

In less than a year, the deficit-busting efforts started early in the 1980s and culminating in last year's balanced budget agreement reached the climax we have been waiting for since 1969—the first budget surplus in 30 years.

All of this is very good news, everyone on Capitol Hill wants to take credit for it. Despite the euphoric attitude that has overcome the congressional budgeteers and appropriators, however, I want to sound a note of caution.

This weekend, the Seattle Times published an editorial that sums up my hesitation to jump on the pig pile scrambling to spend the projected surplus on tax cuts, as advocated by a number of my colleagues, or new government programs, as suggested by the President and Democratic leadership.

The editorial, aptly titled "Surplus? What Surplus?", reminds us all of a reality few are willing to face.

In July, the Congressional Budget Office predicted the Federal Government will run a \$63 billion surplus in 1998 if the Social Security trust fund is included in the budget calculations. We still are running a \$41 billion deficit, however, if the surplus in the Social Security trust fund is excluded.

The Federal Government will not run a surplus without the inclusion of the Social Security trust fund until 2002, when CBO expects a \$1 billion surplus. By 2008, the surplus will rise to \$64 billion, without including the Social Security trust fund.

We are close, but we are not out of the woods yet.

I remain deeply concerned about the future viability of Social Security.

Social Security is a sacred contract between the Federal Government and seniors. We cannot and must not use the current surplus in the Social Security trust fund to offset deficit spending in other Government programs. Unfortunately, the President, among others in Government, has proposed to do precisely that.

As Congress speeds toward the end of the 105th Congress, we must keep the future of the Social Security trust fund paramount in our deliberations. Some Members of Congress want to pass a tax cut package before the election, which will be funded by the projected surplus.

The President—who urged us to "Save Social Security First" during his State of the Union Address in January—opposes tax cuts for the American people but has been pushing for \$20 billion in so called emergency spending since September. He does not propose to offset this spending with cuts in other Government programs. In fact, by categorizing his spending requests as "emergencies," he plans to spend a large part of the surplus he himself designated for saving Social Security in January.

Frankly, I question the legitimacy of the "emergencies" identified by the President—the year 2000 computer problem, military responsibilities in Bosnia, and the decennial census.

These so-called emergencies have been on the radar screen for years. Unfortunately, the President failed to place a priority on these challenges when he gave Congress his budget in February.

Now we have several "emergencies" for which the President is willing to dip into the surplus he deemed sacred in January—a surplus that does not exist unless we tap into the Social Security trust fund.

Allow me to discuss the trust fund for just a moment. Today the Social Security trust fund is running a surplus. But that is by design. When the baby boom generation begins retiring in just a few years, that surplus will be needed to ensure that Social Security can meet its obligations.

I believe that all Government surpluses must be used to guarantee the stability of the Social Security system so that everyone relying on Social Security today, and everyone working and paying into the system today, will be able to count on Social Security without any cuts or increased taxes tomorrow.

The President has said that he wants to save Social Security, but in fact his budget proposed to spend billions of dollars over and above the balanced budget agreement he signed a year ago. Now he wants more money for the so-called emergencies I described earlier. Every one of those dollars will inevitably come out of the surplus I am convinced we need to preserve for Social Security. That is wrong.

We must use all of the Social Security and other future budget surpluses to make entirely certain that the current generation, and at least the next generation, have Social Security in its present form.

I believe so strongly in this position, that in a July strategy meeting to discuss tax and budget issues my advice to Senate Majority Leader TRENT LOTT was to "save Social Security first." I believe now that that is exactly what we will do.

We cannot play smoke and mirrors with the Social Security trust fund.

At the beginning of September, I sent this chart, which you can see, Mr. President, to more than 300,000 seniors in Washington State. I have received thousands of responses over the last 3 weeks.

This is a difference between a true deficit in our normal accounts and a surplus that is created simply by counting the Social Security surplus, with the 0 point, as I said earlier, not reached until in the year 2002.

