

Colorado all support the relocation of the exchange and commissary from Fitzsimons Army Garrison to new facilities to be constructed at Buckley Air National Guard Base; now, therefore, be it

Resolved by the House of Representatives of the Sixty-first General Assembly of the State of Colorado, the Senate concurring herein, That we, the members of the Sixty-first General Assembly, request that the Congress of the United States, the Secretary of Defense, and the Secretary of the Air Force take immediate action to authorize the relocation of the exchange and commissary at Fitzsimons Army Garrison to new facilities to be constructed at Buckley Air National Guard Base and to ensure that the exchange and commissary at Fitzsimons Army Garrison remains open until the new facilities are completed; and be it further

Resolved, That the new exchange and commissary to be constructed at Buckley Air National Guard Base be sized to adequately meet the needs of all persons in the Denver metropolitan area who are eligible to use it; and be it further

Resolved, That copies of this Resolution be sent to the President of the United States, the Speaker of the United States House of Representatives, the President of the United States Senate, the Secretary of Defense, the Secretary of the Air Force, the Speaker of the House and the President of the Senate of each state's legislature of the United States of America, and Colorado's Congressional delegation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. THOMPSON, from the Committee on Governmental Affairs, without amendment:

H.R. 2766. A bill to designate the United States Post Office located at 215 East Jackson Street in Painesville, Ohio, as the "Karl Bernal Post Office Building."

H.R. 2773. A bill to designate the facility of the United States Postal Service located at 3750 North Kedzie Avenue in Chicago, Illinois, as the "Daniel J. Doffyn Post Office Building."

H.R. 2836. A bill to designate the building of the United States Postal Service located at 180 East Kellogg Boulevard in Saint Paul, Minnesota, as the "Eugene J. McCarthy Post Office Building."

H.R. 3120. A bill to designate the United States Post Office located at 95 West 100 South Street in Provo, Utah, as the "Howard C. Nielson Post Office Building."

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. COVERDELL (for himself, Mr. ASHCROFT, and Mr. BROWNBAC):

S. 1959. A bill to prohibit the expenditure of Federal funds to provide or support programs to provide individuals with hypodermic needles or syringes for the use of illegal drugs; to the Committee on Labor and Human Resources.

By Mr. WARNER:

S. 1960. A bill to allow the National Park Service to acquire certain land for addition to the Wilderness Battlefield, as previously authorized by law, by purchase or exchange as well as by donation; to the Committee on Energy and Natural Resources.

By Mrs. FEINSTEIN:

S. 1961. A bill for the relief of Suchada Kwong; to the Committee on the Judiciary.

By Mr. FAIRCLOTH:

S. 1962. A bill to provide for an Education Modernization Fund, and for other purposes; to the Committee on Finance.

By Mr. THURMOND (for himself and Mr. COVERDELL):

S. 1963. A bill to amend title 10, United States Code, to permit certain beneficiaries of the military health care system to enroll in Federal employees health benefits plans; to the Committee on Governmental Affairs.

By Mr. REID (for himself and Mr. BRYAN):

S. 1964. A bill to provide for the sale of certain public land in the Ivanpah Valley, Nevada, to the Clark County Department of Aviation; to the Committee on Energy and Natural Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. FAIRCLOTH (for himself, Mr. HELMS, Mr. LOTT, Mr. DASCHLE, Mr. ABRAHAM, Mr. AKAKA, Mr. ALLARD, Mr. ASHCROFT, Mr. BAUCUS, Mr. BENNETT, Mr. BIDEN, Mr. BINGAMAN, Mr. BOND, Mrs. BOXER, Mr. BREAUX, Mr. BROWNBAC, Mr. BRYAN, Mr. BUMPERS, Mr. BURNS, Mr. BYRD, Mr. CAMPBELL, Mr. CHAFEE, Mr. CLELAND, Mr. COATS, Mr. COCHRAN, Ms. COLLINS, Mr. CONRAD, Mr. COVERDELL, Mr. CRAIG, Mr. D'AMATO, Mr. DEWINE, Mr. DODD, Mr. DOMENICI, Mr. DORGAN, Mr. DURBIN, Mr. ENZI, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. FORD, Mr. FRIST, Mr. GLENN, Mr. GORTON, Mr. GRAHAM, Mr. GRAMM, Mr. GRAMS, Mr. GRASSLEY, Mr. GREGG, Mr. HAGEL, Mr. HARKIN, Mr. HATCH, Mr. HOLLINGS, Mr. HUTCHINSON, Mrs. HUTCHISON, Mr. INHOFE, Mr. INOUE, Mr. JEFFORDS, Mr. JOHNSON, Mr. KEMPTHORNE, Mr. KENNEDY, Mr. KERREY, Mr. KERRY, Mr. KOHL, Mr. KYL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mr. LUGAR, Mr. MACK, Mr. MCCAIN, Mr. MCCONNELL, Ms. MIKULSKI, Ms. MOSELEY-BRAUN, Mr. MOYNIHAN, Mr. MURKOWSKI, Mrs. MURRAY, Mr. NICKLES, Mr. REED, Mr. REID, Mr. ROBB, Mr. ROBERTS, Mr. ROCKEFELLER, Mr. ROTH, Mr. SANTORUM, Mr. SARBANES, Mr. SESSIONS, Mr. SHELBY, Mr. SMITH of New Hampshire, Mr. SMITH of Oregon, Ms. SNOWE, Mr. SPECTER, Mr. STEVENS, Mr. THOMAS, Mr. THOMPSON, Mr. THURMOND, Mr. TORRICELLI, Mr. WARNER, Mr. WELLSTONE, and Mr. WYDEN):

S. Res. 211. A resolution expressing the condolences of the Senate on the death of Honorable Terry Sanford, former United States Senator from North Carolina; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. COVERDELL (for himself, Mr. ASHCROFT, and Mr. BROWNBAC):

S. 1959. A bill to prohibit the expenditure of Federal funds to provide or support programs to provide individuals with hypodermic needles or syringes for the use of illegal drugs; to the Committee on Labor and Human Resources.

