national action for the abolition of child labour, in particular for the prohibition and elimination of its worst forms, as a matter of urgency.

(2) As far as possible, such information and statistical data should include data disaggregated by sex, age group, occupation, branch of economic activity and status in employment, school attendance and geographical location. The importance of an effective system of birth registration, including the issuing of birth certificates, should be taken into account.

(3) Relevant data concerning violations of national provisions for the prohibition and immediate elimination of the worst forms of child labour should be compiled and kept up to date.

6. The compilation and processing of the information and data referred to in Paragraph 5 above should be carried out with due regard for the right to privacy.

7. The information compiled under Paragraph 5 should be communicated to the International Labour Office on a regular basis.

8. Members should establish or designate appropriate national mechanisms to monitor the implementation of national provisions for the prohibition and elimination of the worst forms of child labour after consultation with employers' and workers' organizations.

9. Members should ensure that the competent authorities which have responsibilities for implementing national provisions for the prohibition and elimination of the worst forms of child labour cooperate with each other and coordinate their activities.

10. National laws or regulations or the competent authority should determine the persons to be held responsible in the event of non-compliance with national provisions for the prohibition and elimination of the worst forms of child labour.

11. Members should, in so far as it is compatible with national law, cooperate with international efforts aimed at the prohibition and elimination of the worst forms of child labour as a matter of urgency by:

(a) gathering and exchanging information concerning criminal offences, including those involving international networks;

(b) detecting and prosecuting those involved in the sale and trafficking of children, or in the use, procuring or offering of children for illicit activities, for prostitution, for the production of pornography or for pornographic performances;

(c) registering perpetrators of such offences.

12. Members should provide that the following worst forms of child labour are criminal offences:

(a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;

(b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; and

(c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties, or for activities which involve the unlawful carrying or use of firearms or other weapons.

13. Members should ensure that penalties including, where appropriate, criminal penalties are applied for violations of the national provisions for the prohibition and elimination of any type of work referred to in Article 3(d) of the Convention.

14. Members should also provide, as a matter of urgency, for other criminal, civil or administrative remedies, where appropriate, to ensure the effective enforcement of national provisions for the prohibition and immediate elimination of the worst forms of child labour, such as special supervision of enterprises which have used the worst forms of child labour, and, in cases of persistent violation, consideration of temporary or permanent revoking of permits to operate.

15. Other measures aimed at the prohibition and immediate elimination of the worst forms of child labour might include the following:

(a) informing, sensitizing and mobilizing the general public, including national and local political leaders, parliamentarians and the judiciary.

(b) involving and training employers' and workers' organizations and civic organizations;

(c) providing appropriate training for government officials concerned, especially inspectors and law enforcement officials, and for other relevant professionals;

(d) providing for the prosecution in their own country of the Member's nationals who commit offences under its national provisions for the prohibition and immediate elimination of the worst forms of child labour even when these offences are committed in another country;

(e) simplifying legal and administrative procedures and ensuring that they are appropriate and prompt;

(f) encouraging the development of policies by undertakings to promote the aims of the Convention;

(g) monitoring and giving publicity to best practices on the elimination of child labour;

(h) giving publicity to legal or other provisions on child labour in the different languages or dialects;

(i) establishing special complaints procedures and making provisions to protect from discrimination and reprisals those who legitimately expose violations of the provisions of the Convention, as well as establishing help lines or points of contact and ombudspersons;

(j) adopting appropriate measures to improve the educational infrastructure and the training of teachers to meet the needs of boys and girls;

(k) as far as possible, taking into account in national programs of action the need for job creation and vocational training for the parents and adults in the families of the children working in the conditions covered by the Convention and the need for sensitizing parents on the problem of children working in such conditions.

16. Enhanced international cooperation and/or assistance among Members for the prohibition and effective elimination of the worst forms of child labour should complement national efforts and may, as appropriate, be developed and implemented in consultation with employers' and workers' organizations. Such international cooperation and/or assistance should include:

(a) mobilizing resources for national or international programmes;

(b) mutual legal assistance;

(c) technical assistance including the exchange of information;

(d) support for social and economic development, poverty eradication programmes and universal education.

