The United States Patent and Trademark Office (PTO) is totally funded by user fees. Prior to 1990, the PTO was funded through a combination of user fees and taxpayer revenue. However, in a deficit reduction exercise in 1990, taxpayer support for the operations of the PTO was eliminated and user fees were substantially increased by the imposition of a surcharge on patent fees. The temptation to use the surcharge has proven to be increasingly irresistible to Congress and the Administration, to the detriment of sound functioning of our nation's patent system. Through Fiscal Year 1998, a total of $235 million has been diverted from the PTO to other unrelated agencies and programs.

At the urging of the inventor community, Congress allowed the surcharge to sunset at the end of Fiscal Year 1998. This means, however, that Congress must take affirmative action to adjust patent fees or the PTO will suffer a drastic reduction in revenue for the current fiscal year which will leave it unable to hire the patent examiners needed to reduce the time required to get a patent to eighteen months. Prompt processing of patent applications is particularly important for those inventors who need their patents to raise risk capital.

The Administration forwarded a draft bill to the Congress which would have continued patent fees at the current levels. However, in an oversight hearing before the House Judiciary Committee, Commissioner Lehman stated that the PTO would be unable to use all the revenues that would be generated if patent fees were to be continued at their current level in fiscal year 1999. Commissioner Lehman stated that keeping fees at their current level would generate $50 million in excess fee revenue which the Administration planned to divert to other government programs. The response by the House of Representatives was to craft a bill, H.R. 3723, that would adjust patent fees to provide all of the money which the PTO indicated that it could use in fiscal year 1999, but which would not generate an unneeded $50 million simply to support other government programs.

In the absence of any action on H.R. 3723, Congress had to include specific language in the continuing resolution signed by the President on September 25, 1998 addressing the level of patent fees that the PTO could charge. Section 117 of Public Law 105–240 provides that the PTO can continue to charge patent fees at the same level that existed on September 30, 1998 through October 9, 1998. As I previously noted, patent fees at this level are higher than they need to be to fully fund the PTO in fiscal year 1999. In a fiscal year when there are debates over how to use the billions of dollars of budget surplus, it is inappropriate for Congress to require the PTO to charge inventors more than the cost of rendering the services which they receive. By enacting H.R. 3723 we serve American inventors and provide them with the first real patent fee reduction in the history of the nation. This bill is good for American inventors and good for the United States.

THE HEALTH PROFESSIONS EDUCATION PARTNERSHIPS ACT 1998

Mr. JEFFORDS. Mr. President, I am very pleased to support the passage of S. 1754, the Health Professions Education Partnerships Act of 1998. This legislation reauthorizes the health care training programs contained in titles VII and VIII of the Public Health Service Act and its enactment will improve health workforce quality, diversity, and the distribution of funds—while requiring greater accountability of both the grant recipients of federal funds and the agency that administers them. I am pleased to be an original co-sponsor of the Act.

Senate bill 1754 reauthorizes and consolidates 37 categorical grant and contract authorities of title VII and VIII of the Public Health Service Act into 8 clusters to provide for the support of health professions training programs and related community-based educational partnerships. To preserve the integrity of the programs, 15 funding lines will continue. This legislation provides comprehensive, flexible, and effective authority for the support of health professions training programs and the related community-based educational partnerships.

In my own State of Vermont, the students of the University of Vermont's College of Medicine have benefited from a number of these programs and scholarships, including those relating to family medicine and professional nurse and nurse practitioner training. The newest title VII program in Vermont is the Area Health Education Center (AHEC) which opened its first site in April 1997 in the Northeast Kingdom of Vermont. The AHEC will decentralize health professions education by having portions of the training provided in primary medical personnel shortage areas and by improving the coordination and use of existing health resources. Over the next two years, two additional sites are planned in other underserved areas of the State. These efforts have contributed to making Vermont a better place to obtain health care services and they have improved the quality of life for its residents.

I want to thank Senator FRIST and his excellent staff for their dedication and hard work in drafting the Health Professions Education Partnerships Act of 1998. The enactment of this act will improve the training of our nation's health workforce and, also, provide for greater accountability of the public funds used to support these educational programs.

