

beautiful environment. The conservancy's members should be proud of this distinguished award and their great success in preservation that it celebrates.

A national awards committee, drawn from among the Nature Conservancy's 50 State chapters, its 21 programs in Latin America, and its offices on the Pacific Rim and in Indonesia, selected the New Hampshire Chapter for the National Program Progress Award. The award recognizes a conservancy chapter that has made the greatest progress during the past year in building its overall program, and achieving the conservancy's mission of protecting land that harbors rare and endangered plants, animals, and ecosystems.

At the Nature Conservancy's National Annual Trustees Meeting last month, the group's president and CEO, John Sawhill, spoke about the dedication and inspiration of the New Hampshire chapter by saying, "I was amazed that so many people from all walks of life were involved in raising the money for this project and how the local community embraced our effort to save the forest * * * I believe Sheldrick Forest can serve as an inspiration to us all." The New Hampshire chapter sets an excellent example for environmental preservation in New Hampshire and for other parts of our country.

The New Hampshire chapter has certainly made our State very proud of their efforts. Congratulations to the New Hampshire Nature Conservancy on this distinguished award. May they continue to protect and preserve our beautiful New Hampshire's forests.●

THE CONTINUED IMPORTANCE OF HEALTH CARE REFORM AND MEDICAL RESEARCH

● Mr. HEFLIN. Mr. President, over the years, we have participated in many efforts to assist the people of Alabama and the Nation in the area of health care, particularly in insuring adequate funding for biomedical research programs. The various budget battles to ensure that cancer research is maintained at the highest effective level became an annual effort during my tenure as a U.S. Senator.

During the mid-1980's, it became necessary for me to author several amendments to various spending bills in order for important cancer research to be adequately conducted.

Cancer is a disease that knows no class, income levels, lifestyle, race, or sex. It can strike anyone at any time, as evidenced by studies estimating that almost 1 million Americans develop this deadly disease annually.

In Alabama, important research through grants from the National Institutes of Health [NIH] is being carried on at 13 universities, hospitals, and research institutes. Research particularly crucial to our efforts to conquer cancer is being done at the University of South Alabama in Mobile, the Southern Research Institute in Bir-

mingham, and the University of Alabama at Birmingham. These institutions are well known for their important contributions to cancer research.

The cancer research community throughout America, and the world, knows that one of the true flagships of cancer research is the Cancer Core Center at UAB, which has been listed among the three top U.S. centers for cancer research. It is one of the first centers recognized by the National Cancer Institute, and has experienced remarkable growth. In addition, it has developed some of the most sophisticated resources for basic science and clinical care in the southeast, and it is now a regional, national, and international resource for patient care and research.

Through the National Institutes of Health, we have been successful in getting funds to establish grants for sickle cell centers at UAB, and the University of South Alabama. Sickle cells, or sickle cell anemia, is predominately an inherited, chronic blood disease where the red blood cells become crescent shaped and function abnormally. This is how it got its name. The pains from this disease are due to aggregations of sickle cells causing a temporary blockage of the small blood vessels. These cells are subject to early destruction in the circulation, causing a chronic anemia. Although it occurs primarily in people of African heritage, with one out of 400 African Americans affected, it also occurs in persons from Mediterranean and other countries. A clinical alert issued by health care professionals in January 1995 by the National Heart, Lung and Blood Institutes announced an effective treatment of an anticancer drug which showed a remarkable reduction with regard to the complications of this disease.

In addition, other biomedical research is being conducted at Alabama A&M University, and Tuskegee University Veterinary Medicine program. Both these historical black universities have received funds for biomedical, as well as agriculture research. This includes my sponsorship of the amendment to the farm bill, providing \$50 million to legislation involving the 1890 land grant colleges, where Alabama A&M University and Tuskegee University were the top beneficiaries.

