

enemy. The *Tirante* surfaced and escaped from the harbor under hostile gunfire from ship and shore batteries.

After World War II, Captain Street continued to serve with distinction as the commanding officer of three naval surface ships, as a submarine division commander, and as the commander of a submarine group. On his retirement in 1966, he became an active member of numerous local, state, and national veterans organizations and was a popular speaker at patriotic and community functions in Massachusetts and New England. Captain Street often helped veterans and veterans organizations, and had a strong interest in talking with and inspiring school children.

Captain Street's dedication and service to his country and community were extraordinary. I am grateful, as I know the entire nation is, for his lifetime of outstanding service. He was a great American hero, role model, and citizen. He will be missed, but his memory and example will live forever.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KENNEDY. I thank the Chair.

(The remarks of Mr. DASCHLE and Mr. KENNEDY pertaining to the introduction of S. 2541 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

ELIMINATION OF COST-OF-LIVING ADJUSTMENTS

Mr. KENNEDY. Mr. President, we have just witnessed this week another example of indifference by Congress to the needs of lower-wage and hard-working American workers. While our minimum wage bill still languishes in the Congress in spite of all our efforts, the House Appropriations Committee just passed a bill that will eliminate the cost-of-living adjustments for the low-wage workers in the legislative branch. They cut the COLAs of the Library of Congress, the Government Printing Office, and other vital congressional agencies. This is after the Members of Congress got a cost-of-living increase of \$4,600 last year.

The Republican leadership has cut out a COLA increase for these workers who happen to be the lowest-paid Congressional workers. If you are a truck driver for the Government Printing Office, you are out of luck. Again, when it comes to the staffs of the Members, they made sure their interests were protected. Drawing that kind of a line with workers who work for this institution is absolutely scandalous.

What is it about our Republican friends that they believe they have to be so harsh with the lowest-income working families in this country, refusing to permit us to vote on a pay increase, an increase in the minimum wage, of 50 cents this year and 50 cents next year? They have taken convoluted parliamentary tricks to block us from considering that, and then we find their own priorities are that this insti-

tution takes \$4,600 for its COLA increase and cuts out the COLA increase for the lowest-paid workers who are serving the Congress. That is wrong. I hope the House of Representatives will change it. I hope it will not be tolerated.

There will be an effort on the Senate floor to make amends because that is wrong and unjust. We are not going to permit it to stand.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. VOINOVICH). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. FEINGOLD. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered. The Senator from Wisconsin is recognized.

TRADE AND DEVELOPMENT ACT OF 2000—CONFERENCE REPORT—Continued

Mr. FEINGOLD. Mr. President, I want to take time to share some excerpts taken from the National Intelligence Estimate 99-17D of January 2000, which frames infectious diseases, such as HIV/AIDS, as a national security threat to the United States.

This is, obviously, pursuant to the discussion we have been having most of the day with regard to the inadequacy of the African Growth and Opportunity Act with regard to the provisions concerning HIV/AIDS in Africa and, in particular, the very serious error of the conference committee in eliminating the Feinstein-Feingold amendment concerning HIV/AIDS.

This report represents an important initiative on the part of the Intelligence Community to consider the national security dimension of a nontraditional threat. It responds to a growing concern by senior US leaders about the implications—in terms of health, economics, and national security—of the growing global infectious disease threat. The dramatic increase in drug-resistant microbes, combined with the lag in development of new antibiotics, the rise of megacities with severe health care deficiencies, environmental degradation, and the growing ease and frequency of cross-border movements of people and produce have greatly facilitated the spread of infectious diseases.

As part of this new US Government effort, the National Intelligence Council produced this national intelligence estimate. It examines the most lethal diseases globally and by region; develops alternative scenarios about their future course; examines national and international capacities to deal with them; and assesses their national global social, economic, political, and security impact.

Of the seven biggest killers worldwide, TB, malaria, hepatitis, and, in particular, HIV/AIDS continue to surge, with HIV/AIDS and TB likely to account for the overwhelming majority of deaths from infectious diseases in developing countries by 2020.

Sub-Saharan Africa—accounting for nearly half of infectious disease deaths globally—will remain the most vulnerable region. The death rates for many diseases, including HIV/AIDS and malaria, exceed those in all other regions. Sub-Saharan Africa's health

care capacity—the poorest in the world—will continue to lag.