Margaret Collins of Kent wrote: "Keep Social Security money for Social Security only."

Alice Crowley of Seattle wrote: "I am 82 years old and I say they should use any available surplus, Social Security and otherwise to preserve and protect Social Security."

Mr. and Mrs. Bill Pennock of Redmond wrote: "The American people pay into Social Security believing the money will be there when they retire.

Our generation depends on Social Security and we feel future generations will also need it. Please do not spend the fund on other government programs."

Wallace Wickland of Bothell wrote: "You people in Washington have got to keep your hands off Social Security. This is all some people have. Voting for Social Security will save your jobs!"

Anna Green of Tacoma wrote: "We always voted for you, and I hope you think of our children and grandchildren to preserve and protect the Social Security for them."

Barbara Murphy of Tumwater wrote: "I'm in favor of using all the surplus to shore-up Social Security. I know House Republicans propose a tax refund for citizens, but let's wait on that."

My constituents support using all of the Social Security surplus and future budget surpluses to make entirely certain that the current generation and future generations are protected. Once Congress and the President agree to a plan that shores up Social Security for our children and grandchildren who will retire during the next century, I gladly will join my colleagues in providing tax relief for hard-working Americans.

I want to make that point crystal clear. I am not opposed to tax relief. In fact, I'm all for across-the-board tax cuts that provide relief for middle class taxpayers. In fact, I have cosponsored two bills that reduce or eliminate tax penalties on married couples—a major component of the House-passed tax relief package. The taxpayers have contributed more than their fair share to the balanced budget for which we so desperately want to claim credit in Washington, D.C.

Unfortunately, we have to eat the spinach on our plate before we eat dessert. We have one more challenge to face—one more hurdle to jump—before we can claim victory on balancing the budget and start returning their hard-earned dollars to taxpayers. Let's secure and protect the Social Security trust fund for current retirees and future generations first.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. ASHCROFT). Without objection, it is so ordered.

Mr. DORGAN. I ask unanimous consent to speak as if in morning business for 10 minutes.

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

Mr. DORGAN. Thank you, Mr. President.

#### PRIORITIES OF THE 105TH CONGRESS

Mr. DORGAN. Mr. President, one of the items up for consideration as we

finish this 105th Congress is H.R. 10, the so-called financial modernization bill. In fact, we have gone through a cloture vote on the motion to proceed to that bill. H.R. 10 is a piece of legislation that apparently has fairly wide support, I am told, in this Congress. I do not happen to support it, but I assume we will go through a period this week of debating and voting on a series of procedural motions dealing with H.R. 10.

It is a 600-page bill, and it will make the most sweeping changes to the financial sector and particularly the banking and other financial industries since the 1930s. This piece of legislation repeals the Glass-Steagall Act, which restricts the ability of banks and security underwriters to affiliate with one another.

The bill creates a new category of financial holding companies. The structure will allow for a broader range of financial services now to be done in one affiliated area—commercial banking, insurance underwriting, merchant banking.

I do not know whether most people have forgotten the lessons of the 1930s, but in the 1930s it was thought that perhaps we ought not to merge or marry in any way inherently speculative activities with banking because banking requires the perception—even just the perception—of safety and soundness to survive and do well. Safety and soundness is critical.

When you bring into the realm of banking activity that is inherently speculative, such as underwriting securities, insurance underwriting, merchant banking, and a whole range of other activities, it seems to me we have just forgotten the lessons of the 1930s. And we are told that we must do this in the name of financial modernization. In order to be “modern,” we must decide to step forward and change the structure of these financial institutions.

This country learned tough lessons the very hard way decades ago about marrying banking activities with other activities that are inherently speculative. I know they say, gee, we have created these affiliates with firewalls, all that sort of thing. I have heard that all before. I heard that with the Saving and Loans. The taxpayer got stuck for \$500 billion bailing out the S&L mess.

