journey to the Salt Lake Valley prior to the coming of the railroad, hundreds died on the journey west. Men, women, and children rode in covered wagons or walked pulling their scant belongings in handcarts along the thousand mile trail from Nebraska to Utah. Disease, starvation, fatigue, exposure to cold, took their toll on the lives of young and old alike. Many young children completed the journey orphaned.

It took great courage, faith, and commitment to make the trek west. These faithful pioneers have left a great legacy for our Nation. Their legacy is one of hard work; making the desert blossom as the rose. It is a legacy of commitment to religious freedom; although the U.S. Constitution did not protect them, the Mormons were willing to send a battalion to the Mexican-American War to fight for the freedoms it affords. And it is a legacy of American settlement of the West; over 500 communities were settled by early Mormons, from Canada to San Bernardino, CA, to Mexico.

I salute my own pioneer ancestors today, and honor all those who created this legacy of faith in every footstep.

THE CASE FOR MILITARY PREPAREDNESS

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 24, 1997

Mr. SKELTON. Mr. Speaker, a few years ago, I discovered a speech made in 1923 by then Army Maj. George C. Marshall, that warned against a troubling pattern of failure in American history—a pattern which I fear we may be repeating today. Marshall, of course, later became one of the most distinguished American leaders of the century, serving as Chief of Staff of the Army in World War II, Secretary of State in the early years of the cold war, and Secretary of Defense during the war in Korea. ''[F]rom the earliest days of this country,'' said Marshall in 1923, ''[the Regular Army] was materially increased in strength and drastically reduced with somewhat monotonous regularity.'' Immediately following a war, he said, ''every American's thoughts were centered on the tragedies involved in the lessons just learned,'' and the size of the standing Army was increased in an effort to prepare for future conflicts. But within a few months, Marshall lamented, ''the public mind ran away from the tragedies of the War . . . and became obsessed with the magnitude of the public debt. . . . Forgetting almost immediately the bitter lesson of unpreparedness, [the public] demanded and secured the reduction of the Army.''

The bitter lesson of unpreparedness, unfortunately, had to be relearned repeatedly through much of the rest of the 20th century. Each time the price was paid in the lives of young Americans ill-prepared for the missions thrust upon them—at Kasserine Pass in North Africa, where United States forces were decimated in their first large tank battle of World War II; at the start of the Korean war, where a poorly equipped United States holding force, called Task Force Smith, was almost destroyed; and at Desert One in Iran, where equipment failures and poor coordination doomed the hostage rescue mission.

Today, in contrast, America has built a military force that sets the standard for the rest of the world. It is equipped with modern weapons. It is well led and well trained. The military services are more able than ever to work cooperatively. It is, above all, a high quality force, made up of well-educated, carefully selected, disciplined volunteers. They have carried out an extraordinarily broad range of responsibilities in recent years in a fashion that has demonstrated their professionalism and their dedication to duty. The former Chairman of the Joint Chiefs, Colin Powell, often characterized the troops he led as an exquisite force—he was not exaggerating.

I am afraid, however, that we may once again be forgetting the costs of unpreparedness. A return to the unfortunate pattern of the past is reflected in several ways. First, now that the cold war is over, the rationale for maintaining U.S. military strength is being questioned even by many who ought to know better. Second, because of budget pressures, defense spending appears unlikely to rise in the foreseeable future, but budgets must grow modestly over time to maintain a capable force. Third, the quality of our Armed Forces depends on keeping quality people in the services, but the extraordinarily high pace of operations is putting too much pressure on military families and may lead many good people to leave. Consider each of these issues in turn.

Why we should remain strong: Today, a number of my congressional colleagues challenge me with a question that surely echoed through the halls of Congress in 1923 or in 1946—''What is the enemy?'' I am asked. And with that question, there are many others. Why continue to support more spending for defense when the cold war is over? Why continue to pursue expensive, new, advanced weapons when U.S. technology was so dominant in Operation Desert Storm, and when no other nation is spending nearly what we do on military hardware?

If we look to the past, however, we have never been able to predict what military threats would arise in the future. In 1903, no one envisioned World War I. In 1923 we did not foresee World War II. In 1946, we did not anticipate the Korean war. In 1989, we did not expect the Persian gulf war. So a major reason for maintaining military strength is to hedge against the appearance of unexpected regional or global threats in the future.

But that is not the only reason. Today, our military strength is the foundation of a relatively secure international order in which small conflicts, though endemic and inevitable, will not decisively erode global stability. And as such our military strength is also a means of discouraging the growth of a new power that could, in time, constitute a threat to peace and evolve into the enemy we do not now foresee. Because of this, the very limited investment required to maintain our military strength—though somewhat larger than we are making right now—is disproportionately small compared to the benefits we, and the rest of the world, derive from it. My fellow Missourian, Harry S. Truman, stated the issue clearly: ''We must be prepared to pay the price for peace, or assuredly we will pay the price of war.''