The most likely scenario, in our view, is one in which the infectious disease threat—particularly from HIV/AIDS—worsens during the first half of our time frame, but decreases fitfully after that, owing to better prevention and control efforts, new drugs and vaccines, and socioeconomic improvements. In the next decade, under this scenario, negative demographic and social conditions in developing countries, such as continued urbanization and poor health care capacity, remain conducive to the spread of infectious diseases; persistent poverty sustains the least developed countries as reservoirs of infection; and microbial resistance continues to increase faster than the pace of new drug and vaccine development. During the subsequent decade, more positive demographic changes such as reduced fertility and aging populations; gradual socioeconomic improvement in most countries; medical advances against childhood and vaccine-preventable killers such as diarrheal diseases, neonatal tetanus, and measles; expanded international surveillance and response systems; and improvements in national health care capacities take hold in all but the least developed countries.

Barring the appearance of a deadly and highly infectious new disease, a catastrophic upward lurch by HIV/AIDS, or the release of a highly contagious biological agent capable of rapid and widescale secondary spread, these developments produce at least limited gains against the overall infectious disease threat. However, the remaining group of virulent diseases, led by HIV/AIDS and TB, continue to take a significant toll. The persistent infectious disease burden is likely to aggravate and, in some cases, may even provoke economic decay, social fragmentation, and political destabilization in the hardest hit countries in the developing and former communist worlds.

The economic costs of infectious disease—especially HIV/AIDS and malaria—are already significant, and their increasingly heavy toll on productivity, profitability, and foreign investment will be reflected in growing GDP losses, as well, that could reduce GDP by as much as 20 percent or more by 2010 in some Sub-Saharan African countries, according to recent studies.

Some of the hardest hit countries in Sub-Saharan Africa—and possibly later in South and Southeast Asia—will face a demographic upheaval as HIV/AIDS and associated diseases reduce human life expectancy by as much as 30 years and kill as many as a quarter of their populations over a decade or less, producing a huge orphan cohort. Nearly 42 million children in 27 countries will lose one or both parents to AIDS by 2010; 19 of the hardest hit countries will be in Sub-Saharan Africa.

The relationship between disease and political instability is indirect but real. A wide-ranging study on the causes of state instability suggests that infant mortality—a good indicator of the overall quality of life—correlates strongly with political instability, particularly in countries that already have achieved a measure of democracy. The severe social and economic impact of infectious diseases is likely to intensify the struggle for political power to control scarce state resources.

THE DEADLY SEVEN

The seven infectious diseases that caused the highest number of deaths in 1998, according to WHO and DIA's Armed Forces Medical Intelligence Center, AFMIC, will remain threats well into the next century. HIV/AIDS, TB malaria, and hepatitis B and C—are either spreading or becoming more drug-

resistant, while lower respiratory infections, diarrheal diseases, and measles, appear to have at least temporarily peaked.

HIV/AIDS

Following its identification in 1983, the spread of HIV intensified quickly. Despite progress in some regions, HIV/AIDS shows no signs of abating globally. Approximately 2.3 million people died from AIDS worldwide in 1998, up dramatically from 0.7 million in 1993, and there were 5.8 million new infections. According to WHO, some 33.4 million people were living with HIV by 1998, up from 10 million in 1990, and the number could approach 40 million by the end of 2000. Although infection and death rates have slowed considerably in developed countries owing to the growing use of preventive measures and costly new multidrug treatment therapies, the pandemic continues to spread in much of the developing world, where 95 percent of global infections and deaths have occurred. Sub-Saharan Africa currently has the biggest regional burden, but the disease is spreading quickly in India, Russia, China, and much of the rest of Asia.

TB

WHO declared TB a global emergency in 1993 and the threat continues to grow, especially from multidrug resistant TB. The disease is especially prevalent in Russia, India, Southeast Asia, Sub-Saharan Africa, and parts of Latin America. More than 1.5 million people died of TB in 1998, excluding those infected with HIV/AIDS, and there were up to 7.4 million new cases. Although the vast majority of TB infections and deaths occur in developing regions, the disease also is encroaching into developed regions due to increased immigration and travel and less emphasis on prevention. Drug resistance is a growing problem; the WHO has reported that up to 50 percent of people with multidrug resistant TB may die of their infection despite treatment, which can be 10 to 50 times more expensive than that used for drug-sensitive TB. HIV/AIDS also has contributed to the resurgence of TB. One-quarter of the increase in TB incidence involves co-infection with HIV. TB probably will rank second only to HIV/AIDS as a cause of infectious disease deaths by 2020.

