, I stated that ''... if there are not significant improvements in China's population program, the United States will not support continued UNFPA assistance to China beyond 1995 when the current program ends.'' Our position has not changed.

The United States, pursuant to law and Administration policy, insists that no U.S. funds be used by UNFPA in China and we have established mechanisms to ensure that UNFPA abides by its commitment not to use U.S. funds in China or to free up resources for use in that country.

Beyond the question of U.S. funds, as a member of UNFPA's Executive Board, the United States will not support a renewal of UNFPA's program in China unless there are significant improvements in reproductive freedom there. We take this position not because UNFPA condones or supports programs in China to which we object; UNFPA emphatically rejects such strategies and has stated its policy of not participating in such efforts. Our objection is with Chinese practices, and the U.S. will review conditions in China carefully if it requests another new UNFPA assistance program. It is important to note, however, that the ultimate decision about whether to renew UNFPA's program will be made by UNFPA's Executive Board, comprised of donors, of which the U.S. represents only one vote, albeit an important one.

Finally, with respect to the fiscal year 1995 budget request, the Executive Branch routinely has included funding for UNFPA in the foreign assistance budget every year, even during the period 1986–1992 when USAID did not make a contribution to UNFPA.

If I can provide you with further information, please let me know.

Sincerely,

J. BRIAN ATWOOD,
Administrator.

FIRST MEETING OF THE NATIONAL BIPARTISAN COMMISSION ON THE FUTURE OF MEDICARE

Mr. BREAUX. Mr. President, last Friday, March 6, the newly appointed National Bipartisan Commission on the Future of Medicare held its first meeting. Chaired by myself and Congressman BILL THOMAS, Administrative Chairman, the commission was established by last year's balanced budget agreement to thoroughly study and assess the entire program—top to bottom—and make specific recommendations to Congress and the Administration for fundamental Medicare reform. Our target deadline for getting these bipartisan, consensus recommendations in your hands is March 1, 1999.

When I say consensus here, I mean that any recommendation we put forward will have received 11 votes—a super majority of the 17 commission members. I remain optimistic that our recommendations will receive an even higher level of support than that required under the statute. Every member of the commission recognizes how very important it is for us to succeed in coming up with something that can be passed by Congress and signed into law.

I think we got the commission's work off to a very good start. We are just beginning what promises to be an exciting year as we come together to protect and preserve a program that we all agree has served us well over the last 33 years. But we also have to face the reality that if Medicare is to be there for another 33 years and beyond,

we must look beyond the program's financial solvency and address issues like quality, equity, and efficiency as well.

I ask unanimous consent that the text of my opening statement from the first commission meeting on March 6 be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

OPENING STATEMENT BY SENATOR BREAUX, MEDICARE COMMISSION MEETING, MARCH 6, 1998

I am very pleased to bring to order the first meeting of the National Bipartisan Commission on the Future of Medicare. I am honored to be chairing a group of such knowledgeable and well-respected people for the important task of making recommendations to preserve and improve the Medicare program. That doesn't mean looking at the program only in economic terms or in terms of solvency. It also means looking at the fundamental question of what we want Medicare to do and what kind of health care system we want for our elderly while addressing issues such as quality, equity, and efficiency.

I was appointed chairman of this commission 7 weeks ago today and in that time I have worked closely with Congressman Bill Thomas to establish an operational framework for the commission. I am pleased to be working with Congressman Thomas and I think that our working together testifies to the bipartisan nature of this commission. Let me say from the outset that I am firmly committed to having this whole group work together in a bipartisan, inclusive fashion. That is the only way we are going to have an end-product that enjoys widespread support in the Congress, in the Administration and across this nation.

I am also very pleased that one of the first orders of business was asking Bobby Jindal to serve as our Executive Director. He was an asset to Louisiana as Secretary of the Department of Health and Hospitals and I know he will be an asset to this Commission. Congressman Thomas will be introducing Bobby shortly.

I have said before that everything will be on the table. We shouldn't begin our work by excluding or endorsing any options. Every member of this commission should know that his or her views are going to be considered. The statute creating the commission requires 11 of 17 votes in order to issue a report so this is not going to be a report that is supported only by Democrats or Republicans. In fact, I don't think we will be truly successful unless we have agreement among an overwhelming majority of the commission members. As President Clinton said to the commission members yesterday, if there is not a consensus—don't let it be your fault.

The process we are suggesting for the work of the commission is designed to be inclusive and to build the consensus we need to be successful. The suggested task forces are designed to help gather information and develop a range of options for consideration by the full commission. Congressman Thomas and I sent out a survey to the membership about how to structure this process, including the task forces, and many of the comments and suggestions we received are reflected in the documents you have in front of you. You should look at these documents as a conceptual outline of the Commission's goals throughout the year. As we have stated—the timeline we have presented to you is designed to be a tool, not a work plan or a final product, to help focus the Commission's decision-making and to measure its progress. We may find that it is necessary to change the agenda and have more meetings as we go through the year. We may also expand or delete topics depending on the Commission's interest.