I think this bill represents a huge step backwards for this country. For that reason, I do not support the legislation. I will speak more about it at some point later.

But the thing I find interesting is this rush to complete H.R. 10 right now. The big shots want financial modernization and the halls are filled with people who are working to get H.R. 10 done because the big economic interests in this country want financial modernization.

But what about school modernization? I have been on the floor of this Senate talking about school construction, I guess maybe 10 times in this

Congress. I have told about a young second grader at the Cannon Ball elementary school. Let me just talk about this issue again, because school modernization does not seem to be a priority. Apparently, second graders are not big shots. They do not have the same clout with this Congress.

The school in Cannon Ball, just on the periphery of an Indian reservation, is a public school. It is open today. Those little kids, mostly Native Americans, are in their crowded classrooms. There are 160 students and staff in that school with only one water fountain and two bathrooms. Part of the school that is now being used had previously been condemned. It is an old, old, old building in desperate disrepair.

One of the rooms they use for music is in the downstairs area. They more than occasionally cannot use it because the stench of sewer gas comes up and fills that area, and they have to evacuate that area. And a little second grader came up to me when I toured that school, and asked, “Mr. Senator, will you build us a new school?” Well, the answer is, modernization of a school building does not apparently have the same priority to this Congress as modernization of our financial system.

Instead of financial modernization, how about modernization of the Cannon Ball school so that little girl, Rosie, age 7, can walk into a second grade classroom that we can be proud of, where you can hook a computer to the Internet, a classroom that is not going to have to be evacuated because of seeping sewer gas, a classroom that has a bathroom outside or a water fountain close by. What about her needs? What about the needs of all those kids?

Or maybe we can talk about the Ojibwa school. The kids there go to school in trailers that are overcrowded and unsafe and classrooms that have been condemned—and this Congress knows it. There is going to be a desperate accident there some day. There is going to be a fire spread across those trailers with their wooden fire escapes. My deep concern that somebody is going to die unless somebody takes action first.

Study after study after study shows that school to be unsafe, but there is no money to modernize that school. Those little children on the Turtle Mountain Indian Reservation go to the Ojibwa school in conditions that, in my judgment, should not give any of us pride that we send our children through its doorway.

We can do something about it. We can modernize those schools. We have had proposals on the floor of the Senate for school construction, but guess what? The funds to modernize those schools is not nearly as important as modernizing our financial system because H.R. 10, the financial modernization bill, has all kinds of folks in dark suits standing out here lobbying for it.

They have a lot of clout, a lot of resources. When they say, “Jump,” we

have people saying, “How high?” But what about the second graders? What about the Cannon Ball school? What about the Ojibwa school? I could go on talking about the school construction needs in our country and in my State, and especially on Indian reservations, about which we ought to do something.

I know the Senator from Massachusetts wanted to make this point with respect to the Patients’ Bill of Rights. Talk about modernization, what about modernization with respect to the delivery of health care? Is it modern to have a health care system in which people do not get the medical care they need?

The Senator from Massachusetts has been talking about the Patients’ Bill of Rights. We cannot even get a vote on it. It is very simple. It says that, when you are sick, you ought to be able to have a doctor or a health care plan that tells you all of your treatment options, not just the cheapest. And yet today all across this country people find HMOs saying, “We will only tell you what the cheapest option is, not all of your options, as a patient.”

Mr. KENNEDY. Would the Senator yield for a question?

Mr. DORGAN. I would be happy to yield.

Mr. KENNEDY. I have before me—and I will include in the RECORD—an excellent letter written by representatives of 30 different organizations representing women. I would like to ask if the Senator would agree with me that this issue involving the Patients’ Bill of Rights has special importance to women. It does—as I will mention in just a moment—to those who have been afflicted with breast cancer. And, of course, the nurses in this country are all in support.

But would the Senator agree with this letter, which is sponsored by the 30 organizations? I will include it in its entirety.