THE NEEDLE EXCHANGE PROGRAMS PROHIBITION
ACT OF 1998

Mr. COVERDELL. Mr. President, I am today introducing, along with Sen-

ators ASHCROFT and BROWNBAC, a bill to prohibit the use of federal funds to carry out or support programs for the distribution of sterile hypodermic needles or syringes to illegal drug users.

This bill would effectively continue and make permanent the ban imposed through the appropriations process which expired at the end of March. We are pleased that the Administration has decided not to use federal tax dollars to fund needle exchanges despite the expiration of the ban. But coinciding with this announcement, Health and Human Services Secretary Donna Shalala strongly endorsed needles exchanges and encouraged local communities to use their own dollars to fund needle exchange programs. This legislation is therefore needed to foreclose any temptation the Administration may feel to federally fund needle exchanges in the future.

The Drug Czar, General Barry McCaffrey, has laid out the strong case against needle exchange programs. Handing out needles to drug users sends a message that the government is condoning drug use. It undermines our anti-drug message and undercuts all of our drug prevention efforts.

A report by General McCaffrey's office reviewed the world's largest needle exchange program in Vancouver, British Columbia, in operation since 1988. It found the program to be a failure. HIV infections were higher among users of free needles than those without access to them. The death rate from drugs jumped from 18 a year in 1988 to 150 in 1992. In addition, higher drug use followed implementation of the program.

Dr. James L. Curtis of New York, who has studied needle exchange programs was quoted in the Washington Times stating that the programs "should be recognized as reckless experimentation on human beings, the unproven hypothesis being that it prevents AIDS."

According to recent scientific studies, eight persons a day are infected with the HIV virus by using borrowed needles, while 352 people start using heroin each day and 4,000 die every year from heroin-related causes other than HIV. Far more addicts die of drug overdoses and related violence than from AIDS. It is wrong to aid and abet those deaths by handing out free needles to drug addicts. We should not be encouraging higher rates of heroin use.

Therefore, I hope my colleagues will join me in making permanent the prohibition on federal funding and support of needle giveaway programs.

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

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

S. 1959

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

SECTION 1. PROHIBITION ON USE OF FUNDS FOR HYPODERMIC NEEDLES.

Notwithstanding any other provision of law, no Federal funds shall be made available or used to carry out or support, directly or indirectly, any program of distributing sterile hypodermic needles or syringes to individuals for the hypodermic injection of any illegal drug.

Mr. ASHCROFT. Mr. President, I rise today to introduce, along with Senator COVERDELL, a very important piece of legislation. It is a tragedy that this legislation is necessary. However, following yesterday's announcement by the Secretary of Health and Human Services that this Administration supports giving clean needles to drug addicts, I believe that Congress must now act. Congress must act to ensure that federal funds are never used to support these programs. This decision by the Administration, to support clean needle programs—but to withhold federal funding—is an intolerable message that it's time to accept drug use as a way of life.

Not surprisingly, the American people do not want their hard earned tax dollars spent to give illegal drug users the tool to continue their habit. We already take too much money from the American people. We should not use it to subsidize a lifestyle of which the people so fundamentally disagree. When we pass this bill we will send a message that giving free needles to drug addicts is not a policy that this nation should embrace.

Federal policy should call Americans to their highest and best and not accommodate them at their lowest and least. That is exactly what needle exchange programs do. They tell drug addicts, "we know that you are too weak to beat your addiction; therefore, we are going to make the lifestyle you have chosen easier."

This approach is called "harm reduction." The Harm Reduction Coalition states on their webpage that the organization "accepts drug use as a way of life." Therefore, they support policies which make drugs as harmless as possible. There are many that are part of this harm reduction movement who believe that legalization of drugs is the appropriate policy. In fact, the logical conclusion to their belief that drug use is a way of life and that it should be made as harmless as possible is legalization. The harm reduction philosophy is the basis of needle exchange programs. They say that if we provide people with clean needles, there will be less risk involved in using drugs. I am here today to reject that view.

Since 1988, the United States Congress has banned the use of federal funds for needle exchange programs. Recognizing that government subsidies for drug addicts is bad policy, this ban consistently has been supported by both sides of the aisle. Unfortunately, the 1998 Labor and Health and Human Services Appropriations bill included language to allow the Secretary of HHS to lift the ban after March 31, 1998. Yesterday, the Administration

stated—wisely—that the federal funding ban should not be lifted. However, the Administration foolishly recommended that local communities fund these programs.

