

in the peace mission in Bosnia was more intense, more persistent, and more urgent than I had imagined, from the Prime Minister of Great Britain to the Prime Minister of Germany, to the Prime Minister of Spain, to the Prime Minister of Ireland, everyone else I talked to. This is a very, very, very important thing in terms of our relationships with Europe and what we expect in terms of a partnership with Europe in the years ahead.

Let me say to those of you who come here from both parties, I understand that bipartisanship in foreign policy has never meant agreement on every detail of every policy. And while we may differ from time to time on the specifics of our policies, we still must agree and we have never fundamentally disagreed on our purpose: to defend our interests, to preserve peace, to protect human rights, to promote prosperity around the world.

That does not mean that we can solve every problem. We cannot be the world's policeman. But when our leadership can make a difference between war and peace and when our interests are engaged, we have a duty to act. We have seen the dividends of that from the Persian Gulf to the Middle East, from North Korea to Northern Ireland to Haiti. American leadership can also produce those dividends and more in Bosnia, because we can make a difference there.

I'm convinced that this mission is clear; it's achievable. Our troops will have strong rules of engagement. They will operate under an American general. They will be fully trained and heavily armed. Our commanders have done all they can to minimize the risks and to maximize their ability to carry out a clearly defined mission with a clear end point. There will be no mission creep.

The peace agreement has given these parties a real opportunity to have a peaceful future. But they can't do it alone, and they're looking to us to help.

America is seen by all of them as an honest broker and a fair player. Each of you has played a role in creating that image, and I want to thank you for that as much as anything else. The thing that has constantly impressed me as I have dealt with people all around the world is that people believe we

are a nation with no bad motives for them or their future.

That is what has made this moment possible in Bosnia, that is what has also imposed upon us our responsibilities at this moment. For all that you have done to bring that about and for your support today, I thank you very, very much.

Thank you.

Q. Do you think you can bring the House along with you, Mr. President?

The President. Well, one thing at a time. I think we're better off today than we were yesterday. We're working on it day-by-day. I'm encouraged. I had a good visit with the Speaker about it yesterday, and I talked with several Members who were here last night at the annual congressional ball. And we're working at it.

Thank you.

NOTE: The President spoke at 10 a.m. in the Cabinet Room at the White House.

Remarks to the White House Conference on HIV and AIDS

December 6, 1995

The President. First of all, thank you, Sean, and thank you, Eileen. Thank you, Patsy Fleming and Secretary Shalala, Secretary Cisneros. Thank you, Dr. Scott Hitt, and all the members of the President's advisory council. I think most of them were actually sitting in the overflow room so the rest of you can be here. But I thank them—[*Laughter*]. We heard them. Let's give them a hand; maybe they can hear us. [*Applause*] Thank you. I thank Dr. Varmus, Dr. Kessler, all the others here who are involved in the dramatic effort that they are making in the fight against AIDS. Most of all, I thank all of you for coming and for giving us a chance to have this first-ever White House Conference on HIV and AIDS.

So much has been said by the speakers who have spoken before, and so much is still to be said by the panelists and perhaps by some of you in the audience, but I'm going to do what I can to shorten my remarks, because I want to spend most of my time listening to you and focusing on where we go from

here. But there are a few things that I would like to say.

First of all, this is a disease, and we have never before had a disease we could not conquer. We can conquer this. I believe that—in my lifetime, we've eliminated smallpox from the planet and polio from our hemisphere. We can do better, and we can do better until we prevail.

The threat of AIDS, just the very threat of it, has changed the lives of millions of people. And you heard from the talk about prevention, about which I want to say more in moment, it needs to change the lives of millions of more Americans. It has taken too many friends and loved ones from every one of us in this room. For millions of people it has shaken their very faith in the future.

But it's also inspired a remarkable community spirit. One of the people on this program today, Demetri Moshoyannis, who is right behind me, grew up in a typical American—I think he's still there—[*Laughter*—grew up in typical American suburb in a typical American community. He attended college, became politically active. With a quick mind and an active spirit, he was clearly a rising star. After graduating, he joined the Corporation for National Service to help us start AmeriCorps.