Malaria, a mainly tropical disease that seemed to be coming under control in the 1960s and 1970s, is making a deadly comeback—especially in Sub-Saharan Africa where infection rates increased by 40 percent from 1970 to 1997. Drug resistance, historically a problem only with the most severe form of the disease, is now increasingly reported in the milder variety, while the prospects for an effective vaccine are poor. In 1998, an estimated 300 million people were infected with malaria, and more than 1.1 million died from the disease that year. Most of the deaths occurred in Sub-Saharan Africa. According to the U.S. Agency for International Development, USAID, Sub-Saharan Africa alone is likely to experience a 7- to 20-percent annual increase in malaria-related deaths and severe illnesses over the next several years.

Sub-Saharan Africa will remain the region most affected by the global infectious disease phenomenon—accounting for nearly half of infectious disease-caused deaths worldwide. Deaths from HIV/AIDS, malaria, cholera, and several lesser known diseases exceed those in all other regions. Sixty-five percent of all deaths in Sub-Saharan Africa are caused by infectious diseases. Rudimentary health care delivery and response systems, the unavailability or misuse of drugs, the lack of funds, and the multiplicity of conflicts are exacerbating the crisis. According to the AFMIC typology, with the exception of southern Africa, most of Sub-Saharan Africa falls in the lowest category. In-

vestment in health care in the region is minimal, less than 40 percent of the people in countries such as Nigeria and the Democratic Republic of the Congo DROC have access to basic medical care, and even in relatively well off South Africa, only 50 to 70 percent have such access, with black populations at the low end of the spectrum.

Four-fifths of all HIV-related deaths and 70 percent of new infections worldwide in 1998 occurred in the region, totaling 1.8 to 2 million and 4 million, respectively. Although only a tenth of the world's population lives in the region, 11.5 million to 13.9 million cumulative AIDS deaths have occurred there. Eastern and southern African countries, including South Africa, are the worst affected, with 10 to 26 percent of adults infected with the disease. Sub-Saharan Africa has high TB prevalence, as well as the highest HIV/TB co-infection rate, with TB deaths totaling 0.55 million in 1998. The hardest hit countries are in equatorial and especially southern Africa. South Africa, in particular, is facing the biggest increase in the region.

Sub-Saharan Africa accounts for an estimated 90 percent of the global malaria burden. Ten percent of the regional disease burden is attributed to malaria, with roughly 1 million deaths in 1998. Cholera, dysentery, and other diarrhea diseases also are major killers in the region, particularly among children, refugees, and internationally displaced populations. Forty percent of all childhood deaths from diarrhea diseases occur in Sub-Saharan Africa. The region also has a high rate of hepatitis B and C infections and is the only region with a perennial meningococcal meningitis problem in a "meningitis belts" stretching from west to east.

MIDDLE EAST AND NORTH AFRICA

The region's conservative social mores, climatic factors, and high levels of health spending in oil-producing states tend to limit some globally prevalent diseases, such as HIV/AIDS and malaria, but others, such as TB and hepatitis B and C, are more prevalent. The region's advantages are partially offset by the impact of war-related uprooting of populations, overcrowded cities with poor refrigeration and sanitation systems, and a dearth of water, especially clean drinking water.

The HIV/AIDS impact is far lower than in other regions, with 210,000 cases, or 0.13 percent of the population, including 19,000 new cases, in 1998. This owes in part to above-average underreporting because of the stigma associated with the disease in Muslim societies and the authoritarian nature of most governments in the region.

INTERNATIONAL RESPONSE CAPACITY

International organizations such as WHO and the World Bank, institutions in several developed countries such as the US CDC, and Nongovernmental Organizations (NGOs), will continue to play an important role in strengthening both international and national surveillance and response systems for infectious diseases. Nonetheless, progress is likely to be slow, and development of an integrated global surveillance and response system probably is at least a decade or more away. This owes to the magnitude of the challenge; inadequate coordination at the international level; and lack of funds, capacity, and, in some cases, cooperation and commitment at the national level. Some countries hide or understate their infectious disease problems for reasons of international prestige and fear of economic losses. Total international health-related aid to low- and middle-income countries—some \$2-3 billion annually—remains a fraction of the \$250 billion health bill of these countries.