Few issues resonate as profoundly and pervasively as the need for quality health care, and women have a particular stake in the changes in our health care delivery system. Women are the primary consumers of health care services in this country, and we have unique health care needs. Women also take care of the health care needs of our families, from children to elderly relatives. Because of the great impact any patient protection bill will ultimately have on women, we ask that you support real reform that will truly improve women’s health.

The Patients’ Bill of Rights Act (S. 1890) takes the needs of all consumers seriously, and it pays particular attention to the needs of women. The genuine and often unique concerns of women are woven into the fabric of this bill. S. 1890 recognizes that women’s health can only be improved by comprehensive reform.

I am just wondering if the Senator would agree, first of all, as a strong supporter of the legislation, that he believes that the Republican leadership is derelict in its duty by failing to bring up legislation that can have that kind of importance to the mothers and to the wives, to the sisters, to the daughters, of families in this country?

This is supported by 30 organizations that represent women, children, and families.

Does the Senator not agree with me that the Republican leadership has been derelict in failing to give us an opportunity to address these issues which are central to the concern of women in our society and their health care needs?

Mr. DORGAN. I agree that there has been a concerted attempt to prevent legislation of this type from coming to the floor of the Senate under regular order.

It is apparently not a priority. In fact, not only is this apparently not a priority but they have also deliberately attempted to prevent us from having the opportunity to enact HMO reform, the Patients' Bill of Rights, school modernization, and so on, because it is not something they want to do.

I think this is a misplaced set of priorities.

Mr. KENNEDY. Will the Senator agree that is one of the most important issues before families in this country? We believe, as supporters of the Patients' Bill of Rights, Senator DASCHLE's bill, that doctors ought to be making decisions with regard to the health of women in our society. That is the key underlying difference between the Patients' Bill of Rights and other substitutes, but this is a matter of urgency, a matter of importance.

The PRESIDING OFFICER. The time of the Senator from North Dakota has expired.

Mr. DORGAN. Mr. President, I ask unanimous consent for 2 additional minutes.

Mr. CRAIG. May I inquire how much time remains in morning business under the order?

The PRESIDING OFFICER. The remaining time is about 18 minutes, until 11:30.

Mr. CRAIG. The Senator from West Virginia and I would also like some of that time if at all possible prior to 11:30. If you would take that under consideration, I would not object.

The PRESIDING OFFICER. The Senator has 2 more minutes.

Mr. CRAIG. I require no more than 10 minutes.

Mr. DORGAN. Mr. President, I appreciate the indulgence of the Senator from Idaho.

Let me make one final point, and if the Senator from Massachusetts wishes to make a final point in the form of a question, I will yield.

The point is that health care decisions ought to be made in a doctor's office or in a hospital room, not by some insurance company accountant 500 or 1,000 miles away. That is the point the Senator from Massachusetts is making. That is the point that is made in the underlying legislation dealing with a Patients' Bill of Rights. It is a critically important point.

We ought to have been able to debate fully under regular order the piece of legislation called the Patients' Bill of

Rights. I regret we have not been able to debate that.

I yield to the Senator from Massachusetts.

Mr. KENNEDY. Mr. President, to conclude, I ask unanimous consent to have printed in the RECORD the correspondence from various women's groups, including the No. 1 consumer group in terms of protection of women, the Breast Cancer Coalition, 450 organizations that support this legislation, and the American Nurses Association, who strongly support the legislation.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

JULY 29, 1998.

Dear Senator: The undersigned organizations work on a range of issues that are important to women, including women's health, and together we speak for millions of women around this country. As women's organizations, we understand the needs and concerns of women. We urge you to support the Patients' Bill of Rights Act (S. 1890) because it is the only bill that provides comprehensive and genuine patient protections for the millions of Americans enrolled in managed care plans.