No one would dispute that we have a very difficult task ahead of us. We have been charged by the Congress and the Administration with making recommendations on ways to preserve and improve the Medicare program. In order to do that, we must first come to an agreement on the scope of the problem facing Medicare. There will be some disagreement on this issue as there probably will be on most issues presented to the commission. But I am convinced that if we work together in a bipartisan way and lay all the facts and suggestions on the table, we can have a constructive debate on this issue.

We can't afford to let these issues be politicized any longer. There is just too much at stake for the health security of our senior citizens and the fiscal well-being of this country. We must put aside the old ways of dealing with Medicare—do away with ''Medagoguery''—do away with the blame game where everyone scrambles to pin the blame for failure on the other party—do away with the shortsighted SOS approach which is woefully inadequate when you look at the demographic realities facing this program.

I believe that there is no greater challenge facing this country right now than how to preserve Medicare for future generations. While we added a few years to the life of the trust fund in last year's balanced budget agreement, we did nothing to prepare for the 77 million baby boomers who will depend upon Medicare for their health care beginning in 2010.

In the context of overall entitlement reform, how to go about fixing Medicare is very complex. Unlike Social Security, which promises specific levels of income, Medicare promises specific health benefits which are susceptible to volatile increases in medical inflation and the high cost of advances in medical technology. Part of the problem with getting a handle on the scope of the problem is the unpredictability in estimates regarding such things as health spending and economic growth. But the demographic realities will not change.

We all know how politically sensitive the issue of Medicare is. That is why the Congress and the Administration created this Commission—to make the tough recommendations for fixing the program and to make it easier for elected officials to take the tough political step of enacting these recommendations into law.

For most of the things we do in Congress, the most important objective is to craft legislation that can pass. There are some people who would rather stand for what they believe is the ideal solution and never compromise, even if that means nothing gets done. The primary objective of this Commission should be to come up with the best proposal possible and then worry about how we're going to get it passed by the Congress and signed into law by the President.

Let me assure my fellow commission members that my previous positions and efforts on Medicare are not going to dictate this Commission's agenda. I hope you all make the same commitment.

I know there has been a lot of attention given recently to the issue of expanding Medicare and allowing certain groups to ''buy in'' early. First, let me reiterate that this commission has been specifically charged by statute with making ''recommendations on modifying age-based eligibility to correspond to changes in age-based eligibility under the OASDI (Social Security) program and on the feasibility of allowing individuals between the age of 62 and the Medicare eligibility age to buy into the Medicare program.'' This language is explicit and this Commission will be thoroughly exploring this idea. As I've said several times in the past few months, I think that Congress will let the Commission do its work and study the impact of this policy on the Medicare program before moving ahead in Congress. However, having said that, I certainly wouldn't oppose legislation if it is offered and if it is the will of this Congress to move forward with legislation of this nature. There are an estimated 41 million uninsured people in this country and that is a serious problem that affects everyone—not just those who don't have insurance. Any efforts to decrease the number of uninsured people in this country (such as the children's health bill last year) should be given careful consideration.

We have a huge challenge of trying to help educate the American people about the seriousness of the problems facing Medicare but we must realize that nothing is going to pass the Congress and signed into law that doesn't enjoy their support.

I am hopeful that the Congress and the Administration will act on whatever recommendations this commission puts forward. We as elected officials have a responsibility to future generations to fix this program so that our children and grandchildren can enjoy the same guarantee of health insurance that their parents did. I don't want the report of this Commission to simply gather dust on a library shelf.

Let me close by saying that I am optimistic. I know there are a lot of people ''inside the Beltway'' who think that this issue is too politically sensitive to inspire meaningful debate. That it is unrealistic to think that such a diverse group of people representing such a wide range of opinion can reach a consensus. But I believe that this Commission faces a unique and critical opportunity that cannot be squandered. Medicare has been a success for 33 years and is a vital part of our national fabric. We have an obligation to ensure that the success of this program continues for the next 33 years and beyond. Our parents and grandparents have reaped the benefits of health security afforded by Medicare since 1965—our children and grandchildren deserve no less. If we make this a truly bipartisan process, hear from everyone who has a stake in preserving this program for future generations, and focus on our similarities and not our differences, we will succeed.

RUSSIAN BW PROGRAM

Mr. KYL. Mr President, I call to the attention of my colleagues an article appearing in the March 9 edition of The New Yorker magazine that offers a chilling account of Russia's offensive biological weapons program. This article is based on an extensive interview with Mr. Ken Alibek, a Russian defector who was once second in command of the Russian offensive biological weapons program. Alibek's description of the Russian BW program is generally considered authoritative by a wide range of U.S. experts.

The article provides a number of startling details about the Russian offensive BW program, also known as Biopreparat. Most startling of all is just how little we in the United States knew about this program. Despite the fact that Biopreparat was established in 1973—the year after the Soviet