THE MEDICAL RESEARCH INFRASTRUCTURE GAP

Mr. HARKIN. Mr. President, before this Congress ends, I want to bring to my colleagues' attention an important issue confronting our nation's biomedical research enterprise and its search for medical breakthroughs as we move into the next century.

First, I want to say how pleased I am that we were able to provide the biggest increase ever for medical research this year. We worked hard to make that happen and I want to commend my colleague, Senator ARLEN SPECTER, for his leadership and work with me on this important accomplishment. The Conference Agreement of the Fiscal 1999 Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee, provides a $2 billion, or 15 percent, increase for the National Institutes of Health (NIH), the principal source of Federal funding for medical research conducted at our nation's universities and other research institutions. That 15 percent increase puts Congress on course to double funding for the NIH over the next five years, a target I've called for and agreed to by the Senate earlier in this Congress.

However, as Congress embarks on this important investment in improved health, we must strengthen the totality of the biomedical research enterprise. While it is critical to focus on high quality, cutting edge basic and clinical research, we must also consider the quality of the laboratories and buildings where that research is being conducted, as well as the training of future scientists and the salaries of those scientists.

In fact, Mr. President, the infrastructure of research institutions, including the need for new physical facilities, is central to our nation's leadership in medical research. Despite the significant scientific advances produced by Federally-funded research, most of that research is currently being done in medical facilities built in the 1950's and 1960's, a time when the Federal government obligated from $30 million to $100 million a year for facility and equipment modernization. Since then, however, annual appropriations for modernization of our biomedical research infrastructure have been greatly reduced, ranging from zero to $20 million annually over the past decade. As a result, many of our research facilities and laboratories are outdated and inadequate to meet the challenge of the next millennium.

Over the past decade, I've worked hard both as chair and now Ranking Member of the health subcommittee to get the NIH budget increased to $15.5 billion. Yet, over that same period, support for facility and laboratory modernization totaled only $110 million. In the Fiscal 1999 appropriations bill, only 0.2 percent of the NIH budget will be directly devoted to improvement of the extramural laboratories that house NIH-funded scientists and support their research.

As we work to double funding for medical research over the next 5 years, the already serious shortfall in the

modernization of our nation's aging research facilities will grow unless we take specific action. According to the most recent National Science Foundation study of the status of biomedical research facilities (1996), 47 percent of all biomedical research-performing institutions classified the amount of biological science research space as inadequate, and 51 percent indicated that they had an inadequate amount of medical science research space. Only 45 percent of biomedical research space at research-performing institutions was considered ''suitable for scientifically competitive research.''

The 1996 NSF Report further found that 36 percent of all institutions with biomedical research space reported capital projects, involving either construction or renovation, that were needed but had to be deferred because funding was not available. The estimated costs for deferred biomedical research construction and renovation projects totaled $4.1 billion. The problem is more severe for Historically Black Colleges and Universities, where only 36 percent of their biomedical research space was rated as being suitable for use in the most competitive scientific research.

The extramural facilities gap has been recognized by leading research organizations, the members of which have recommended a major construction and renovation funding initiative as part of any proposal to significantly increase funding for the NIH. In a March 1998 report, the Association of American Medical Colleges found that ''recent advances in science have generated demand for new facilities and instruments, much of which could most rationally be provided through federal programs that are merit reviewed. The AAMC report concluded that ''the government should establish and fund an NIH construction authority, consistent with the general recommendations of the Wyngaarden Committee report of 1988, which projected at that time the need for a 10-year spending plan of $5 billion for new facilities and renovation.''

These sentiments are echoed by a June 1998 report of the Federation of American Societies for Experimental Biology (FASEB), one of the leading organizations of basic researchers. The FASEB report concluded that ''laboratories must be built and equipped for the science of the 21st century. Infrastructure investments should include renovation of existing space as well as new construction, where appropriate.''

Mr. President I am committed to addressing this need. I believe future increases in federal funding for the NIH must be matched with increased funding for repair, renovation, and construction of our extramural research facilities. To this end, I plan on introducing legislation next year to significantly expand our investment in research facility modernization to assure that 21st century research is conducted in 21st century labs and facilities. And over the next year I plan to meet with patients, health professionals, and academic leaders from across the country to discuss this initiative which is so vitally important for the future of the entire medical research enterprise.