Few issues resonate as profoundly and pervasively as the need for quality health care, and women have a particular stake in the changes in our health care delivery system. Women are the primary consumers of health care services in this country, and we have unique health care needs. Women also take care of the health care needs of our families, from children to elderly relatives. Because of the great impact any patient protection bill will ultimately have on women, we ask that you support real reform that will truly improve women's health.

The Patients' Bill of Rights Act (S. 1890) takes the needs of all consumers seriously, and it pays particular attention to the needs of women. The genuine and often unique concerns of women are woven into the fabric of this bill. S. 1890 recognizes that women's health can only be improved by comprehensive reform. Some of the provisions in S. 1890 that will improve women's health include: letting a patient's own trusted health care professional make important treatment decisions like how long a patient stays in the hospital; ensuring and streamlining access to specialty care, including access to non-network specialists (at no additional cost) when the plan can't meet the patient's needs; giving women the option of having direct access to ob-gyn services or choosing an obstetrician/gynecologist as a primary care provider; ensuring access to clinical trials that may save women's lives; ensuring that pregnant women can continue to see the same health care provider throughout pregnancy if either their provider leaves the plan or their employer changes plans; allowing health care professionals to prescribe drugs that are not on the plan's predetermined list when such drugs are medically indicated; providing a fast, fair, consumer-friendly independent appeal whenever a plan's decision to deny or limit care jeopardizes life or health; having an internal quality improvement system that measures performance on health care issues that affect women; collecting data (and providing a summary of it to enrollees) that allows plans to evaluate how they are meeting the health needs of women; incorporating gender-specific medicine when developing the plan's written clinical review criteria; and ensuring that providers and patients are not discriminated against on the basis of sex or other characteristics.

The other health reform bill that the Senate may soon consider, the Senate leader-

ship's bill (S. 2330), does not include the patient protections listed above. It attempts to address a few of these issues (ob-gyn services, continuity of care, appeal procedures), but in each case the provisions fall considerably short of S. 1890. As a result, the bill does almost nothing to correct the problems that insured women encounter every day with their health plans—the very point of enacting patient protection legislation.

The bill's sponsors tout Title V of the bill (entitled "Women's Health Research and Prevention") as responding to the needs of women. But this title consists mostly of routine reauthorizations of research and public health programs that Congress must attend to as part of the usual course of business. Initiatives such as these have bipartisan support, but have stalled in committee for 18 months. Now that these proposals have the backing of the leadership, we hope they can be passed swiftly. But let's not be fooled—these provisions, regardless of their obvious merits, do not turn S. 2330 into a patient protection bill that meets the needs of women.

Only S. 1890 offers the range of common-sense patient protections that women need. We need to invest in women's health research, but not as a substitute for comprehensive patient protections. We urge you to support S. 1890 and not S. 2330 when these bills come to the floor for a vote.

Sincerely,

National Partnership for Women & Families; American Association of University Women; American Nurses Association; Association of Women's Health, Obstetric and Neonatal Nurses; Catholics for a Free Choice; Church Women United; Coalition of Labor Union Women (CLUW); Feminist Majority; MANA, A National Latina Organization; National Abortion Federation.

National Abortion and Reproductive Rights Action League; National Association of Commissions for Women (NACW); National Association for Female Executives; National Association of Nurse Practitioners in Reproductive Health; National Black Women's Health Project; National Committee for Responsive Philanthropy; National Family Planning and Reproductive Health Association; National Organization for Women; National Women's Conference; National Women's Law Center.

NETWORK, A National Catholic Social Justice Lobby; Older Women's League; Religious Coalition for Reproductive Choice; RESOLVE, The National Infertility Association; United Methodist Church, General Board of Church and Society; Wider Opportunities for Women; The Woman Activist Fund; Women Employed; Women's Institute for Freedom of the Press; Working Women's Department, AFL-CIO; YWCA of the U.S.A.

STATEMENT OF BEVERLY L. MALONE,  
PRESIDENT, AMERICAN NURSES ASSOCIATION  
PRESS CONFERENCE ON MANAGED CARE AND  
WOMEN'S HEALTH

Good afternoon. I am Beverly Malone, President of the American Nurses Association.