While he was working for AmeriCorps, he found out he was HIV positive at the ripe old age of 23. He took the news as a challenge, to use his communications skills, his organizational skills, and his leadership skills to educate and support his peers and help them escape the threat. He represents the combination of heartbreak and hope that makes this epidemic so unique. I am grateful to him, grateful to Sean, grateful to Eileen, grateful to every one of you who also represents that remarkable combination. We have to be worthy of your continuing courage.

Twelve days ago, the Centers for Disease Control reported that our Nation reached another sad milestone in the AIDS epidemic: A half million Americans have now been diagnosed with AIDS, and more than 300,000 have died. On this very day, and on every day from this day forward until we do something to change it, 120 more Americans will lose their lives, another 160 people will be

diagnosed with the disease, nearly 140 will become infected with HIV.

That's why this meeting is important. It gives us an opportunity to say to America what the facts are, to rally our troops, to search our minds and hearts, to leave here with more weapons than we came to make progress in this battle.

Our common goal must ultimately be a cure, a cure for all those who are living with HIV and a vaccine to protect all the rest of us from the virus. A cure and a vaccine: That must be our first and top priority.

When I ran for President, I said that I would do everything I could to pull together the necessary resources and to organize them and to exercise real direction toward this goal. At a time of dramatic spending cuts, as Secretary Shalala said, we have nonetheless increased overall AIDS funding by about 40 percent. If my budget passes—and on this item, it actually might pass this year—we'll have a 26 percent increase in research. For the first time since the beginning of the epidemic, there is now one person in charge of the Nation's entire NIH AIDS research program, Dr. William Paul. And though more budget cuts are coming, we have got to protect the research budget and the Office of AIDS Research. I will oppose any effort to undermine the research effort or the Office of AIDS Research.

I want all our fellow Americans to know that this investment in science has paid tremendous dividends. Today people with AIDS live twice as long as they did just 10 years ago, especially those who seek early treatment. AIDS-related conditions that used to mean a quick and often very painful death for people living with HIV can now be treated and even prevented.

Since this administration began, I also want to compliment Dr. Kessler and the FDA. In record time they are now approving new classes of AIDS drugs that will help to restore the damaged immune systems of people with HIV. Indeed, there was a study released last week which says that the United States is now approving drugs faster than any European nation. And a drug company executive was recently quoted as saying that we are now 2 years ahead of Europe in the ap-

proval of AIDS drugs. Thank you; bring on more. This is a good direction.

Again, we have a lot to look forward to. Combination drug therapies are showing great promise as a means for controlling the virus in the human body. And just last year, we found that the use of drug therapy could actually block HIV transmission from mother to child. Our scientists tell me it's within our grasp to virtually eliminate pediatric AIDS by the end of the decade by offering all pregnant women HIV counseling and testing and guaranteeing that they have access to the treatment they need to protect their unborn children. We can give a generation of Americans the freedom of being born without HIV. We can do it, and we will.

I think all of us know we have to do more. And you may have ideas for us. In the end—I want to emphasize this over and over again—whenever we have these conferences, it's important for the President to speak, but it's also important for the President and the administration to hear. And you don't learn much when you're talking. So I want to urge you all here during this meeting today and afterward in following up, we are combing the country and the world for the best ideas about what to do next.

To move the search for a cure forward and to accelerate the pace, I have asked the Vice President to convene a meeting of scientists and leaders of the pharmaceutical industry to identify all the ways in which we might accelerate the development of vaccines, therapeutics, and microbicides that can protect people from HIV and the infections it causes. There are no guarantees in science, of course, but the collective will of government and industry can overcome huge obstacles as we have seen just in the last few years.

Second, let me say I am very pleased that the decision that was made at the NIH to put Dr. Paul in charge of coordinating the AIDS research of the NIH, for the first to have it all reconciled, coordinated, and directed, has worked out very well. But we need to extend this effort Government-wide. That's why I have asked Patsy Fleming to coordinate an inter-departmental working group that will be chaired by Dr. Paul to develop a coordinated plan for HIV and AIDS research all across every single Department

of our Government, including developing a coordinated research budget. And I want a report in the next 90 days. That is the next important step to move forward.

We can't afford any unnecessary delays or missed opportunities. And I'm convinced that these two steps will help us to avoid those.

