the truth of the matter is our competitors love this. The people that will be hurt are the people of rural Oregon, Washington, Idaho and others, who will lose 40 percent of their markets to U.S. sanctions on U.S. farmers that have had no ability to deter nuclear nonproliferation.

I hope my colleagues will look at a bill which I am proud to cosponsor. It is a bill by Senator LUGAR that has a ''stop, look, and listen'' provision to this whole episode of unilateral sanctions, which in effect makes war on our own people. I think we need to stop and look at this very, very seriously.

Mr. President, I indicated how devastated wheat farmers will be in the rural parts of Oregon, Idaho, and Washington by the sanctions now about to be imposed by the Clinton administration by the Arms Export Control Act. Food aid under this act is supposed to be exempted. It is important that credits and credit guarantees for export of wheat also be exempted.

For that reason, I am introducing legislation this morning to exempt credit guarantees from any sanctions to be imposed.

The PRESIDING OFFICER (Mr. GREGG). The Senator from Massachusetts is recognized for 15 minutes.

Mr. KERRY. Mr. President, I thank the Chair.

(The remarks of Mr. KERRY, Mr. CLELAND and Mr. ABRAHAM pertaining to the introduction of S. 2157 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

Mr. CLELAND. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. TORRICELLI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

PATIENTS' BILL OF RIGHTS

Mr. TORRICELLI. Mr. President, last month the Senator from Massachusetts, Mr. KENNEDY, came to the floor to urge the Republican leadership to allow the body to consider reform of managed health care in our country. Today, I also want to join his plea that this institution be allowed to consider the consequences for American families of the managed health care system in our country.

The simple truth is health care in America is in a state of crisis—not a crisis of competence or technology. Most assuredly, it is a crisis of confidence. Confidence in health care in many respects is as important as the quality of the providers or the level of our technology. I have rarely in my life seen an issue where so many Americans are of a similar mind with such a depth of concern regarding the availability and quality of health care under the HMO system.

I realized myself the depth of these feelings when, only a few months, ago I joined with my colleague, Congressman PALLONE from New Jersey, in a field hearing in our State. During the hearing, families told me about their own experiences in attempting to care for their children, gaining access to the best health care providers, and the enormous frustration and feeling that the costs of operations were being placed before the health of their children.

Perhaps the best example came from a single family in New Jersey, the Bolingers. Their daughter, Kristin, is 15 years old, and lives in Spotswood, NJ. She has experienced the frustration of managed care that has been visited upon many American families. As an infant, Kristin developed unexplained intractable seizures which left her in need of very specialized care and expensive diagnostic tests. Five years before, Kristin's parents had enrolled themselves in an HMO. But because of the rules of the HMO, Kristin could no longer see the pediatricians and the specialists who had been treating her for her entire life. Those who had the experience with Kristin, had seen her symptoms and knew her case, were now separated from her treatment, and in their place the HMO on its list of available doctors made a pediatrician available who was not qualified, who had no experience with her condition, and did not know her or how to treat her.

Her family then was left in an extraordinary position. In caring for their 15-year-old daughter, do they absorb all of the financial costs which they are unable to bear when treating their child or do they go to doctors who, on their face, were not qualified to deal with the case?

The family was left in a desperate financial position. The HMO refused to pay many of her medical bills deeming them ''not medically necessary.'' The case only gets worse.

In 1994, scoliosis, caused by Kristin's condition, required the use of a back brace. The HMO gave her a back brace which was inferior and not usable.

Last year, Kristin had to undergo corrective spinal surgery. Her physician prescribed home nursing care and physical therapy. For a long time the HMO refused to pay for the physical therapy or the home care. They would pay for nothing. After they started to pay, the physical therapy was only half complete when payments stopped.

This, of course, leaves Kristin Bolinger's family with a question that they will ask themselves all their lives. The bills were not being paid, the family had to make these sacrifices in spite of the fact they were paying an HMO all of this time on time in full. The finances aside, the Bolinger family for the rest of their lives is left with the question: How much did their child suffer, and how much of her condition might have been reversed if she had gotten the right care at the right time?