MACROECONOMIC IMPACT

The macroeconomic costs of the infectious disease burden are increasingly significant for the most seriously affected countries despite the partially offsetting impact of declines in population growth, and they will take an even greater toll on productivity, profitability, and foreign investment in the future. A senior World Bank official considers AIDS to be the single biggest threat to economic development in sub-Saharan Africa. A growing number of studies suggest that AIDS and malaria alone will reduce GDP in several sub-Saharan African countries by 20 percent or more by 2010.

The impact of infectious diseases on annual GDP growth in heavily affected countries already amounts to as much as a 1-percentage point reduction in the case of HIV/AIDS on average and 1 to 2 percentage points for malaria, according to World Bank studies. A recent Namibian study concluded that AIDS cost the country nearly 8 percent of GDP in 1996, while a study of Kenya projected that GDP will be 14.5 percent smaller in 2005 than it otherwise would have been without the cumulative impact of AIDS. The annual cost of malaria to Kenya's GDP was estimated at 2 to 6 percent and at 1 to 5 percent for Nigeria.

Public health spending on AIDS and related diseases threatens to crowd out other types of health care and social spending. In Kenya, HIV/AIDS treatment costs are projected to account for 50 percent of health spending by 2005. In South Africa, such costs could account for 35 to 84 percent of public health expenditures by 2005, according to one projection.

DISRUPTIVE SOCIAL IMPACT

At least some of the hardest-hit countries, initially in Sub-Saharan Africa and later in other regions, will face a demographic catastrophe as HIV/AIDS and associated diseases reduce human life expectancy dramatically and kill up to a quarter of their populations over the period of this Estimate.

LIFE EXPECTANCY AND POPULATION GROWTH

Until the early 1990's, economic development and improved health care had raised the life expectancy in developing countries to 64 years, with prospects that it would go higher still. The growing number of deaths from new and reemergent diseases such as AIDS, however, will slow or reverse this trend toward longer life spans in heavily affected countries by as much as 30 years or more by 2010, according to the US Census Bureau. For example, life expectancy will be reduced by 30 years in Botswana and Zimbabwe, by 20 years in Nigeria and South Africa, by 13 years in Honduras, by eight years in Brazil, by four years in Haiti, and by three years in Thailand.

FAMILY STRUCTURE

The degradation of nuclear and extended families across all classes will produce severe social and economic dislocations with political consequences, as well. Nearly 35 million children in 27 countries will have lost one or both parents to AIDS by 2000; by 2010, this number will increase to 41.6 million. Nineteen of the hardest hit countries are in Sub-Saharan Africa, where HIV/AIDS has been prevalent across all social sectors. With as much as a third of the children under 15 in hardest-hit countries expected to comprise a "lost orphaned generation" by 2010 with little hope of educational or employment opportunities, these countries will be at risk of further economic decay, increased crime, and political instability as such young people become radicalized or are exploited by various political groups for their own ends; the pervasive child soldier phenomenon may be one example.

DESTABILIZING POLITICAL AND SECURITY
IMPACT

In our view, the infectious disease burden will add to political instability and slow democratic development in Sub-Saharan Africa, parts of Asia, and the former Soviet Union, while also increasing political tensions in and among some developed countries.

The severe social and economic impact of infectious diseases, particularly HIV/AIDS, and the infiltration of these diseases into the ruling political and military elites and middle class of developing countries are likely to intensify the struggle for political power to control scarce state resources. This will hamper the development of a civil society and other underpinnings of democracy and will increase pressure on democratic transitions in regions such as the FSU and Sub-Saharan Africa where the infectious disease burden will add to economic misery and political polarization.

I see another colleague who wishes to speak. I will summarize why I have chosen to read at length from this intelligence report. It is very clear. The threat of these HIV/AIDS problems and other infectious diseases is not something that is separate from or different from the piece of legislation that we are looking at today. This is titled the "African Growth and Opportunity Act." It is supposed to hold out the promise not only of profit for Americans who want to trade with Africa but also genuine hope in the future for the nations of Africa and the people of the African countries.

Without a genuine attempt in this bill to begin to deal, in particular, with the HIV/AIDS problem, as well as other issues, this is a false promise, it is a hollow statement, and, I am afraid, one that could lead to a cynical response from those in Africa who will see this for what it really is: a one-sided piece of legislation that ignores one of the greatest human tragedies in human history and certainly a tragedy that completely undercuts the notion that we can have a good trading relationship with a continent that is being destroyed by such a vicious disease.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah is recognized.

Mr. BENNETT. Mr. President, I ask unanimous consent that I might be allowed to proceed as in morning business.