ILO CONVENTION

Mr. HARKIN. Mr. President, as my good friend from Delaware is aware, last week the International Labor Organization (ILO) unanimously adopted a new Convention on the Worst Forms of Child Labor. This Convention calls on ILO Member States to take immediate and effective actions to prohibit and eliminate the worst forms of child labor. The Convention also defines the worst forms of child labor as: all forms of slavery, debt bondage, forced or compulsory labor, or the sale and trafficking of children, including forced or compulsory recruitment of children for use in armed conflict; child prostitution; children producing and trafficking of narcotic drugs; or any other work which by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children. It also defines a child as any person under the age of 18.

I was privileged to travel with the President to the ILO where he addressed the delegates on child labor and affirmed the United States Government support of this important Convention.

Would the Senator from Delaware agree that this important and historic Convention should be considered as a high priority item and considered in a timely fashion after submission to the Senate by the President?

Mr. BIDEN. My friend from Iowa is correct. This is an important Convention and I assure you that from my point of view this new Convention on the Worst Forms of Child Labor should be a high priority. I am aware that this Convention pertains to abolishing child slavery, child prostitution and other hazardous work endangering a child's well-being. Therefore, I will work with the Chairman of the Committee to try to bring this treaty before the Committee as soon as practical after it is submitted by the President.

THE PATIENTS' BILL OF RIGHTS

Mr. HARKIN. Mr. President, I will make a few comments about the importance of managed care reform and the importance of passing a strong Patients' Bill of Rights in this Congress.

The bill that my colleagues on the other side of the aisle want us to consider, I believe, is fundamentally flawed. First, it fails to cover two-thirds of privately insured Americans. Secondly, it fails to prevent insurers from arbitrarily interfering with the decisions of a patient's treating physician. And, third, it is weak in giving consumers the right to sue their insurance companies for faulty decisions to withhold care.

Today, I want to focus on a few issues that have critical importance to me: access to specialty care, network adequacy, and genetic discrimination.

When we marked up the bill in the Health, Education, Labor and Pensions Committee, I offered an amendment to ensure that patients have access to the specialty care they need. I intend to offer it again if we are ever allowed a full and fair debate on this bill.

This is a critical issue for people with disabilities, women with breast cancer, and others with chronic health conditions. But it is important for all Americans. The inability to access specialists is the number-one reason people

give when they leave a health plan, and it is a top issue they want Congress to address.

The Republican bill is deficient in this area. Aside from two minor provisions regarding access to OB/GYNs and pediatricians—access that almost all health plans already provide—there is nothing in the Republican bill that guarantees access to specialty care such as that provided by neurologists, pediatric oncologists, rehabilitation physicians, and others.

We need to ensure that people can see specialists outside of their HMO's network at no additional cost if specialists in the plan's network cannot meet their needs. We need to allow a specialist to be the primary care coordinator for patients with disabilities or life-threatening or degenerative conditions. And we need to provide for standing referrals for people who need ongoing specialty care, which enables them to go straight to the specialist instead of jumping through hoops with primary care doctors or insurance companies.

These provisions would not create onerous new burdens on plans. In fact, many plans already allow specialists to be primary care coordinators, and they let people have standing referrals. Most importantly, they address the tragic cases we have heard about that stem from delay or denial of access to specialists.

Finally, helping people get timely access to specialty care is not just smart and compassionate policy; it will also help minimize the need for litigation that results from a failure to have access.

Another amendment I have been working on ensures that each insurance plan has sufficient providers in its network to deliver the care that is promised. Again, this is an area where the Republican bill is, I think, very inadequate. There is no provision in the Republican bill to ensure network adequacy. This is a very important issue in my State of Iowa.

My amendment ensures that every network plan has a sufficient number and mix of providers to deliver the covered services.

It also requires plans to incorporate a primary care physician in their network who is within 30 minutes or 30 driving miles of a patient's home. If the plan cannot include patients within that distance, patients need to be allowed to go ''out-of-network'' to obtain the care they need. In other words, no one should have to drive more than 30 miles or 30 minutes to see a primary care physician.

It is important to understand what is happening now. Many managed care companies now contract only with urban-based providers. Not only does this require patients to travel considerable distances to receive basic health care, but these urban-based networks also weaken the rural health infrastructure by shutting local doctors and local clinics out of the network. This is wrong and must be stopped.