This endorsement of needles on demand opens the door to a subsequent decision to fund needle exchanges with the hard-earned money of American taxpayers. Yesterday's endorsement of clean needle programs sends the intolerable message that the Administration accepts illegal drug use as a way of life. It says clearly that this Administration will give approval to taxpayer funding the moment it appears that the decision can be sneaked past Congress. That is why this legislation has become necessary.

Mr. President, needle exchange programs are touted as a way of reducing HIV rates among intravenous drug users. First, there is no sound scientific evidence to support that assertion. Second, even if there were, there are other public health and moral reasons to oppose needle exchange programs.

Experts agree that the only scientifically sound method of making an affirmative showing that NEPs reduce the rate of HIV is to withhold clean needles from one group of drug users while providing clean needles to another. Since there are obvious problems in conducting such a study, it has not been done. In fact, there are studies which find just the opposite—that there are significant increases in HIV among clean needle program participants.

Participants in the Montreal needle exchange program were two times more likely to become infected than those who did not participate in the program. Vancouver has the largest needle exchange program in North America which was started in 1988. In 1987, the estimated HIV prevalence among IV drug users was 1-2 percent, in 1997, it was 23 percent.

Even the so-called "California" study which is heavily relied upon by needle exchange proponents, merely found that it is "likely" that NEPs decrease the rate of new HIV infection in intravenous drug users.

The nation's drug czar, Gen. Barry McCaffrey agrees that studies have not yet scientifically substantiated the claims embraced by Secretary Shalala in her announcement. In an April 17, 1998, letter to my office outlining the concerns of General McCaffrey, the Office of National Drug Control policy states that "science [on needle exchange programs] is uncertain." The letter states further that "[s]upporters of needle exchange frequently gloss over gaping holes in the data—holes which leave significant doubt regarding whether needle exchanges exacerbate drug use and whether they uniformly lead to decreases in HIV transmission."

A significant concern of those of us who oppose federal funding of needle exchange programs—and I oppose all needle exchange programs, whether

federally funded or not—is that they will increase drug use. That is the precise reason that the Secretary was required to show that NEPs do not increase drug use before lifting the ban. There is absolutely no data to support the Secretary's finding that NEPs do not increase drug use.

While the California study found "no evidence" of increased drug use, the conclusion was based on interviews with drug users—illegal drug users.

In Vancouver, deaths from drug overdoses have increased more than 5 times since 1988—the year the needle exchange program started. Since their needle exchange program began, hospital admissions for heroin have increased 66 percent in San Francisco. In fact, the researcher who founded the San Francisco program and the founder of the New York program have both died of heroin overdoses during the last two years.

I think the letter outlining General McCaffrey's concerns says it best. "The bottom line is that General McCaffrey believes that we need a better understanding of how needle exchange programs will impact our nation's fight against drugs before we consider altering the current policy."

I believe that needle exchange programs send the wrong message to the youth of America. To say on the one hand, that drug use is wrong, and then on the other hand—to provide the tools necessary to safely use illegal drugs—undoubtedly will confuse the nation's youth. When their parents are paying taxes to the federal government that ultimately will be used to inject heroin into an addict's arm—how do you tell them that the government thinks drug use is wrong?

According to the drug czar's office, each day over 8,000 young people will try an illegal drug for the first time. While perhaps eight persons contract HIV directly or indirectly from dirty needles, 352 people start using heroin each day. More than 4,000 people die each year from heroin/morphine related causes.

General McCaffrey, who has been entrusted by this administration to advise the President on drug policy agrees. He says: "The problem is not dirty needles, the problem is heroin addiction. . . . The focus should be on bringing help to this suffering population—not give them more effective means to continue their addiction. One does not want to facilitate this dreadful scourge on mankind."

Secretary Shalala also said that NEPs are effective when supported by the communities. I think she would be hard pressed to find a community that embraces the needle exchange program in their neighborhood. I wonder if the Secretary would like a clean needle program in her neighborhood.

As the name suggests, needle exchange programs are supposed to get a dirty needle back from an addict for every needle they hand out. The idea is that these dirty needles will not be

used again or left on the streets. However, according to needle exchange workers, an "exchange" usually does not take place.

According to the Associated Press, in Willimantic, Connecticut, "more than 350 discarded hypodermic needles were collected from the city's streets, lots, and alleys in a single week." These were found after a two year old girl found and accidentally pricked herself with a dirty needle.

One needle exchange worker, who said they got approximately one-third to one-half of the needles back, handed out 950 needles in just one night. That means that about 475 dirty needles are either being used again—defeating the stated objective of these programs—or they are lying on our cities' streets, parks and playgrounds. In response to low number of needles they get back, the worker casually said that "one-for-one exchange does not fit the reality of how injection drug users live."

Needle exchanges also turn into one-stop shopping for drug addicts. Even the needle exchange proponents recognize this and talk about it as though it were a virtue of the program. From Harm Reduction Communication—"A user might be able to do the networking needed to find good drugs in the half hour he spends at a street-based needle exchange site—networking that might otherwise have taken half a day."

There are many tragic examples all over the nation. However, one article from the Pittsburgh Post Gazette best explains what this does to America's neighborhoods. "Our community has worked hard to battle the drug problem that plagues our neighborhoods at many levels. But the needle exchange program gives dealer and users one more reason to stay here. In addition, drug users from outside our community now find reasons to frequent our neighborhood. Drug addiction is not a victimless crime. Not only does it kill the addict, but also, in the process, the addict preys on those around him. Prostitution, burglary, and now violence are an increasing problem in our community. So while the needle exchange people try to help addicts, they do so at the expense of our neighborhoods."