Defense spending: As so often in the past, the United States again appears unwilling to pay the price of peace. Since the mid-1980's, the Department of Defense budget has declined by 40 percent in real, inflation-adjusted dollars, and the size of the force has been reduced by a third. Funding for weapons procurement has fallen even further—today we are spending just one-third as much on new weapons as we did in the mid-1980's. I do not believe that these levels of spending can be tolerated without critically weakening our military capabilities. And yet, there is all too little support for restoring even modest rates of growth in military spending. On the contrary, for long-term planning purposes, the Pentagon assumes that Defense budgets will be frozen at about $250 billion per year, in constant prices, as far as the eye can see.

We cannot, however, maintain a force of a stable size without at least modest growth in spending. For one thing, in order to keep quality people in the force, the quality of life in the military has to keep pace with the quality of life in the civilian sector. So pay, housing expenditures, facility maintenance accounts, and other related activities have to increase with the overall growth of the economy. Second, modern, advanced weapons grow in cost from one generation to the next, so budgets must grow to take advantage of evolving technology. Finally, sophisticated new weapons are more expensive to maintain, and they allow a higher, more costly pace of operations. Flat defense budgets, therefore, will entail further, strategically unwarranted cuts in the size of the force, declining military readiness, and a failure to exploit the rapid evolution of military technology. This is a prescription for the slow, steady, debilitating erosion of our military capabilities.

Pressures on people: Perhaps most importantly, even as the size of the force has declined in recent years, the pace of military operations—from Somalia, to Haiti, to Bosnia, to the Persian Gulf—has accelerated dramatically. Senior officers in all of the services worry that the pace of operations will sooner or later drive good people out of the military. To operate the modern U.S. military requires professional personnel with advanced skills that take years to learn. As a result, the services have to retain quality people after their initial enlistment run out. Older, skilled service members will get married, have children, struggle to make ends meet, worry about education, just like other citizens. Military personnel managers, therefore, often say that they enlist soldiers,but they retain families.

By its very nature, military life puts pressure on families. Service members are away from home for extended periods. Moves are frequent. Jobs are often very demanding, and job pressures grow as careers advance. Military personnel, of course, understand and accept these pressures, including regular deployments abroad, as part of the job. The pressures on military families have been greatly aggravated in recent years, however, by force reductions and by unplanned, irregular, temporary assignments to support military operations. If we are to keep skilled people in the service, we cannot afford to keep asking them to do more and more with less and less.

Were he here today, Major Marshall, I am afraid, would recognize all of this—a failure to appreciate the need for military strength, reluctance to pay the price of peace, asking too much of those who serve in the military—as familiar symptoms of our Nation's traditional attitude toward national defense. If we are to

avoid the mistakes of the past, we need to reconsider sooner, rather than later, how to protect the exquisite military force that we have inherited.

BABY SAFETY SHOWER

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 24, 1997

Mr. FRELINGHUYSEN. Mr. Speaker, on July 21, 1997, I hosted an event in my district, the details of which I would like to share with you and my colleagues.

The event, a Baby Safety Shower, was developed by the Consumer Product Safety Commission to help good parents become even better parents, and good grandparents become even better grandparents. I was certainly pleased to have Ann Brown, Chair of the U.S. Consumer Product Safety Commission [CPSC], as my guest at Morristown Memorial Hospital to share some of her extensive knowledge of consumer product safety issues with new and expectant mothers, grandparents, pediatricians, and child care providers in New Jersey.

I can tell you that when I learned about the CPSC's Baby Safety Shower program, I decided immediately that it was something that I would like to share with my constituents. As I well know, as a parent myself, babies do not come with instruction manuals and even the best new parents need to learn how to take care of their babies.

We know how much new parents want this kind of information, and CPSC has already given out over a quarter million baby safety checklists, containing safety tips that can save a baby's life, to parents around the country. Most people don't know that many of the everyday items in their homes can be hazardous to a baby, nor do they realize the extent of harm that these hidden hazards can cause.

Ann Brown shared several of the most common items with us in her presentation. For example, many individuals would never think that an old crib with sentimental value could be deadly for a new baby. To the contrary, old and previously used cribs are involved in the deaths of about 50 infants each year. To prevent these unnecessary deaths, CPSC has an abundance of information that can be used to identify these hazards.

The event was cosponsored by the New Jersey Department of Health and Senior Services. Dr. Leah Ziskin, Deputy Commissioner of Child Health, served as my cohost and offered her expertise on child health issues. The Department of Health and Senior Services offered new mothers important information on lead poisoning prevention.