ANA is proud to be one of the signatories of this letter urging members of the Senate to support S. 1890, the Patients' Bill of Rights Act. It is the only bill that provides comprehensive and genuine patient protections for the millions of Americans enrolled in managed care plans, protections that are of particular importance to women.

Nurses have long been in the forefront of efforts to recognize and provide for the distinct health care needs of women. As patient

advocates, most of whom are themselves women, and as health care providers who focus on the health of the whole person, nurses have a special concern for the well-being of women in our society.

ANA strongly supports the patient protections recommended by the President's Commission on Consumer Protection and Quality in the Health Care Industry and embodied in Patients' Bill of Rights of 1998. As a member of the Commission, as a nurse, as a woman, and as a representative of the millions of registered nurses in the United States, I say without reservation that the nursing profession's commitment to our patients demands our commitment to legislation that will provide true protection from the abusive practices of the managed care industry.

Nurses who are at the bedside when women undergo the trauma of breast cancer and mastectomy are acutely aware of a broad range of unsafe and insensitive practices that threaten the health and safety of their patients. Certainly, requirements by health plans that women undergo mastectomies as outpatient procedures are unconscionable. But that practice is symptomatic of more pervasive dysfunctions in the health care system that impact women disproportionately and must be addressed as well. It is not enough to address only one instance of inappropriate interference in treatment decisions. In fact, offering a token rather than a genuine reform is shameful when there is such suffering in so many other areas.

My colleagues from the women's community who are here today know that aging women suffer the effects of prescription drug limitations that do not allow for their complex health requirements, that the scourge of breast cancer requires not only humane treatment but access to clinical trials so that true progress can be made for future generations, and that women who make health care decisions for themselves and for their families must have full information on which to base those decisions.

The American Nurses Association believes that every individual should have access to health care services along the full continuum of care and be an empowered partner in making health care decisions. We also believe that accountability for quality, cost-effective health care must be shared among health plans, health systems, providers, and consumers. There is only one bill before the Senate which will provide that kind of access and empowerment and accountability for the women of our nation and their families.

Nurses at the bedside have learned what happens when frail, older women receive inappropriate medications, or when mammograms come too late, or when misinformation or misunderstanding lead to dangerous delays in care. For the nurses at the bedside, the need for patient protection and patient advocacy is played out every day, and we urge every Senator to support S. 1890, the Patients' Bill of Rights Act of 1998.

STATEMENT OF FRANCES M. VISCO, PRESIDENT, NATIONAL BREAST CANCER COALITION PATIENTS' BILL OF RIGHTS ACT OF 1998

Once again, on behalf of the 450 organizations and tens of thousands of individuals who are members of the National Breast Cancer Coalition (NBCC), I would like to reconfirm our support for the "Patients' Bill of Rights Act of 1998" (S. 1890). I applaud Sens. Daschle and Kennedy for introducing a bill which offers real patient protections benefiting women and the potential to help ensure effective, quality health care.

The NBCC is dedicated to the eradication of breast cancer through action and advocacy: it seeks to increase the influence of breast cancer survivors and other activities

over research, clinical trials, and public policy and to ensure access to quality health care for all women. NBCC recognizes that the evolving health care system affords us the opportunity to define and focus on true quality of care for women and their families. We cannot afford to let this opportunity pass.

The NBCC believes that breast cancer patients have fundamental rights, including: the right to receive accurate information about their health plans; access to the right providers; involvement in treatment decisions that are based on good science; confidentiality of their health information; and coverage for routine health care costs associated with participation in clinical trials. S. 1890 guarantees patients these rights and offers women a legitimate "Patients' Bill of Rights."