This legislation is simple. It says that federal funds cannot be used to support directly, or indirectly, needle exchange programs.

The Nation's drug policy should be one of zero tolerance. It should not be a policy of accommodation. Drugs are turning our once vibrant cities into the centers of despair and hopelessness. We need an Administration who has no tolerance for the drug culture. An Administration who says that America can be called to a higher standard rather than accommodated in a culture of consuming drugs.

This Administration has shown that it is willing to ignore the record, ignore sound drug policy, and ignore the will of the American people. This is

just another example of Washington, D.C. attacking, through policy, American values. Giving bulletproof vests to bank robbers would make bank robbery safer and simpler, and send the message that we accept bank robbery. A free needle policy is no different. What advocates of free needles on demand would clothe in rhetoric of 'harm reduction' and 'public health' is, instead a decision to subsidize, tolerate, and facilitate the use of illegal drugs.

Mr. BROWNBACK. Mr. President, I rise today to join my colleagues Senator COVERDELL and Senator ASHCROFT in introducing legislation that would prohibit the use of federal funds for any program that gives out hypodermic needles or syringes for use with illegal drugs.

Mr. President, last Friday, the Clinton Administration announced their intention to use federal funds to distribute free drug needles. Although they abruptly reversed course this week, they have maintained their intention of encouraging state and local governments and other institutions to distribute drug needles.

This is bad policy, bad science, and bad news for our country. A comprehensive study of the needle exchange program in Vancouver, British Columbia—the city with the world's largest needle give-away program—found that drug use, crime, and HIV transmission all increased where drug needles were handed out.

This should come as no surprise. One of the primary principles of economics is that you get more of what you subsidize and less of what you tax. You do not discourage drug use by giving out free needles. You cannot reduce disease by encouraging addiction.

More than ever before, we need strong leadership in the war on drugs, and a clear message that drugs are wrong, and harmful. Consider the facts: Over the past three years, casual drug use among teens has almost doubled. A survey by the National Institute on Drug Abuse found that the proportion of eighth graders who had tried heroin had doubled between 1991 and 1996. Every year, there are thousands of young people who fall prey to drugs. We need to send the clear message that using drugs is illegal and wrong. Drug use must be stopped, not subsidized.

That is why I am proud to stand with Senators COVERDELL and ASHCROFT in introducing legislation that to prohibit spending taxpayer dollars on drug needle give-aways, and urge my colleagues to expedite passage of this legislation.

By Mrs. FEINSTEIN:

S. 1961. A bill for the relief of Suchada Kwong; to the Committee on the Judiciary.

PRIVATE RELIEF LEGISLATION

Mrs. FEINSTEIN. Mr. President, I am offering today, legislation that would provide permanent residency to Suchada Kwong, a recently widowed young mother of a U.S. citizen child who faces the devastation of being sep-

arated from her child and family here in the United States.

Suchada Kwong's U.S. citizen husband, Jimmy Kwong, was tragically killed in an automobile accident in June of 1996, leaving a 3-month-old U.S.-born son and his 29-year-old bride.

Because current law does not allow Suchada to adjust her status to permanent residency without her husband, Suchada now faces deportation.

Suchada and Jimmy Kwong met in Bangkok, Thailand, through a mutual friend in 1993. He communicated with her frequently by phone and visited her every time he was in Bangkok. They fell in love and were married in September 1995, and Suchada gave birth to Ryan Stephen Kwong in May 1996.

Suchada was supposed to have her INS interview on August 15, 1996. However, Jimmy was killed in an accident in June, less than 3 weeks after his son was born and 2 months short of the INS interview. Now, because the petitioner is deceased, Suchada is ineligible to adjust her status. While the immigration law provides for widows of U.S. citizens to self-petition, that provision is only available for people who have been married for over 2 years.

Suchada's deportation will not only cause hardship to her and her young child but to Suchada's mother-in-law, Mrs. Kwong, who faces losing her grandson, only a short time after she lost her only son.

Mrs. Kwong is elderly, and though she is financially capable, could not care for her grandson herself. Mrs. Kwong is proud to be self-supporting, having owned and worked in a small business until her retirement. The family has never used public assistance, and through Jimmy's job, the family has sufficient resources to support Suchada and Ryan. It would also be difficult for Suchada as a single mother in Thailand. Here in the United States, she has the support of Mrs. Kwong and their church.

Suchada was granted voluntary departure for one year on October 1996 to explore other options or prepare to leave the United States. During that time period, Suchada and her family have explored all options but failed. Now, the voluntary departure period has expired and Suchada must leave the country, leaving behind her young child and her family here in the United States.

Suchada has done everything she could to become a permanent resident of this country—except for the tragedy of her husband's death 2 months before she could become a permanent resident. I hope you support this bill so that we can help Suchada begin rebuilding her life in the United States.

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

S. 1961

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

SECTION 1. PERMANENT RESIDENCE.

Notwithstanding any other provision of law, for purposes of the Immigration and Nationality Act (8 U.S.C. 1101 et seq.), Suchada Kwong shall be held and considered to have been lawfully admitted to the United States for permanent residence as of the date of the enactment of this Act upon payment of the required visa fees.