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

(The remarks of Mr. BENNETT pertaining to the introduction of S. 2539 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I rise today to speak in support of the Conference Report on the Trade and Development Act of 2000. It is important to remind everyone this is the first substantive trade bill we have passed since the Uruguay Round implementation bill in 1994. It is about time. We Americans have, by far, the largest and most dynamic economy in the world. We are

the world's only superpower. We better act like one. And that means taking leadership on global trade issues and trade policy, not burying our heads in the sand. Completion of this bill is a first step. Passage of PNTR for China is another.

I would like to make several general comments about this legislation. Then I will highlight some of its major sections and explain why they are in the best interest of the United States.

In two weeks, the House is scheduled to vote on whether to extend permanent Normal Trade Relations status to China. The Senate vote will follow. I am confident that it will pass in both houses. These two pieces of legislation have a common underlying set of principles.

First, a market-based economy, the rule of law, and the reduction and elimination of barriers to foreign trade. These all lead to greater growth, both for our trade partners domestically, as well as and for the global economy.

Second, greater interchange of goods, services, investment, and people between the United States and developing countries. This leads, over the long-run, to domestic stability in those nations, and greater global stability.

Third, if the United States were to turn inward today, we would be turning our back on a global trade and economic system that has brought us to the greatest height of prosperity in the history of the world.

Although the disparities in income around the world are greater than in the past, hundreds of millions of people have been raised out of poverty over the last two decades. We need to do a lot more to ensure that people in America and people overseas are not passed over by this growth. But raising trade barriers, reversing trade liberalization, and halting our efforts to open markets around the world is not the answer. That would only worsen income disparities and increase the number of people living in poverty.

The outcome of our conference is not perfect. It never is. But the result is absolutely in our national interest.

The two major sections of the bill are the Africa Growth and Opportunity Act, and the United States-Caribbean Basin Trade Partnership Act. The Africa portion is but one step in bringing Africa into the global economic system. And in promoting development on this terribly poor continent.

Many of the problems of Africa are home grown. Many of the problems are the vestige of totally inept and irresponsible colonial rule. We can provide ways, in this case through economic development, industrial growth, and debt relief, for Africa to begin to emerge from its cycle of poverty.

The Caribbean Basin was put at a competitive disadvantage once NAFTA came into effect. This bill brings the CBI nations up to parity with Mexico. At the same time, it requires important commitments from those nations

on intellectual property rights, on WTO obligations, on participation in negotiations in the free trade area of America, on fighting the war against corruption, on respecting internationally recognized worker rights, and on protecting against the worst forms of child labor.

Under this bill, a country in Africa or the Caribbean must commit to protect internationally recognized worker rights in order to receive benefits. Congress has debated the issue of the relationship between trade and labor for years. I am very pleased we have acted in support of one of the most basic sets of human rights. I hope this is an indication that we will start making real progress in reconciling trade and labor in future trade legislation.

Let me mention several other provisions of the bill that are of particular import. I deeply regret the provision passed by this Senate to provide trade adjustment assistance for farmers was not included in the conference report. Our farmers have suffered as much as any sector of our economy. Yet they fall between the cracks in our TAA policy, and that was not the intention when trade adjustment assistance was originally conceived.

As a compromise, the Secretary of Labor must submit a report examining the applicability to farmers of trade adjustment assistance programs. Further, the Secretary must make recommendations, either to approve the operation of those programs as they apply to farmers, or to establish a new program for farmers. These provisions are utterly inadequate. I guarantee we will revisit this issue. Farmers suffering adversely from the impact of trade should be provided with the means to adjust, just as factory workers do today.

I strongly support the provision establishing a chief agricultural negotiator at USTR, with the rank of ambassador. Agriculture is at the core of our economy and our society, and our agricultural trade negotiators need this high visibility to represent American interests properly.

I might add that agriculture disparities around the world are the only major remaining trade distortion not yet addressed either in GATT or WTO. It is agriculture trade distortions which are the major remaining significant barrier to trade with which we have not yet dealt.

I am very pleased this effort includes provisions dealing with the ways we deal with products made with forced or indentured child labor. Every time I hear that phrase "forced or indentured child labor," I get chills down my spine. It bothers all of us when we hear that. This conference report also includes provisions to deal with that and it includes new eligibility criteria in the GSP, Generalized System of Preferences, regarding the elimination of the worst forms of child labor.