In the mid-1980's, the Marshall Space Flight Center and the University of Alabama at Birmingham [UAB] made a major contribution to our Nation's cancer research efforts by managing a program for protein crystal growth experiments on the space shuttle. For years, UAB has been a world leader in this type of research, with their knowledge having been crucial in the development of new drugs to treat critical illnesses. I feel considerable pride that I changed a working relationship between UAB and Marshall Space Flight Center. The restrictions on gravity, however, created difficulties in growing protein crystals large enough for

detailed study. In space, where there is no gravity, it was discovered that these crystals can be grown many times larger than on Earth, thus giving researchers samples large enough for accurate atomic characterization.

During my years in the Senate, I have been an ardent believer of our space program. I feel this contribution by Marshall Space Flight Center, and UAB is indicative of the benefits society can reap from a successful space program. Likewise, I have helped in restoring funds for the National Heart, Lung and Blood Institute [NHLBI] of the National Institutes of Health. Discussions have been held with Dr. Claude Lenfant, Director of NHLBI, on many occasions regarding the research at UAB in the area of cardiology, led by Dr. Gerald Pohost. Both Dr. Lenfant and I have had the distinction of testifying before this Subcommittee on Appropriations for the Department of Labor, Health and Human Services and Education and Related Agencies of the Senate Appropriations Committee, regarding this research.

At UAB, the cardiology division is one of the leaders in the Nation in research and teaching in clinical diagnosis and treatment. With areas of special expertise in the treatment of sudden death, interventional cardiology, cardiac transplants, and magnetic resonance imaging, the division continues to set the course for the future in basic and clinical research, and for the treatment of all forms of cardiovascular disease.

Over the years, I have strongly supported appropriations for the National Institutes of Health. My testimony before the subcommittee focused primarily on the critical importance of funding for the National Cancer Institute, the Centers for Research Resources [NCRR], and the National Heart, Lung and Blood Institute. In my opinion, NCRR never received the attention it deserved.

I was convinced that the biomedical research technology program at the University of Alabama's center was outstanding. It involves a unique, high-field magnetic resource image. This device has the potential to study the biomedical basis of human diseases without biopsy. These magnetic resonance methods have the capacity to determine tissue viability, as well as to examine biochemical and metabolic processes underlying heart disease, transplantation, rejection, and other common cardiac maladies.

On several occasions, I visited the National Institutes of Health to discuss their programs and goals. I was most impressed with the competency and quality of their operations. NIH is responsible for placing the United States in a position of preeminence in biomedical research and biotechnology. During my tenure in the Senate, it was determined that we could not let this prime example of excellence deteriorate, especially when so many advances are being realized. Supporting the National Heart, Lung and Blood Institute

has been one of my pet priorities. It provides leadership for our national programs dealing with diseases of the heart, blood vessels, blood and lungs, and the use and management of blood and blood resources.

In 1989, Congress provided \$640 million for heart disease research, and by 1994, these estimates had grown to \$737 million. These figures are for heart disease research, and I am proud to have been a leader with regard to providing Federal support in this area.

For the National Heart, Lung and Blood Institute, appropriations including grants and direct operations went from \$10,725,000 in 1950, to an appropriation of \$1.2 billion in 1994. Perhaps because of my own health, I have great faith in the work of the National Heart, Lung and Blood Institute. In fact, my own heart problems were solved with many techniques developed under advance research which took place at UAB in Birmingham, and elsewhere in the country. Drs. Pohost and Roubin—my physicians in Birmingham—took excellent care of me, and showed me how much our country can benefit from clinical research supported by the Heart, Lung and Blood Institute.