Obviously, Mr. President, Kristin Bolinger and her family are not alone. She is one of 4 million people in my State of New Jersey and 50 million in our country who have absolutely no protection from the judgments of their health maintenance organizations. They live at the whim of whatever decisions may come from the officials who manage these health care organizations. That is true, even though I am very proud that in New Jersey we probably have the best patient protection system for those in managed care of any State in the Nation. But it doesn't work. State protections don't work because only 25 percent of those in health maintenance organizations in New Jersey can be covered by State protections. The other 75 percent, who like Kristin Bolinger are in ERISA-based plans, are left to their own devices to fight their insurance companies for their rights because State protections cannot shield them.

It is no wonder that more than half of all Americans who are enrolled in health maintenance organizations are significantly dissatisfied with the quality of their care.

Fifty-one percent of Americans believe that health maintenance organizations are eroding the quality of health care for their families. Fifty-five percent fear that if they become ill while in a managed health care plan, those who administer their plan would have their highest priority in saving money rather than caring for their patients. And if that is not bad enough, the worst indication may be that this lack of confidence of those who are enrolled in the plan is mirrored by health care professionals themselves. Forty percent of all physicians who work in these very plans every day watching these judgments believe that the quality of health care and of the judgments made by health care professionals is eroding and prevent them from making the best medical judgments for patients.

I cannot tell you that the movement in America to managed health care plans has not had benefits. The truth is the spiraling upward costs of health care in America are being contained. I do not believe we ever could have developed the current Federal budget surplus without managed care. It has been of enormous benefit to the American economy as corporations have contained costs, but there is a loss of balance. If we are achieving the controlling of these costs, but the price is that families and physicians do not have confidence they can get the care they are purchasing, we are paying a very high price for this efficiency. What is required is to restore the balance between the efficiencies of delivering care and ending the upward spiral of rising health care costs, but assuring quality and access and balance of judgments.

The truth is this loss of balance is not necessary. Patients should have access to health care professionals who are qualified to treat their conditions and not forced to accept people without

the proper professional credentials simply because they are preferred by health care managers in these organizations. Insurance companies should not withhold the care that family physicians and specialists alike deem necessary. If a health care professional, a doctor believes a certain treatment is necessary, as a matter of right that doctor's judgment should prevail. Obviously, if a doctor believes that an HMO is making the wrong judgment for the health of an individual, there should be a fair and speedy appeals process to someone who can make the best judgment for the patient.

Mr. President, this case is so obvious, it is so compelling, it comes as close to a consensus judgment as can ever be reached in a country of this size and complexity. It is at issue in every State, in millions of American families, borne out by the practical experience of people that Senators meet every day. It is true today. It was true yesterday. It was true last month. It was true last year.

I join with the Senator from Massachusetts, Mr. KENNEDY, in urging that this Congress this year deal with health maintenance organization reform. There is legislation before this Senate that is prepared. It is ready. It is comprehensive. It deals with the issue. Senator DASCHLE's legislation, S. 1890, would deal with the very issues that Kristin Bolinger had to face in her own life. Senator DASCHLE's Patients' Bill of Rights, consistent with the call of President Clinton in his State of the Union Address, would ensure that patients like Kristin would have (1) access to providers who are qualified to treat their conditions, including referrals to specialists when necessary; (2) that any Member of a health maintenance organization, wherever they are in America, wherever they travel, whatever community they are in, have access to emergency care in a hospital that is proximate to them when they are in trouble or in need; (3) have access to a fair and immediate appeals process.

More than anything else, this would convince the American people that their interests and the needs of their families are being put before the profits of these organizations. It is obviously too late to deal with Kristin Bolinger's pain or the terrible financial plight of her family. Kristin's experience and those of millions of other Americans can be instructive to this Senate and remind us of our obligations to deal with the problems of health care in America. We can still acknowledge the enormous efficiencies of managed care and its benefits of ending the rising costs, helping with corporate efficiency and the predictability of health care costs. But simply because these organizations are working to add efficiency, does not attest to the fact that all families are being treated fairly as demonstrated by Kristin Bolinger's experience. Senator DASCHLE's legislation, his Patients' Bill of Rights, deals with that balance. I urge the majority leader, Senator LOTT, to bring the Patients' Bill of Rights for managed health care reform before the Senate.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

METHAMPHETAMINE CHALLENGE

Mr. BOND. Mr. President, I rise today to discuss a serious challenge to law enforcement, to communities, to our youth, and to the future of our country.