By Mr. FAIRCLOTH:

S. 1962. A bill to provide for an Education Modernization Fund, and for other purposes; to the Committee on Finance.

THE EDUCATION MODERNIZATION FUND ACT OF
1998

Mr. FAIRCLOTH. Mr. President, today I am introducing legislation that would provide nearly \$5 billion in federal loans for school modernization and construction.

Mr. President, this legislation would transfer \$5 billion from the Exchange Stabilization Fund at the Treasury Department to the Department of Education and create an Education Modernization Fund.

The legislation would create a new account called the "Education Modernization Fund" that would be used to offer low interest, long term, loans to states for the purpose of building and modernizing elementary and secondary schools. The loans would be used for school districts with fast growing elementary and secondary student populations.

The GAO has estimated that one-third of all schools, housing 14 million students are in need of repair. In my home state of North Carolina—36% of schools report that they have at least one inadequate building. Fully 90% of schools report that they have some construction needs. The state estimates that \$3.5 to \$10 million is needed for school repair needs. North Carolina has one of the fastest growing student populations.

The purpose of my legislation Mr. President is very simple. We have a slush fund at the Treasury Department called the "Exchange Stabilization Fund." This fund is under the personal control of the Secretary of the Treasury. He can do whatever he wants with it. Over the past four years—he has used it to supplement international bailouts, which I think is very wrong.

He loaned \$12 billion to Mexico. I have to ask, why not \$12 billion for schools if New Mexico?

He has promised Indonesia \$3 billion. Why not funds for schools in Indiana?

He has promised South Korea \$5 billion. Why not \$5 billion for South Carolina?

We have our priorities backwards with this Administration.

The ESF has all been used without any Congressional approval or authorization. Further, the fund has more than \$30 billion available to it.

I think it is time that we transfer a small part of this money and put it to good use by using it for school construction.

Additionally, Mr. President, in my opinion this plan is far better than the

Democrat alternative that is being offered today, the one offered by Senator MOSELEY-BRAUN.

The Moseley-Braun formula is skewed so that much of the money will go to the larger cities and low income communities—whether or not there is a need for new schools. My plan is formulated for student population growth. For example, under the Coverdell, Republican bill—Rockingham County, North Carolina would be the first school district eligible for school construction bonds because of student growth.

But under the Democrats' plan, my state would receive less than its fair share. For example, North Carolina ranks 11th in national population, and Massachusetts, ranks 13th, but under the Moseley-Braun bill, Massachusetts would receive \$20 million more in funds. Louisiana which ranks 22nd in population would receive nearly \$90 million more than North Carolina. Of course, its no surprise that New York, California and Illinois, under their plan, receive nearly 25% of all the money.

The Democrats alternative would also put the Department of Education in charge of school districts. The DOE would have to approve any school construction plans. Schools that receive the federal benefit would have to meet certain curriculum standards and have federal mandates about graduation and employment rates.

Finally, in order to finance the government's school construction, it wipes out the increased IRA savings for education. There is no more starker contrast between two visions of education: parents being allowed to keep their money for their children's education—or the federal government taking it to enhance the power of the Department of Education.

In my view the solution is simple, we don't need to rob parents of their savings for education to pay for school construction—we need to take the foreign aid slush fund from the Treasury Department and put it to worthy domestic uses, like school construction.

By Mr. THURMOND (for himself and Mr. COVERDELL):

S. 1963. A bill to amend title 10, United States Code, to permit certain beneficiaries of the military health care system to enroll in Federal employees health benefits plans; to the Committee on Governmental Affairs.

THE MILITARY HEALTH CARE FAIRNESS ACT

Mr. THURMOND. Mr. President, I rise today to introduce the Military Health Care Fairness Act. A companion measure, H.R. 3613, was recently introduced in the House of Representatives by Congressman J.C. WATTS and 38 cosponsors. I am pleased to have Senator COVERDELL as an original cosponsor of this measure.

Mr. President, this bill allows those military retirees over the age of sixty-five to sign up for the Federal Employees Health Benefits program (FEHBP)

so that they may have another option for health care coverage. It is estimated that approximately 1.3 million retirees, dependents, and survivors meet this criteria. However, it is doubtful that all of them will sign up for the FEHBP.

The recent base closures and realignments have limited the number of places where some retirees can receive health care. By joining the FEHBP, health care choices will increase. The FEHBP will probably be desirable to those retirees that do not have prescription drug plans or want to limit catastrophic out-of-pocket cost. Further, the retiree is not excluded from using the traditional military medical treatment facilities on a space available basis. When a retiree, under the FEHBP, uses a military facility, the health care plan reimburses the military for the cost of treatment.

Mr. President, during the first year of this program the costs will be capped at \$100 million. This amount increases \$100 million per year for five years to cap the costs at \$500 million per year. The costs to the individual should be the same as to any other federal employee in a given geographical area. In order to determine the actual premiums, the health plans will be required to establish a separate risk pool to determine whether the military group's risk characteristics such as age, gender, and care-use affect the other federal employees' premiums. While I realize that some might say the costs of this measure are high, something must be done to give health care coverage to those retirees that do not have adequate coverage under the current military health care system. The many men and women who have given so much to protect our Country by serving in the military are to be commended for their sacrifices and we should acknowledge this by giving them adequate health care choices.

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

S. 1963

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 "Military Health Care Fairness Act".