In February 1993, when the administration forwarded its budget proposal for 1994, it was \$16 million less than the previous year's budget. Immediately, I went to work with a group of my colleagues in the House and Senate to increase the budget of the NHLBI to a more reasonable level of \$1.27 billion, which was \$75 million more than the administration's request—an increase of \$63 million over the 1993 budget. This set the stage for an annual increase. Also, this year, I urged Congress to establish a cardiovascular care consortium center to be headed by Dr. Pohost at UAB. The Conference Report on Labor, Health and Human Services and Education Appropriations included a \$2.5 million for a project which the University Cardiovascular Care Consortium [UCCC] had proposed. It is called a best practices demonstration project, and we were able to convince the Health Care Financing Administration to endorse brief supportive language in the conference agreement to help ensure that this project receives high priority.

Although we were not able to adopt the provisions of the consortium in the appropriations bill, I have joined several Senators in contacting officials of the Health Care Financing Administration, urging the officials to move forward with a best practices demonstration project on congestive heart failure that the Senate Committee on Appropriations referenced in its fiscal year 1997 report. Congestive heart failure is the leading cause of mortality among Medicare beneficiaries. It is also the most costly diagnosis for the Medicare Program. A successful effort to develop and implement improvements in the quality and cost effectiveness of heart failure diagnosis and treatment would

improve patient outcomes, thus reducing Medicare expenditures.

The most contentious battles in my fight for improving health care and disease prevention for all Americans involved the Medicaid Program. Shortly after I took office in the U.S. Senate, officials of the Alabama Medicaid Agency contacted my office complaining that the Health Care Financing Administration in Washington was requiring the State of Alabama to return \$10 million to the Federal Government. Apparently, the State had authorized distribution of durable medical equipment, which at that time was not allowable under the Federal Medicaid regulations. The Medicaid Program is administered at the State level within certain general Federal guidelines. I was advised that the State of Alabama could ill-afford to lose \$10 million from its Medicaid budget. Therefore, my office successfully negotiated a settlement in favor of the State of Alabama with HCFA officials involving this dispute of Medicaid funds.

As with cancer research, funding for Medicaid was virtually an annual battle. When Congress considered the 1993 omnibus budget reconciliation bill, I urged an amendment which was adopted, thus giving relief to hospitals that treated a high disproportionate share of poor patients. This legislative action resulted in the State of Alabama receiving annually \$93 million additional dollars in Medicaid funds. This was because of the transitional amendment to the Omnibus Budget Reconciliation Act.

During the summer of 1996, after the transitional period had passed, a glitch again appeared in the flow of Federal funds to Alabama, causing Federal officials to withhold about \$94 million. I stayed in Washington during a recess period, endeavoring to work out a settlement of the issues between HCFA and the Alabama Medicaid Agency. We were able to negotiate a temporary settlement in this regard. The Alabama Medicaid Agency and my office negotiated with HCFA officials relative to a commitment by Alabama to comply with Federal requirements regarding patient's hospital payments, and to attempt to address HCFA's concerns with its hospital payment system. HCFA released the funds based on the State's commitment.

Problems occurred in the Medicaid Program because of the method by which Alabama finances its Medicaid Program through so-called intergovernmental transfers, a method of counting some funds from State and county hospitals as part of its Medicaid share. Alabama now receives about \$2.089 billion annually in Medicaid funding. This means that Alabama's contribution should be over \$800 million. However, the fact remains that Alabama's general fund has been appropriating only about \$140 to \$150 million each year for Medicaid.

This year, two different supplemental appropriations in the amount of \$10

million brought it up to a level of \$169 million. The difference between this amount and the \$800 million match has caused chronic disputes between HCFA and the Alabama Medicaid Agency. Being able to avoid putting up Alabama's Medicaid share in real dollars has been a mixed blessing. It has certainly saved Alabama's general fund from going into serious deficit, due to the rapid increase in overall Medicaid expenditures caused in part by additional services mandated by Congress. In turn, this has enabled the State to keep taxes low, and to avoid having to shift funds from other needed services, including education.