I wish to recognize my colleague, Senator TOM HARKIN, for his tireless efforts on behalf of the rights of children

globally. Everyone who is concerned—and we are all—with this problem should remember the name TOM HARKIN.

As has Senator HARKIN, I have traveled to some of the most inhospitable places in the world, and I have seen children working and living in conditions that would not be shown in a R-rated movie. I am proud to join him in supporting these measures.

Finally, wool tariffs. For years, there have been efforts to reduce the tariffs on the finest worsted wool. This is a complex issue affecting the manufacturers of wool suits, the manufacturers of wool fabric, the yarn spinning industry, wool growers, and retailers. The conference report provides for the temporary reduction of tariffs on a limited quantity of certain wool fabrics. It temporarily suspends the duty on certain wool yarns, fibers, and tops. And it establishes a \$9 million wool research development promotion trust fund. This fund will assist wool producers in improving the quality of wool produced in the United States and help develop and promote the wool market. I welcome this thoughtful compromise that serves all concerned groups.

In sum, I am pleased the House has passed this comprehensive and historic trade package. I strongly support it. I urge my colleagues to vote in favor of it. America is the world leader in promoting a market economy and knocking down trade barriers in order to improve the quality of life, both in our country and abroad. We need to continue this, first, by approving this conference report, and then, shortly, by approving PNTR for China.

I yield the floor.

Mr. HELMS. Mr. President, as the distinguished Majority Leader knows, I have made no secret of my opposition to the conference report to accompany H.R. 434, the so-called African Growth and Opportunity Act. And though there's no doubt that the conference report will be adopted by the Senate, I am obliged to point out that Congress is on the brink of passing legislation that accelerates the loss of a significant part of America's manufacturing base and costs numerous jobs in the beleaguered textile and apparel industry.

Let me say at the outset that I certainly am not against "African growth" or "African opportunity" or economic growth in the Caribbean Basin. But I do not believe—and will not be convinced—that U.S. trade policy should aid emerging economies at the expense of an entire domestic industry and thousands of American workers.

But make no mistake, Mr. President, that is precisely what is occurring this week in the United States Senate. Consider the evidence: The textile industry is already operating under an enormous trade deficit. For every \$6 million in apparel and fabric the industry exports, \$21 million is imported, the vast majority of which streams in from third-world countries with cheap pro-

duction costs. I don't suspect any Senator will seriously argue that H.R. 434 will do anything but dramatically increase this trade deficit.

Why is this so? Because American textile companies simply cannot compete on a playing field that isn't a level playing field. As cheap imports continue to flood the domestic market, job loss will not only continue, but increase. The media report news of our booming economy, but this so-called "boom" has left the textile and apparel industry out in the cold. As the Clinton administration crows about low unemployment, the Bureau of Labor Statistics also announced that just last month, 3,000 textile jobs were lost. Since 1994, when Congress passed the North American Free Trade Agreement, this industry alone has lost 453,000 jobs.

That's not just a statistic, Mr. President. That's 453,000 families forced to contend with the stress and displacement that accompany job loss. That's 453,000 workers forced to find new means to make their livelihood, often at lower-paying, entry level jobs for which they have little or no training.

453,000 Americans lost their job Mr. President, 70,000 of whom are North Carolinians. Let's try to put that job loss statistic into perspective. The distinguished chairman of the Finance Committee, Senator ROTH, knows that there are only 412,000 jobs in the entire state of Delaware. A senior member of his committee, Senator BAUCUS, who was a conferee on this legislation, surely is aware that there are only 389,000 total jobs in Montana. Alaska has 289,000 jobs, Wyoming has 235,000 jobs, Vermont 296,000, South Dakota 381,000 and North Dakota 325,000 jobs.

Perhaps Senators would feel differently about U.S. trade policy if all of the workers instead of their entire states lost their jobs in the last decade. Yet that's the precarious state of textile and apparel in America, Mr. President, and Congress continues to promote policies that will further erode the industry.

In the textile communities of North Carolina, where 18 plants shut down in 1999 alone, you can bet they don't talk much about the booming economy. They're talking about something else.

Last April, I held a hearing in the Foreign Relations Committee on the effects of NAFTA five years after it took effect. Among those who provided testimony was a wonderfully unassuming woman named Vontella Dabbs. Ms. Dabbs works at Delta Mills in Maiden, North Carolina, and although she was seated at the same table with Ambassador Richard Fischer and Pat Buchanan, she stole the show.