Mr. President, this is a very exciting time in the field of biomedical research. We are on the verge of major medical breakthroughs which hold the promise of improved health and reduced costs for the people of this nation and the world. The ravage of killers like cancer, heart disease and Parkinson's and the scores of other illnesses and conditions which take the lives and health of millions of Americans can be ended if we devote the resources. I look forward to working with my colleagues in the coming months and years to assure that this promise is realized.

TERRORISM AND THE GROWING THREAT TO HUMANITARIAN WORKERS ABROAD

Mr. BROWNBACK. Mr. President, today I wish to call attention to a target of terrorism that is rarely discussed. Increasingly, acts of violence are directed at some of the noblest members of our community, namely, humanitarian relief workers. I have been requested by internationally-respected aid agencies to call attention to this issue to encourage risk assessment solutions to minimize humanitarian aid worker fatalities. Borrowing from a recent GAO report entitled Combatting Terrorism, finding solutions demands a ''threat and risk assessment approach used by several public and private sector organizations [who] deal with terrorist and other security risks.'' Unfortunately, little security expertise has been directed to their extraordinary circumstances.

How great is this threat? A March study presented at Harvard warned of sharp increases in security threats against the humanitarian community. The United Nations reports that the safety risks for relief workers has altered dramatically in the last 5 years. We know that at least 25 relief workers from America and other countries died in 1997. Between 1995 and 1997, the International Red Cross, alone, recorded 397 separate security incidents of aggression and banditry against its personnel.

In the farthest corners of the earth, aid workers feed the hungry, heal the sick, comfort the persecuted, and shelter the homeless. Non-profit aid organizations do the hardest work for the littlest pay under the greatest risks with the least support. From Kosovo to Cambodia, Angola to Afghanistan, Liberia to Chechnya, selfless people from America and beyond are serving in increasingly dangerous situations with tremendous personal exposure.

Some of these voluntary organizations have become household names like CARE, World Vision, the American Red Cross, and Catholic Relief Services. Some are smaller community-based charities. Some are missionary organizations in the most isolated places. Some are faith-based, others are secular, but all of them have one thing in common: they are at greater risk than ever before of murder, abduction, and assault.

Their extraordinary vulnerability is illustrated by the following stories: In Tajikistan, a health care worker for street children was kidnaped. Ultimately, both the worker and her 5 abductors were killed by a grenade they set off. In Rwanda, a worker transporting emergency food relief died during an attack by unknown assailants at a military checkpoint. The truck was then set on fire, resulting in the loss of 15 tons of humanitarian relief food which would have fed some 1,700 people for the next month. These are only a few of the countless untold stories of worker maiming and death.

At a recent training course in security for humanitarian organizations held by InterAction (a coalition of international aid organizations), an instructor asked if anyone present had ever evacuated a country under hazardous conditions or had been physically assaulted in the course of their work. Nearly all of the assembled field workers raised their hands. Many asked, ''Which time?''

These voluntary organizations play a central role in foreign assistance, and significant American foreign assistance is being funneled through them at an increasing rate. As these groups distribute US foreign relief, they represent America in difficult and dangerous international arenas. And they do it well—they are lean, efficient, and flexible as is demanded by the extremities of working in the most conflicted regions worldwide. Their accomplishments are legendary. Over the years, they have stood between life and death for countless millions during numerous, threatened famines which were averted because of their efforts.

This is the central point of my concern. These courageous and selfless groups are more exposed than ever as terrorism continues to escalate against Americans worldwide. The least we can do during the current, on-going public debate on ''terrorism'' is to direct attention their way to generate risk assessment solutions. They cannot isolate themselves behind compound walls as would an embassy or arm themselves with military equipment. Their job description requires them to live among the people, and by necessity, become vulnerable.

What can be done? First, I do not want to implement more cumbersome legislation. I do, however, hope to energize private sector solutions relating to risk assessment in this new era of violence. I hope that both public and private sector expertise will be directed towards their unique security challenges.

One immediate solution is information sharing. Even though most experienced humanitarian workers can relate