In September 1996, I was delighted when HCFA agreed to a request by the State's congressional delegation to release \$94 million in moneys that had been withheld from the Medicaid Program in Alabama. Sooner or later, Alabama is going to be required to find some additional money to put into Medicaid. Thus, finding a solution to our most recent Medicaid crisis will not be easy, and I do not believe the answer we found will last very long. Accordingly, we will need to start thinking about what we are going to do with this fix expires.

Looking to the future, Alabama's Representatives and Senators in Washington must examine all Medicaid reform proposals with great care. Such proposals offer States much greater flexibility in designing their Medicaid programs. This is clearly positive. If we do a good job, we can offer more cost-effective services to Medicaid recipients. But we must remember that the price of this flexibility may be that the Federal Government may at some point stop paying 70 percent of these health care costs. Alabama taxpayers will then have to pick up 100 percent of the additional cost, including, for example, the nursing home bills of our rapidly increasing number of elderly citizens. This is a big price to pay, and we had better be certain what we are doing.

In essence, the Federal Government should supply about 70 percent of Alabama's Medicaid funds and the State should supply about \$700 million. However, in actuality, the Federal Government is supplying about 92 percent of the Medicaid fund, and the State is supplying about 8 percent. The settlement we just reached would not only release \$94 million in 1996, but it would release about \$94 million in each of the next 5 years.

There is a movement in Congress to block grant Medicaid programs. However, it seems that the Federal Government would not block grant the almost \$2.1 billion that it is giving our State. It is likely that the Federal Government would only block grant \$1.4 billion, which would represent the 70 to 30 percent ratio. This means the State would have to appropriate \$170 million.

Therefore, if you add \$1.4 billion in Federal shares, and \$170 million in State shares, you will reach a total of

\$1.57 billion. This is \$530 million short of what is currently being funded for Alabama's Medicaid. There are no easy answers. There is much work that remains to be done.

Additionally, in the area of public health education, I sponsored legislation to establish two health facilities at the University of Alabama at Birmingham to honor two of Alabama's legendary Senators; namely, the John J. Sparkman Center for International Public Health Education, and the Lister Hill Center for Health Policy. With \$5 million in appropriations to the Lister Hill Center, and \$4 million in funds appropriated to the John J. Sparkman Center, both centers have been instrumental in developing research programs that address the needs in public health in the United States, as well as other developing countries.

Initiated in 1980, the John J. Sparkman Center for International Public Health Education [SCIPHE] was provided initial support when Congress authorized funding for the establishment of an endowment at UAB. The endowment assures long-term support SCIPHE programs and activities which should be conducted primarily onsite in developing countries rather than at UAB or other academic institutions. Thus, the primary mandate of SCIPHE is to promote and provide sustainable training strategies for public health professional in developing countries.

The Lister Hill Center [LHC] for Health Policy is also a congressionally endowed center, with a university-wide mission to facilitate the conduct of health policy research, in addition to disseminating the findings of that research beyond the usual academic channels. It also fosters research primarily through the work of its scholars in the areas of health care markets and managed care, maternal and child health, management in public health organizations, and clinical health services research. Scholars with national reputations in an area pertinent to health policy are invited monthly to give seminars. These seminar series are free of charge and are open to the UAB community.

I was asked by officials at UAB, Auburn Veterinary Medicine School, NIH and the National Association of Bio-Medical Research Association to pass legislation making it a Federal crime to damage or destroy medical research centers. One of the awards I am most proud of is the Outstanding Service to Science Award from the National Association of Bio-Medical Research for passing such legislation as well as other contributions I made to biomedical research.

I am proud to have played a small role in the promotion of health care and medical research during my tenure in the Senate. No one can argue that this type of reform and research are crucial to the future of our Nation and the well-being of our citizens. I am also proud that my home State is playing such an important role in this area.