I am going to quote extensively from her testimony because it's important and it bears repeating again and again. She said the following:

I come to you not as an expert in any field, not as a politically motivated person, but simply as an American that is deeply concerned for both my future and the future of

my family and friends. I cannot quote you statistics or give you fancy computer-generated data to support some theory about foreign trade. What I can give you are honest and heartfelt feelings about what's going on in our community, as related to the foreign trade agreements and the people who work in textile plants . . .

Today . . . modern textile companies and plants are threatened by one thing that I feel can put an end to our entire industry. This threat is that we are not being given a fair opportunity to compete with foreign business on a level playing field. Many of the well-intentioned laws, treaties, and trade agreements enacted during the past few years have made the competition between domestic and foreign textile business unfair, in favor of the foreign producers. These treaties and laws and trade agreements have not really opened up the world to American textiles, as was intended, but instead have opened our borders for foreign manufacturers to flood our country with goods produced with near slave labor in deplorable conditions for workers. These agreements have also created an incentive for American manufacturers to close the door on American manufacturing and go south to Mexico and the Caribbean to invest millions in foreign countries. And by doing this, they are putting thousands of hard-working Americans out of a job.

It's hard to argue with that, Mr. President, though I have no doubt that many of my colleagues will try to do so. I can hear them now, saying that may comparable new jobs have been created through the growth of the retail industry. To which the textile communities of North Carolina say, "Thanks for nothing." Textile jobs pay 63 percent more than retail jobs. While the average mill worker earns wages of \$440.59 a week, retail workers make only \$270.90.

Worse, the loss of textile jobs means money is drained from the economies of the hardest-hit communities, making it impossible for these towns to support this highly touted new retail employment. When the mills close, workers can't simply consult the local newspapers to get another job. Instead, they are forced to relocate, looking for those elusive retail jobs that pay barely more than half than the job they just lost, and are growing most rapidly in larger cities with a higher cost of living.

With this in mind, the last thing Congress needs to do is increase the amount of cheap imports coming into our markets. Yet this is exactly what H.R. 434 will do. Even worse, however, the bill provides the perfect loophole for Asian countries to circumvent U.S. import restrictions. No wonder many people around town are starting to refer to this legislation as the "Chinese Transshipment Bill."

Here's how Asian companies can easily conduct illegal transshipments from both African and Caribbean nations, Mr. President. Asian companies, which currently must comply with U.S. quota and duty requirements, will simply set up shop in the nations that benefit from this legislation. Once they are in operation, it's impossible to know whether garments are actually

assembled in Africa or the Caribbean or being shipped to these countries from elsewhere. Then, under the bill, they can add another \$3 billion to their current agreements with the United States.

Mr. President, these illegalities certainly won't benefit American textile companies—and it's hard to see how it does much for the African and Caribbean nations that this bill is ostensibly designed to help. Instead, it merely allows already-established Asian companies to use these nations as simple fronts for their own business. I certainly hope that's not what the Senate has in mind.

Mr. President, in my view, the decimation of one of America's most important industries is absolutely unacceptable. I do not quarrel with the contention that economic development in Africa and the Caribbean is an important objective and ultimately in America's best interest. Yet I fail to see why we must sacrifice an entire domestic industry to this international goal.

Sadly enough, the Senate is now poised to do just that. I am realistic enough to know the ultimate outcome of this debate. But I would be remiss in my duty as a Senator from North Carolina—and as an American—if I did not take a stand on behalf of the many thousands of workers who have paid—and will continue to pay—the price for a U.S. trade policy willing to countenance the destruction of the textile industry and the communities it supports.

THE PRESIDING OFFICER. The Senator from Kansas is recognized.

Mr. BROWNBACK. I thank the Chair. (The remarks of Mr. BROWNBACK pertaining to the introduction of S. 2540 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

MORNING BUSINESS

Mr. BROWNBACK. Mr. President, I ask unanimous consent that there be a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

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

FIGHTING NEUROFIBROMATOSIS

Mr. KENNEDY. Mr. President, I welcome the opportunity to call the attention of the Senate to neurofibromatosis, or NF, a cruel neurological disorder that affects so many of our citizens. In the past, groups who come together to fight NF have asked Congress to designate May as "World Neurofibromatosis Awareness Month." This year, they are directing their energies to more substantive issues. I commend NF Inc. and other advocates across the nation for their leadership and their strong commitment to this cause.

NF is a genetic disorder of the nervous system that can cause tumors on

nerves anywhere in the body at any time. It is a progressive disorder that affects all ethnic groups and both sexes equally. It is one of the most common genetic disorders in the United States—affecting one in every 4,000 births.