SEC. 2. INCLUSION OF CERTAIN COVERED BENEFICIARIES IN FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.

(a) FEHBP OPTION.—(1) Chapter 55 of title 10, United States Code, is amended by inserting after section 1079a the following new section:

"§ 1079b. Health care coverage through Federal Employees Health Benefits program

"(a) FEHBP OPTION.—(1) Subject to the availability of funds to carry out this section for a fiscal year, eligible beneficiaries described in subsection (b) shall be afforded an opportunity to enroll in any health benefits plan under the Federal Employee Health Benefits program under chapter 89 of title 5, United States Code, offering medical care comparable to the care authorized by section 1077 of this title to be provided under section 1076 of this title (in this section referred to as an 'FEHBP plan').

“(2) The Secretary of Defense and the other administering Secretaries shall jointly enter into an agreement with the Director of the Office of Personnel Management to carry out paragraph (1).

“(b) ELIGIBLE BENEFICIARIES.—(1) An eligible beneficiary referred to in subsection (a) is a covered beneficiary who is a military retiree (except a military retiree retired under chapter 1223 of this title), a dependent of such a retiree described in section 1072(2)(B) or (C), or a dependent described in section 1072(2)(A), (D), or (I) of such a retiree who enrolls in an FEHBP plan, who,—

“(A) is not guaranteed access under TRICARE to health care that is comparable to the health care benefits provided under the service benefit plan offered under the Federal Employee Health Benefits program;

“(B) is eligible to enroll in the TRICARE program but is not enrolled because of the location of the beneficiary, a limitation on the total enrollment, or any other reason; or

“(C) is entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.).

“(2) In addition to the eligibility requirements described in paragraph (1), during the first two years that covered beneficiaries are offered the opportunity to enroll in an FEHBP plan under subsection (a), eligible beneficiaries shall be limited to—

“(A) except as provided in subparagraph (B), military retirees 65 years of age or older; and

“(B) military retirees retired under chapter 61 of this title.

“(3) An eligible beneficiary shall not be required to satisfy any eligibility criteria specified in chapter 89 of title 5 as a condition for enrollment in an FEHBP plan.

“(c) PRIORITY OF ENROLLMENT.—(1) Eligible beneficiaries shall be permitted to enroll in an FEHBP plan based on the order in which such beneficiaries apply to enroll in the plan.

“(2) The Secretary shall maintain a list of eligible beneficiaries who apply to enroll in an FEHBP plan, but whom the Secretary is not able to enroll because of the lack of available funds to carry out this section.

“(d) PERIOD OF ENROLLMENT.—The Secretary shall provide a period of enrollment for eligible beneficiaries in an FEHBP plan for a period of 90 days—

“(A) before implementation of the program described in subsection (a); and

“(B) each subsequent year thereafter.

“(e) TERM OF ENROLLMENT.—(1) The minimum period of enrollment in an FEHBP plan shall be three years.

“(2) A beneficiary who elects to enroll in an FEHBP plan, and who subsequently discontinues enrollment in the plan before the end of the period described in paragraph (1), shall not be eligible to reenroll in the plan.

“(f) RECEIPT OF CARE IN MTF.—(1) An eligible beneficiary enrolled in an FEHBP plan may receive care at a military medical treatment facility subject to the availability of space in such facility, except that the plan shall reimburse the facility for the cost of such treatment. The plan may adjust beneficiary copayments so that receipt of such care at a military medical treatment facility results in no additional costs to the plan, as compared with the costs that would have been incurred if care had been received from a provider in the plan.

“(g) CONTRIBUTIONS.—(1) Contributions shall be made for an enrollment of an eligible beneficiary in a plan of the Federal Employee Health Benefits program under this section as if the beneficiary were an employee of the Federal Government.

“(2) The administering Secretary concerned shall be responsible for the Government contributions that the Director of the Office of Personnel Management determines

would be payable by the Secretary under section 8906 of title 5 for an enrolled eligible beneficiary if the beneficiary were an employee of the Secretary.

“(3) Each eligible beneficiary enrolled in an FEHBP plan shall be required to contribute the amount that would be withheld from the pay of a similarly situated Federal employee who is enrolled in the same health benefits plan under chapter 89 of title 5.

“(h) MANAGEMENT OF PARTICIPATION.—The Director of the Office of Personnel Management shall manage the participation of an eligible beneficiary in a health benefits plan of the Federal Employee Health Benefits program pursuant to an enrollment under this section. The Director shall maintain separate risk pools for participating eligible beneficiaries until such time as the Director determines that inclusion of participating eligible beneficiaries under chapter 89 of title 5 will not adversely affect Federal employees and annuitants enrolled in health benefits plans under such chapter.

“(i) REPORTING REQUIREMENTS.—(1) Not later than November 1 of each year, the Secretary of Defense and the Director of the Office of Personnel Management shall jointly submit to Congress a report describing the provision of health care services to enrollees under this section during the preceding fiscal year. The report shall address or contain the following:

“(A) The number of eligible beneficiaries who are participating in health benefits plans of the Federal Employee Health Benefits program pursuant to an enrollment under this section, both in terms of total number and as a percentage of all covered beneficiaries who are receiving health care through the health care system of the uniformed services.

“(B) The extent to which eligible beneficiaries use the health care services available to the beneficiaries under health benefits plans pursuant to enrollments under this section.