While we cannot ignore the need for improving access to quality health care, we also cannot forget the importance of medical research, health education, and disease prevention.●

THE IMPORTANCE OF CONTINUED SPACE EXPLORATION AND RESEARCH

● Mr. HEFLIN. Mr. President, at the beginning of my first term, my appointment to the Commerce Subcommittee on Science, Technology and Space was beneficial, primarily because my home State of Alabama contains the Marshall Space Flight Center in Huntsville. Alabama is historically an economically disadvantaged State, and by creating a high-technology corridor through northern Alabama, we have been able to provide jobs at NASA and the defense and space-related activities in the area. Alabama is now near the top of the list in terms of the number of high-technology industries.

But in fairness, it should be understood that a Senator learns to have a dual purpose in what he does. It may sound cynical to say that I was working for my own State and my own electorate, but that was my job. I didn't have any particular expertise in the Space Program before arriving here, but learned about it because it was important to Alabama. My predecessor in the Senate, John Sparkman, had also taken an interest in space policy. He was a native of Huntsville. While serving on this subcommittee, an appreciation of the national, and in fact global, need to pursue the study and exploration of space and also an appreciation of the need to travel in space in order to expand the scope of humanity became more clear to me. Joe Moquin and Charles Grainger, who represented the Federal Affairs Division of the Huntsville Chamber of Commerce, as well as others, were helpful as I studied these exciting issues.

Recent advances at NASA highlight these needs powerfully. Our voyages to Mars, combined with a recent discovery on Earth, have allowed us to deduce that life may have existed on another planet. The Hubble space telescope has given us a better understanding of the universe. The space station, which is now called Alpha, will allow Americans to stay in space permanently and conduct manned scientific experiments.

Many have complained that the space program is too expensive and it yields little for the investment. But the space program provides a far greater return than its cost. Satellites have redefined the way we communicate, and they have reshaped our economy. However, even this immediately practical benefit is outweighed by other, more intangible gains. The knowledge we can gain in physics and technology has proved itself nearly unlimited. And there are unexpected benefits of the program, including what we can learn about our own planet, the advances we can make

in the field of medical research, and the international diplomacy we will develop with the space station.

I want to take some time here to summarize my activities relative to the space program, particularly regarding the space station and Marshall Space Flight Center. On a personal level, I am proudest of being the first Senator to call for and push for the development of a space station and also to have been a strong supporter of the shuttle program. Marshall has been central in both of these projects, and members of the Alabama congressional delegation have done our best to see that this remains the case.

Maintaining the independence and viability of NASA has been one of my top priorities. The agency has suffered a number of public relations problems in recent years, beginning with the Challenger explosion, followed by the failure of the Mars orbiter, and highlighted by the initial embarrassment of the Hubble telescope. But even before these setbacks, the military space budget had grown larger than NASA's. Of course, I have advocated ABM defenses, including some space-based projects for the future, longer than any other Senator. But NASA's civilian, independent status is necessary for the space program. For this reason, it was necessary to oppose intrusions such as military control of the heavy lift launch vehicle, which was proposed after the shuttle disaster, and each year, to work as hard as possible to see that NASA received the money it needed to continue to serve as a viable agency and to accomplish its specific aims.

Of course, it is NASA, the Marshall Space Flight Center, and the universities and businesses in Alabama who deserve the real credit. They are the minds who develop this astounding technology and reshaped the State. As a Senator, my aim was to do everything possible to support them consistently.

In 1979, we worked to ensure that the Commerce Committee approved a \$185 million supplemental authorization for Marshall to develop the space shuttle. In fact, the overall funding for the center had increased by \$100 million since the previous year. We also worked to persuade the members of the Appropriations Committee to fund the shuttle, and they provided nearly our full request.

My subcommittee also approved \$5 million for the gamma ray observatory project, to be developed at Marshall and launched by the space shuttle, and it authorized a fifth shuttle and a national oceanic satellite system. However, the full committee cut these three programs, so we set out to be certain that they would pass in later years.

In 1980, the Commerce Committee approved an authorization to build a fifth shuttle, but the conference committee dropped it in the final bill. However, the Congress did pass increases for