I have been working also on the genetic issues of this since the early 1990s when I introduced an amendment to the HIPAA that prohibited genetic discrimination by group health plans. As ranking member of the Labor-HHS appropriations subcommittee, I have also been and continue to be a strong supporter of the Human Genome Project. In the HELP Committee, the authorizing committee, I worked with Senators DODD and KENNEDY on a genetic discrimination amendment. I intend to continue working on this issue when and if we get a Patients' Bill of Rights on the floor.

We have all discussed at length the importance of prohibiting discrimination on the basis of all predictive genetic information in all health insurance markets. I am pleased that the Republican bill recognized that we need to prohibit discrimination in the group and in the individual markets, and that we need to prohibit discrimination not only on the basis of genetic tests but on the basis of a person's family history.

Still, the Republican bill failed to address several other equally critical issues in this area. The bottom line is that we must prohibit discrimination by insurers and employers.

To prohibit discrimination in one context only invites discrimination in the other. For example, if we only prohibit discrimination in the insurance context, employers who are worried about future increased medical costs will simply not hire individuals who have a genetic predisposition to a particular disease.

Similarly, we must prohibit health insurance companies from disclosing genetic discrimination to other insurance companies, to industry-wide data banks, and employers. If we really want to prevent discrimination, we should not let genetic information get into the wrong hands in the first place.

Finally, if we really want a prohibition of genetic discrimination to have teeth, we have to have strong remedies and penalties. The $100-a-day fine against health insurers that my colleagues across the aisle have proposed will do little to prevent health insurers from discriminating, and it does nothing to compensate a victim of such discrimination. We must do better than this.

Mr. President, let me say that we must not pass up this chance to make true and significant reforms to managed care programs. This is the issue that the American people have said they most want the Congress to address. And they are watching us carefully to see if we will enact real reform or a series of meaningless sound bites.

If we take strong action that allows clear-cut access to specialty care, ensures network adequacy, and prohibits genetic discrimination, we will have gone a long way to providing real reform and providing for a meaningful Patients' Bill of Rights.

I yield the floor.

Mr. LEAHY addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. LEAHY. Mr. President, I ask unanimous consent that I be allowed to speak for up to 10 minutes on a subject involving landmines.

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

KOSOVO'S MINEFIELDS

Mr. LEAHY. Mr. President, as thousands of Kosovar Albanians flood across the Macedonian and Albanian borders, we are getting the first reports of refugee landmine victims. Last week, two refugees were killed and another seriously injured as they hurried to return to their homes in Kosovo.

Just put this in perspective. Some 25 people have been injured or killed by mines in Kosovo since the refugees began returning. It is a senseless loss of life and it is tragic, but it is predictable. It is predictable because tens of thousands of landmines were left behind by Serb forces. Others were put there by the KLA. They litter fields, roads, and bridges, and they have even been left in houses. They have been left in booby traps. As sad as anything, there are mass graves marking the atrocities that have occurred there. And as family members go back to try to find out if their loved ones are in those graves, even some of the graves have been booby-trapped by landmines.

These landmines are the greatest threat to people on the ground, including NATO forces, and the number of innocent victims—children playing, farmers plowing their fields, women walking along the roads—will continue to rise.

It is one thing to conduct an air war with the latest laser-guided technology and, thankfully, there were no NATO casualties, but it is another thing to face an invisible enemy on the ground. In Bosnia, most U.S. casualties were from landmines. In Kosovo, too, mines are the invisible enemy. They can't distinguish between friend or foe, soldier or civilian, adult or child.

A June 15 article in the Los Angeles Times entitled, ''A Strategy on Land Mines is Needed Now,'' described the problems mines pose in Kosovo, and they called on the international community to develop a comprehensive strategy for clearing the mines and aiding the victims.

Such a strategy is critical to promoting peace and moving forward with reconstruction and economic development. The United States, as the leader of NATO, will play a key role in designing and financing that strategy.

But the article neglects to address another key part of the problem—the continued use of mines. It is a bit similiar to trying to keep garbage out of a river. You can clean up the garbage, but if people keep dumping it into the river, you haven't solved the problem. You need to stop garbage from being dumped. We need to stigmatize antipersonnel mines so they are