“(C) The cost to enrollees for health care under such health benefits plans.

“(D) The cost to the Department of Defense, the Department of Transportation, the Department of Health and Human Services, and any other departments and agencies of the Federal Government of providing care to eligible beneficiaries pursuant to enrollments in such health benefits plans under this section.

“(E) A comparison of the costs determined under paragraphs (C) and (D) and the costs that would otherwise have been incurred by the United States and enrollees under alternative health care options available to the administering Secretaries.

“(F) The effects of the exercise of authority under this section on the cost, access, and utilization rates of other health care options under the health care system of the uniformed services.

“(2) Not later than the date that is four years after the date of enactment of the National Defense Authorization Act for fiscal year 1999, the Secretary of Defense shall submit to Congress a report describing—

“(A) whether the Secretary recommends that a health care option for retired covered beneficiaries equivalent to the option described in subsection (a) be permanently offered to such beneficiaries; and

“(B) the estimated costs of offering such an option.”

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1079a the following:

“1079b. Health care coverage through Federal Employees Health Benefits program.”

(b) CONFORMING AMENDMENTS.—(1) Section 8905 of title 5, United States Code, is amended—

(A) by redesignating subsections (d), (e), and (f) as subsections (e), (f), and (g), respectively; and

(B) by inserting after subsection (c) the following new subsection (d):

“(d) An individual whom the Secretary of Defense determines is an eligible beneficiary under subsection (b) of section 1079b of title 10 may enroll in a health benefits plan under this chapter in accordance with the agreement entered into under subsection (a) of such section between the Secretary and the Office and with applicable regulations under this chapter.”

(2) Section 8906 of title 5, United States Code, is amended—

(A) in subsection (b)—

(i) in paragraph (1), by striking “paragraphs (2) and (3)” and inserting in lieu thereof “paragraphs (2), (3), and (4)”; and

(ii) by adding at the end the following new paragraph:

“(4) In the case of individuals who enroll in a health plan under section 8905(d) of this title, the Government contribution shall be determined under section 1079b(g) of title 10.”; and

(B) in subsection (g)—

(i) in paragraph (1), by striking “paragraph (2)” and inserting in lieu thereof “paragraphs (2) and (3)”; and

(ii) by adding at the end the following new paragraph:

“(3) The Government contribution described in subsection (b)(4) for beneficiaries who enroll under section 8905(d) of this title shall be paid as provided in section 1079b(g) of title 10.”

(c) IMPLEMENTATION.—The Secretary of Defense—

(1) shall begin to offer the health benefits option under section 1079b(a) of title 10, United States Code (as added by subsection (a)) not later than the date that is 6 months after the date of the enactment of this Act; and

(2) shall continue to offer such option through the year 2003, and to provide care to eligible covered beneficiaries under such section through the year 2005.

(d) FUNDING FROM AUTHORIZED APPROPRIATIONS.—Of the funds authorized to be appropriated for the Department of Defense for military personnel for fiscal years 1999 through 2005, amounts shall be available for carrying out section 1079b of title 10, United States Code (as added by subsection (a)), as follows

(1) For fiscal year 1999, \$100,000,000.

(2) For fiscal year 2000, \$200,000,000.

(3) For fiscal year 2001, \$300,000,000.

(4) For fiscal year 2002, \$400,000,000.

(5) For fiscal year 2003, \$500,000,000.

(6) For each of fiscal years 2004 and 2005, such sums as are necessary.

Mr. COVERDELL. Mr. President, today I am proud to join my esteemed colleague, Senator THURMOND, in introducing legislation that will address a growing crisis our nation's military retirees now face. These soldiers who all served so valiantly for our country now find it increasingly difficult to access the lifetime health care promised to them in exchange for 20 years of service. As a veteran myself, I believe that the government must honor the promises which the country made to those men and women who have served so faithfully in defense of the United States. America's veterans fulfilled

their part of the bargain—now the government has a responsibility to do likewise. The legislation we introduce today is a Senate companion to House legislation introduced by Representative J.C. WATTS. Congressman WATTS has put a great deal of effort and leadership into this issue and I applaud his efforts.

Military retirees are the only Federal Government personnel who have been prevented from using their employer-provided health care once they reach Medicare-eligible age. In the past, Medicare-eligible retirees have received health care in military treatment facilities on a "space available" basis. However, cutbacks in health care funding, force reductions and base closures are forcing many Medicare-eligible retirees out of the military medical system. The legislation we have introduced today would correct this inequity by giving all military retirees health care coverage equal to our FEHBP health plan or the option to enroll in FEHBP. As you know, Mr. President, FEHBP is the same plan in which you, I, and all our colleagues and staff in the Congress, have the option of enrolling. FEHBP is a successfully administered health benefits plan. The least we can do is offer to our nation's military retirees the same choices in health care as are available to us. I dare say they deserve it.

This legislation would do more than allow access to FEHBP to retirees. It would also allow retirees experiencing difficulties with the TRICARE/CHAMPUS health plans. Due to TRICARE/CHAMPUS reimbursement rates, which are 15 percent below Medicare reimbursement rates, many doctors do not participate in TRICARE/CHAMPUS. When a military hospital has no space available for a military retiree, the retiree is referred to a private facility. If a private facility does not accept TRICARE/CHAMPUS, the retiree is left waiting for available space in a military hospital. This is unjust. Under this legislation, military retirees who cannot receive under TRICARE/CHAMPUS the same level of care provided under FEHBP have the option of enrolling in FEHBP. Again, Mr. President, these are the same options available to us as federal employees.