There are two genetically distinct forms of this disorder—NF-1 and NF-2. The effects are unpredictable and have varying manifestations and degrees of severity.

NF-1 is the more common type, occurring in about 1 in 4,000 people in the United States. Symptoms include five or more light brown skin spots known as cafe-au-lait macules, as well as tumors that can grow on the eyes or spine. In most cases, the symptoms are mild and people can live normal and productive lives. In some cases, however, NF-1 can be severely debilitating.

NF-2 is less common, affecting about 1 in 40,000 people, and much more severe. Tumors grow near the auditory nerve and often cause pressure on other nerves in the head and the body. Tumors also grow on the spine, and attack the central nervous system. People with NF-2 often experience deafness, frequent headaches and facial pain, facial paralysis, cataracts, and difficulty with balance.

There is no known cure for either form of the disorder, even though the genes for both NF-1 and NF-2 have been identified. Currently, NF has no treatment, other than the surgical removal of tumors, which sometimes grow back.

The disorder is not infectious. Only half of those affected with it have a prior family history of NF. If someone does not have NF, they cannot pass it on to their children.

Talented researchers across the country are making impressive strides in finding a cure for this serious disorder. Thanks in great part to the research sponsored by the National Institute of Neurological Disorders and Stroke at NIH, scientists have already identified the two genes that cause NF, and significant progress in developing new treatments is being made.

Much of the cutting-edge research on NF is being performed at the NF Clinic at Massachusetts General Hospital in Boston, which was founded in 1982 by Dr. Robert Martuza. It was one of the first clinics to recognize the unique multi-disciplinary problems that NF patients and their families face—and the vital role that a dedicated clinic plays in the research community. The McLain Hospital in Belmont, Massachusetts also has a vital role in supporting important research, particularly for NF-2.

One of the most difficult aspects of having NF, or caring for a patient with NF, is not knowing what the future will bring. Our lack of knowledge about the cause of the tumors associated with the disorder also makes the evaluation of potential therapies difficult. In association with Children's Hospital of Boston and the House Ear Institute

in Los Angeles, the NF Clinic at MGH is participating in an international study to define the types of tumors most commonly associated with NF.

Congress has a responsibility to provide these dedicated medical professionals and researchers with the resources and support necessary to continue their lifesaving work. President Clinton has asked for increased funding to fight this disorder and many other neurological illnesses.

We must also ensure that a person's genetic information cannot be used as a basis for discrimination. To receive appropriate care for NF, patients must have access to genetic tests, free from the concern that the results of those tests will be used to discriminate against them in any way.

I commend the dedicated researchers and physicians across the country for their commitment to this important issue, and I commend advocates like NF Inc. for their leadership. I look forward to rapid progress in the years ahead, and I am confident that Congress and the Administration will do as much as possible to support their all-important efforts. Together, we can cure NF.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Tuesday, May 9, 2000, the Federal debt stood at \$5,662,962,880,861.72 (Five trillion, six hundred sixty-two billion, nine hundred sixty-two million, eight hundred eighty thousand, eight hundred sixty-one dollars and seventy-two cents).

Five years ago, May 9, 1995, the Federal debt stood at \$4,853,700,000,000 (Four trillion, eight hundred fifty-three billion, seven hundred million).

Ten years ago, May 9, 1990, the Federal debt stood at \$3,075,888,000,000 (Three trillion, seventy-five billion, eight hundred eighty-eight million).

Fifteen years ago, May 9, 1985, the Federal debt stood at \$1,741,509,000,000 (One trillion, seven hundred forty-one billion, five hundred nine million).

Twenty-five years ago, May 9, 1975, the Federal debt stood at \$515,471,000,000 (Five hundred fifteen billion, four hundred seventy-one million) which reflects a debt increase of more than \$5 trillion—\$5,147,491,880,861.72 (Five trillion, one hundred forty-seven billion, four hundred ninety-one million, eight hundred eighty thousand, eight hundred sixty-one dollars and seventy-two cents) during the past 25 years.

ADDITIONAL STATEMENTS

A TRIBUTE TO WASHINGTON STATE UNIVERSITY PRESIDENT SAMUEL H. SMITH

• Mrs. MURRAY. Mr. President, I rise today to honor the long and exemplary service of Washington State University (WSU) President Samuel H. Smith and his wife Pat Smith.