Methamphetamine, as most of us in this body know, is a growing danger in many of our communities. We have the dubious distinction in Missouri of having achieved the highest ranking in the number of clandestine methamphetamine labs busted in the last year. Seven hundred labs were busted where they were cooking up this deadly brew to endanger their neighbors, to threaten the lives and the future of our young people and our adults. Methamphetamine, or crank, is a hot new drug, and it is supposed to have a wonderful temporary feeling. The problem is it destroys the body and the minds of the users. It also, when it is prepared, leaves a deadly residue and threatens explosion and fires that have injured many innocent people.

Methamphetamine dealers are the very worst kind of social predators, far worse than even an average drug dealer, and that is saying something. They have the same disregard for young lives they seek to spoil, but they also possess a callous indifference to the entire public. Meth cookers prepare their drugs in homes, in rented apartments and hotel rooms, but the meth cooking process is a very dangerous one because it produces dangerous byproducts including carcinogens and toxins and combustible gases. While it is being cooked, it is highly explosive.

I have talked with law enforcement officers who go in who have to use low-powered flashlights because a really hot flashlight could set off a spontaneous combustion in a meth lab. I have seen the pictures of young children who have been on cooking sites with their parents or care givers when the mess caught fire and burned them horribly. The aftermath of the process is a mini toxic waste site. The waste sites litter my State of Missouri.

Despite the danger, law enforcement officers in my home State continue their heroic effort every day to bring more of these labs down. They are currently outgunned because the methamphetamine production and sales have been spreading. The problem is severe, and many of the lab sites are so dangerous that local law enforcement agencies cannot handle the responsibility alone.

We have been very gratified that many of the local police agencies and law enforcement agencies in my State have been provided invaluable assistance by the Drug Enforcement Agency, the DEA. As I said, last year, 700 labs were taken down. This year, it looks like they may even exceed that number.

The lab sites must be cleaned up promptly, and that is where the problem comes in. The responsibility initially falls on local law enforcement officials, and the drug dealers are not very concerned about what mess they leave with the community. Cleaning up the waste on these sites can cost anywhere from $4,000 to $40,000. Our law enforcement agencies are not funded to do this. Our law enforcement agencies, when I talked with the DEA and the local police and the local sheriffs around Missouri, find out they have to waste valuable manpower just babysitting the sites, keeping people away from these sites so they do not stumble in and get caught in one of these dangerous meth sites.

For that reason, I believe we should embark on a State-Federal partnership to ensure that these labs are fully cleaned up and the nuisance is removed immediately from local communities. In the HUD–VA appropriations bill, we have included a pilot project for $2 million to go to our Department of Natural Resources for the State of Missouri, to institute a cleanup partnership between the State and local law enforcement.

With these valuable resources, the State environmental expert will team up with local law enforcement agencies on the sites promptly and rid the town of toxic waste. The State will have funds to outfit a cleanup detail, expand that detail, and equip itself to respond to all corners of the State. The State will also have the resources to share with local governments, who must move in and respond to emergency cleanups, a process that could otherwise bankrupt many small communities.

On a broader basis, we recognize this problem is a nationwide problem. In the Superfund measure that has been reported out of the Environment and Public Works Committee, that I hope this body will be able to take up, we provided that brownfields money can be used for toxic waste cleanups of methamphetamine sites because, in fact, they are toxic waste sites and, in essence, may be more dangerous than many of the sites already classified as toxic waste sites.

What happens when one of these sites becomes a site for cooking meth is deadly. The meth labs can blow up—blow the front off the building. If they are in a motel, people innocently taking a room in the adjacent room may find themselves victims of a blast. But whoever comes on a site, a methamphetamine site, after cooking has occurred there, is in a very dangerous position.

We need to crack down to the fullest extent of the law on these predators, but until we win that war we must protect our community. This effort will go