Mr. President, the Congress understands the need to fix the military health care system. Just last year in the 1998 Defense Authorization Act, this body recognized through an amendment I proudly cosponsored, the moral obligation we have incurred to provide health care to members and former members of the Armed Forces who are entitled to retired or retainer pay. This is a huge undertaking and important considerations such as the cost of such an endeavor must be made. While this legislation places caps on annual spending, providing those with funding concerns concrete numbers which to work, I firmly believe we can ill-afford not to honor the promises our nation made to these men and women.

Mr. President, this nation has long stood by the men and women who have fought for, and secured, our country's freedom. Without these soldiers America would not stand today as the world's example of democracy and cornerstone of freedom. We owe it to our nation, to our nation's military retirees and to ourselves to make the small sacrifice that passage of this bill would require.

By Mr. REID (for himself and Mr. BRYAN):

S. 1964. A bill to provide for the sale of certain public land in the Ivanpah Valley, Nevada, to the Clark County Department of Aviation; to the Committee on Energy and Natural Resources.

THE IVANPAH VALLEY AIRPORT PUBLIC LANDS
TRANSFER ACT

Mr. REID. Mr. President, I rise to introduce The Ivanpah Valley Airport Public Lands Transfer Act for myself and Senator BRYAN, which provides for the sale of public lands in the Ivanpah Valley, Nevada, to the Clark County Department of Aviation.

Mr. President, Las Vegas Valley has the fastest growing population in the United States. Fifty percent of the visitors to Las Vegas come through McCarran Airport. This percentage is increasing as Las Vegas grows and increases in importance as an international travel destination.

Mr. President, Las Vegas Valley needs to begin developing other airports to accommodate passenger, air cargo, and charter flights. It is inevitable that McCarran Airport is reaching its capacity.

Mr. President, Las Vegas Valley has a unique opportunity to combine 6,650 acres of public land with up to \$400 million in private capital to provide a new publicly-owned and operated airport for Clark County. The Ivanpah Valley Airport site is located about 30 miles south of Las Vegas and would provide a secondary, southern gateway to the Las Vegas metropolitan area. Of the total acreage, about 2,000 acres will be developed for the airport and the balance will be developed as an industrial center. The Ivanpah Valley Airport will be integrated into a global air cargo distribution network.

Mr. President, let me assure you that this is not a giveaway of public lands. My bill requires Clark County to pay fair market value for the land. Additionally, even though private dollars will be used to help develop this complex, the airport will remain publicly-owned and managed.

Mr. President, I request unanimous consent that the Ivanpah Valley Airport Public Lands Transfer Act be printed in the RECORD.

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

S. 1964

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 "Ivanpah Valley Airport Public Land Transfer Act".

SEC. 2. CONVEYANCE TO CLARK COUNTY DEPARTMENT OF AVIATION.

(a) IN GENERAL.—Notwithstanding sections 202 and 203 of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1712, 1713), the Secretary of the Interior shall convey, under such terms and conditions as the Secretary considers appropriate, all right, title, and interest of the United States in and to the public land identified for disposition on the map entitled "Ivanpah Valley, Nevada-Airport Selections", numbered _____, and dated _____, to the Department of Aviation of Clark County, Nevada, for the purpose of developing an airport facility and infrastructure.

(b) AVAILABILITY OF MAP.—The Secretary shall ensure that the map described in subsection (a) is on file and available for public inspection in the offices of the Director, and the Las Vegas District, of the Bureau of Land Management.

(c) PHASED CONVEYANCE.—

(1) IN GENERAL.—The Secretary shall convey the public land described in subsection (a) in small parcels over a period of up to 20 years, as is required to carry out the phased construction and development of the airport facility and infrastructure.

(2) APPRAISAL.—Not later than 180 days after the date of enactment of this Act, the Secretary shall ensure that an appraisal of the fair market value is conducted for each parcel of public land to be conveyed.

(3) PAYMENT OF FAIR MARKET VALUE.—A parcel shall be conveyed by the Secretary on payment by the Department of Aviation of Clark County, Nevada, to the Secretary, of the fair market value of the parcel, as determined under paragraph (2).

(d) WITHDRAWAL.—The public land described in subsection (a) is withdrawn from the operation of the mining and mineral leasing laws of the United States.

ADDITIONAL COSPONSORS

S. 356

At the request of Mr. GRAHAM, the name of the Senator from Colorado (Mr. CAMPBELL) was added as a cosponsor of S. 356, a bill to amend the Internal Revenue Code of 1986, the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the title XVIII and XIX of the Social Security Act to assure access to emergency medical services under group health plans, health insurance coverage, and the medicare and medicaid programs.

S. 375

At the request of Mr. MCCAIN, the name of the Senator from New Hampshire (Mr. SMITH) was added as a cosponsor of S. 375, a bill to amend title II of the Social Security Act to restore the link between the maximum amount of earnings by blind individuals permitted without demonstrating ability to engage in substantial gainful activity and the exempt amount permitted in determining excess earnings under the earnings test.

S. 772

At the request of Mr. SPECTER, the name of the Senator from Montana (Mr. BURNS) was added as a cosponsor of S. 772, a bill to establish an Office of