I chose to host the event at Morristown Memorial Hospital to add a health emphasis on the day as well. The 11th District has a wealth of talented pediatricians and Morristown Memorial Hospital has one of the finest pediatrics and maternal health programs in the area. I want to thank Morristown Memorial and their staff for all of their assistance in planning the event and making the day run smoothly, including Dick Oths, Jeanne McMahon, Carol Paul, Dr. Kathleen Baker, Dr. Abraham Risk, Alan Robinson, Marcus DePontes, and Vicki Allen.

I would like to also thank the hospital for their excellent and informative presentations on the ''TraumaRoo'' program, Sudden Infant Death Syndrome, the Women, Infants, and Children [WIC] nutrition program, and Childhood Immunizations. The new or expectant mothers that I spoke with at the event were thrilled with all of the information that was made available through these displays.

Further, the 11th District has a wealth of companies that manufacture important products to keep infants and children healthy. I would like to thank Johnson and Johnson, founding sponsor of the New Jersey State Safety Council and the New Jersey State Safe Kids Campaign, American Home Products, the Warner Lambert Co., and Discovery Toys for their generous contributions of products and information that they made available to all the attendees.

Finally, I consider myself and the 11th District privileged to work with Kathy Ross, executive director of Child and Family Resources, who was also a great help in coordinating the event, sharing information on the ''Rethinking the Brain'' campaign, and reaching out to parents and child care providers alike.

I am hopeful that the information that was made available at the Baby Safety Shower will prevent accidents and harm to infants and children in my State. I am also optimistic that the day's events will be replicated by some of the individuals in attendance so that these important points will reach even more new parents and grandparents in our area and around the country.

THE CLINICAL LABORATORY IMPROVEMENT ACT AMENDMENTS OF 1997

HON. BILL ARCHER

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 24, 1997

Mr. ARCHER. Mr. Speaker, I am introducing the Clinical Laboratory Improvement Act Amendments of 1997 [CLIA '97], a bill identical to H.R. 1386 which had 131 cosponsors in the 104th Congress. H.R. 1386 was included in the House passed Balanced Budget Act of 1995 but was dropped by the Senate on a budget point of order. Like its predecessor, this legislation exempts physicians' office laboratories from the Clinical Laboratory Improvements Act of 1988 [CLIA '88], reduces the burdens on physicians who perform laboratory tests in their offices and consequently improves patient care while lowering patient costs. Also like its predecessor, this legislation would continue the regulation of any laboratory that performs pap smear analysis.

CLIA '88 has created enormous barriers to quality medical services for millions of Americans. Thousands of physicians have had to discontinue all or some portion of essential office laboratory testing, including tests for pregnancy and rapid strep. This creates a barrier to patient compliance with treatment protocols and subsequently causes patient inconvenience. For example, in those offices which have discontinued testing, a patient must now be referred to an outside laboratory to have the specimen taken and tested. This poses a substantial hardship for many patients, most notably the elderly, the disabled, and families who live in underserved areas. Oftentimes these patients cannot travel to or find someone to take them to these facilities. The result is that they do not obtain the necessary test which may interfere with their treatment or they go to a hospital emergency room when they become sicker and where the costs of testing are much greater.

CLIA '97 is an essential part of the Congress' continued efforts to provide affordable and quality health care to millions of Americans. CLIA '88 has added billions of dollars to the cost of healthcare and has significantly increased the Federal Government's expenditures for laboratory services. In the first 5 years following the enactment of CLIA '88, Medicare expenditures for laboratory services increased $3.1 billion or 110 percent to $5.9 billion annually. Last year, an independent analysis conducted by the Health Care Financing Administration's [HCFA] former Chief Actuary, using HCFA's own methodology, found that the Federal Government could save $800 million to $1.4 billion over the next 7 years by exempting physician office testing from CLIA '88.

I hope that my colleagues, on both sides of the aisle, will join me in supporting this legislation which will reduce health care costs and improve the ability of patients to receive appropriate laboratory tests conveniently and in a timely fashion.

DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1998

SPEECH OF

HON. CAROLYN C. KILPATRICK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 16, 1997

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2158) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, commissions, corporations, and offices for the fiscal year ending September 30, 1998, and for other purposes:

Ms. KILPATRICK. Mr. Chairman, I rise in opposition to the Foley-Bachus-Miller amendment to freeze the community development financial institutions [CDFI] fund at fiscal year 1997 levels, that was considered recently in debate on VA/HUD appropriation bill and support the level reported by the committee.

The CDFI Program was established in 1994 at the request of President Clinton and received bipartisan support. Public money from the CDFI is leveraged with private capital to increase much needed investment in distressed urban and rural communities. The purpose of CDFI is to provide technical assistance, loans, and grants to institutions and programs such as micro-loan funds, venture capital funds, community development banks, and low income credit unions. These ventures are purely established for the purpose of serving underserved communities and populations and are filling the void left by traditional lenders in urban and rural communities.

The Bank Enterprise Act, [BEA] which receives one-third of the funds appropriated to