

forced upon the U.S. military that it had to kick out valuable experienced, trained U.S. military personnel if and when they were diagnosed as being HIV-positive.

Upon signing the DOD bill for fiscal year 1996, President Clinton instructed the military that it would be the policy of his administration to not enforce that provision. A bipartisan omnibus appropriations conference committee supported President Clinton's position by including a provision to override the discharge mandate. The current DOD authorization bill for fiscal year 1997 has a rerun of the radically conservative, homophobic and punitive measure that is really only designed to further harass persons because of their sexual orientation. It has been widely publicized that the 1,000 plus active military personnel currently known to be HIV-positive reflect a broad cross-section of American life. There are married men and women, single men and women, gays and straights, mothers and fathers among the HIV-positive currently serving in our military, just like there are all across our great land.

The Americans with Disabilities Act [ADA] passed by Congress and implemented into helpful law all across America, prohibits discrimination against and provides for accommodation for persons who are HIV-positive among the many listed disabilities. Our dedicated military personnel deserve the same fair and culturally competent support as any other person afflicted with a physical or medical disability. Logical persons understand that a person can be HIV-positive for 20 or more years without developing AIDS or any further symptom or manifestation of HIV/AIDS. Reasonable persons have learned that HIV is a sexually transmitted disease that cannot be contracted by simple human contact.

In supporting this *Torkildsen/Harman* amendment, my colleagues are in good company. Let me just list a few of the people and organizations my colleagues have advised us are in support of this amendment: The American Medical Association [AMA]; the Air Force Association; the Veterans of Foreign Wars [VFW]; Disabled American Veterans [DAV]; the Human Rights Campaign; former Senator and former Senate Armed Services Committee chairman Barry Goldwater; Secretary of Defense William Perry; Secretary of Veterans Affairs Jesse Brown; and Gen. John Shalikshvili, Chairman of the Joint Chiefs.

I urge my colleagues to support the *Torkildsen/Harman* amendment that eliminates the current bill language requiring that military personnel who are HIV-positive be discharged from the service, and to support fairness for all U.S. citizens, including our dedicated military service members.

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#### RECOGNIZING JAMES R. NUNES

HON. BILL BAKER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 15, 1996*

Mr. BAKER of California. Mr. Speaker, for more than three decades, James R. Nunes has served as an officer of the law. Since 1979, he has been chief of the Pleasant Hill, CA Police Department in my home district. Now, after 37 years of service as a police officer, first with the military and then with three different cities, he is retiring from the force.

Throughout his career, Chief Nunes has worked to make our streets safer, our communities stronger, and our children's future brighter. He knows the meaning of long nights, hard work, and personal sacrifice. His many community activities further reflect his commitment to the citizens of the East Bay community, and are indicative of his devotion to the building of a better society.

It is my sincere hope that Chief Nunes will enjoy a well-deserved retirement from the force. His contributions have been both formidable and enduring, and I know all of my colleagues will join me in wishing him every good thing in the days ahead.

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#### TRIBUTE TO BOB SLIVOVSKY AND KENNY WILLIAMS

HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 15, 1996*

Mr. LIPINSKI. Mr. Speaker, I wish to pay tribute to two outstanding individuals who have contributed greatly to athletic competition in my district and throughout the Chicago area—Mr. Bob "Slivers" Slivovsky and Mr. Kenny Williams—who were inducted into the Illinois Basketball Coaches Hall of Fame on April 27, 1996.

Slivers Slivovsky has devoted most of his life to athletics at Morton College in Cicero, IL, first as a member of the school's baseball team in the early 1950's, and for the last 24 years as equipment manager, a job title that does not even begin to describe his responsibilities. As Morton Athletic Director George Fejt said of his prized employee: He's our facility manager, sports information director, fundraising coordinator, and goodwill ambassador.

However, it may be Slivers work outside of the school that made the difference in receiving his recognition by the hall of fame as a friend of basketball. For years, he has run and organized the Henry Vais Basketball Tournament at Morton, a two tiered competition for local grade-school players of differing skill levels that is recognized as one of the best tournaments of its kind.

The tournament is his pride and joy—no team is eliminated and the kids enjoy themselves. It provides kids with an opportunity to play and not worry about the wins and the losses, as Slivers describes it.

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#### THE FEDERAL HEALTH PROGRAM BENEFIT CHANGE ACCOUNTABILITY ACT

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 15, 1996*

Mr. CARDIN. Mr. Speaker, I rise today with a bipartisan group of Representatives to introduce the Federal Health Program Benefit Change Accountability Act. This legislation would prevent the Office of Personnel Management [OPM] from making significant changes to Federal retirees' health benefits without first reporting to Congress what those changes will entail, how costs to retirees will be impacted, and how quality will be assured.

This legislation comes in direct response to OPM's decision to allow Blue Cross/Blue Shield [BC/BS] to alter the prescription drug benefit of their standard benefit package for Federal retirees on Medicare. Prior to 1996, there was no cost-sharing for prescription drugs purchased at a network retail pharmacy or through the mail order pharmacy. Starting in January 1996, BC/BS began charging Federal retirees on Medicare a new 20 percent copayment for prescriptions purchased at their network retail pharmacies. The only way this new copayment can be avoided is to use the mail order pharmacy program offered by BC/BS.

Many of us heard from constituents who opposed this change. Most seniors live on fixed incomes and are sensitive to sudden increases in the cost of prescription drugs. They are also the segment of our population that uses the most medications. At the same time, seniors tend to have long standing relationships with their local pharmacists who provide important health care services to them. A local retail pharmacist is often willing to perform services such as color-coding their prescriptions, providing special caps for easy opening, and offering important face-to-face counseling. In addition to being health care providers, local pharmacies play an important local economic role. Sending prescriptions to mail order pharmacies takes dollars and jobs out of our communities. The bottom line is that this benefit change by BC/BS hurts both our constituents' health and our local economies.

More than 70 colleagues joined me in writing to OPM in December 1995 opposing this benefit change. We are still awaiting an important report from GAO that will detail the effect of various prescription drug policies on both enrollees and community pharmacies. We asked OPM to delay implementation of this benefit change until the GAO study was complete and until other cost-savings alternatives were investigated. That letter is attached at the end of this statement.

OPM did not agree with our concerns and went ahead with implementing the benefit change as scheduled. What happened then was nothing short of chaos. The mail order pharmacy company was not prepared for the tremendous increase in business resulting from the new 20 percent copayment at retail pharmacies. We received reports of doctors attempting to submit prescriptions being told that the fax machines had been unplugged and they were not accepting new prescriptions, enrollees were reporting delays of several weeks before obtaining their prescriptions, and there were problems with incomplete or incorrect orders. A constituent of mine in Baltimore stated that she had "literally spent one month on this phone with this company." She also said that when her order finally arrived, her bottle was seven pills short, and her husband's was shy two pills.

To OPM's credit, they immediately moved to correct these severe inadequacies of the program. They allowed a limited number of enrollees to temporarily obtain their drugs at their local pharmacies without the copayment penalty. While it does appear that these extreme problems have been corrected, the fact remains that there are still problems and inequities.

Mail order pharmacies are certainly an appropriate option to make available for enrollees. However, this new copayment structure