Other bills being considered by the Senate that are being marketed as women's health bills do not in fact give women the substantive protections that they need. Instead, the bills offer routine reauthorizations of research and public health programs that Congress must attend to as part of the usual course of business. While these provisions and efforts to move them forward quickly are extremely important, they do not transform proposed health reform legislation into a women's health care bill. To ensure true quality health care for women and their families, we need legislation, such as S. 1890, which offers comprehensive patient protections against the problems that insured women encounter every day with their health plans.

One of the NBCC's most pressing concerns is that health insurance and managed care plans are erecting barriers to good science by increasingly refusing reimbursement for routine patient costs when breast cancer patients participate in approved clinical trials. This practice is preventing us from finding desperately needed scientific answers about breast cancer and severely affects the treatment breast cancer patients receive. Only three percent of adult cancer patients are enrolled in clinical trials—insurance reimbursement is often a major obstacle to clinical trial participation. In fact, one of our NBCC members who participated in an NCI clinical trial five years ago, only recently resolved her legal battles with her insurance company over coverage of the costs associated with the NCI trial. The Patients' Bill of Rights Act is an important first step in ensuring third party coverage for the routine patient costs incurred within a clinical trial.

The NBCC is prepared to work with the Congress, and will mobilize our nationwide network of advocates to ensure that meaningful legislation like the Patients' Bill of Rights Act is enacted into law. We offer thanks to all of the leaders gathered here today for their work to ensure that breast cancer patients and all American women and families receive quality health care.

#### SCHEDULE OF THE PRESIDENT

Mr. CRAIG. Mr. President, I come to the floor today with a revelation that I suspect will come as a bit of a surprise to some of my colleagues and to a few Americans. Mr. President, fellow Senators and fellow Americans, President Bill Clinton, is in town. That is right. The President is actually in the White House today.

For any who have followed the President's extensive travel throughout his term in office, you would notice that I say his "time in Washington" because

that has been far less than his term in office. The fact that the President has actually planned to stay in town for a week is, in my opinion, a bit newsworthy.

The President is supposed to be the head of our country. Instead, I suspect that Bill Clinton has been our country's feet. This President is already the most foreign-traveled President in U.S. history, with 32 trips abroad in less than 6 years in office. In just the last 2 years, he has spent 79 days overseas. Those 79 days abroad in 2 years are almost as many days as President Bush spent during his 4 years in office.

If and when he has come home to the United States does not mean that he came home to the White House. President Clinton spent almost half of last year, 149 days, and over half of this year, now 155 days, out of the White House. What has he been doing while logging those frequent flier miles on Air Force One? Well, a lot has been fundraising; 65 days over just the last 2 years have included out-of-town fundraising trips, and 14 more are planned for this month alone.

Now the President is back in town for one of his rare weeks in Washington. What did he do on his first day at work yesterday? He sought, once again, to divert attention from his own problems—this time, by threatening to shut down the Government. It is hard to tell if this President has come back to town to simply repack his bags or to take, or attempt to take, Congress hostage.

President Clinton appears intent on making the sequel to the movie "Wag the Dog." The President hasn't participated in the process of government at all this year, and now he returns, seemingly, to attempt to shut the process down. I have to say I think this is a bit of diversion. I don't believe it is leadership.

Is it unfair to criticize? Is it partisan to be harsh? I asked myself that question before I came to the floor this morning. I don't think so. Here is why I don't think so. Consider just two issues that we all believe are important issues, that even the President has acknowledged are important.

In just a few moments we are going to resume debate on a most important piece of legislation, the agricultural appropriations. It is on that that I want to speak for just a few moments, an issue that President Clinton once ignored. He ignored solutions to help farmers and ranchers. He didn't speak about them in his first term of office and has spoken little about them in his second term. Now we have legislation that we think will help farmers and ranchers, and on his first week back in town he says "I'll veto it."

"Agriculture" is a word that this President hasn't found a place for in his vocabulary. Why? Because American farmers make up less than 3 percent of the American public. They don't have as much political clout as they once had. So this President hasn't