In addition to the work in research, we have to continue to do what we can to assure that those who are living with HIV and AIDS get the support and the care they need. And I want to talk about this in some detail.

For people with AIDS, the current debate over how to balance the Federal budget is far more than a question of political rhetoric. It is a matter of survival, primarily because of Medicaid. Even if we are successful, and I believe we will be, in reauthorizing the Ryan White CARE Act, at higher levels of funding—and as you heard the Secretary say, we've increased funding by, I believe, 108 percent in the last 3 years—that is less than 20 percent of the total money spent to care for people with HIV and AIDS.

Medicaid is the lifeline of support. It provides health care for nearly half of the 190,000 Americans living with AIDS, including 90 percent of the children. It provides access to doctors, to hospitals, to drugs, to home care, the things that allow people to live their lives more fully. It pays for the drugs that keep HIV under control for longer and longer periods of time. And it pays for drugs that prevent the infections that often end the lives of those with AIDS. Medicaid pays for the care that allows families to stay together.

Yet today, Medicaid, a program that par-enthetically also is eligible to cover one in five American children—that's how many—22 percent of our children are living in such difficult circumstances that they are eligible for Medicaid. And one of the things about the congressional budget that I objected to so strongly is that it slashes spending on Medicaid by over \$160 billion and turns it into a block grant, thus eliminating a 30-year national commitment we have made to the poor, especially to poor children, which I might say has given us the lowest infant mortality rate in our history. It is the one thing we have done that has helped us to drive

down infant mortality among poor people who otherwise never see doctors. It has given elderly people, millions of them, a dignified life in nursing home or getting home care. And it has helped people with disabilities, not just people with HIV and AIDS but millions and millions of families on limited incomes with children born with cerebral palsy, children born with spina bifida, families that could never afford to buy a decent wheelchair for their children, much less send them to camp in the summertime or have them in an appropriate living setting. And it is the lifeline for people with HIV and AIDS.

I say again, the Ryan White health care act is important. I'm proud of the fact that we have doubled the funding. I am fighting for more funding this year. I am proud of the fact that it enjoys some bipartisan support in the Congress. I am proud of the fact that when there was an attempt in the Senate to eviscerate it and turn it into a political football, the Senate almost unanimously turned it back.

But be not deceived; we could double it. And if this Medicaid budget goes through, it is a stake in the heart of our efforts to guarantee dignity to the people with AIDS in this country. *[Applause]* Thank you.

I want to say one other thing. I want to thank the Secretary of Housing and Urban Development for the work that he has done to increase opportunities in housing for people living with AIDS. We have taken some tremendous hits in the HUD budget, some of them we have inflicted in an attempt to get the deficit down. And there will doubtless be further reductions which will require reorganization on an unprecedented scale at the Department. But Henry Cisneros and I were together on the day before Thanksgiving at a shelter serving food, and he told me again the one thing that we must not do is to undermine the ability of the Department of Housing and Urban Development to try to provide dignified, adequate, compassionate housing opportunities for people living with AIDS.

So I say to you, when we talk about balancing the budget, I'd like to remind you that our administration has cut the deficit nearly in half in ways that were honorable and fair and enabled us to increase our investment

in things that mattered, not just the war against AIDS but education, technology, medical research, the environment, to bring the deficit down and lift the society up. And that's the way we ought to approach this.

I want to say more about this in a minute, but this budget debate, because it requires tough choices, will inevitably require us to define what kind of people we really are. When times are easy and you can just dole out money to everybody that shows up at the door, it's pretty hard to tell what your values are. When times are tough and you have to say yes some places and no others, it becomes far, far clearer.

So I ask you to help us in the fight against the Medicaid cuts, to help us to preserve Secretary Cisneros's ability to support housing opportunities.

I got the message. I heard what you said about prevention. I would point out that in the last 2 years we have asked for increases in our prevention budget. But I am very worried about what's happening there because of what has already been said.

We have to set a goal. And I hope you will suggest one coming out of this conference. We have to reduce the number of new infections each and every year until there are no more new infections. And we all have to do that.

We know that for this to work it has to be targeted and it has to be sustained, as the gay community demonstrated in the 1980's. We know now we have to pay particular attention to young people and those who abuse drugs. There is a lot of evidence that huge numbers of our young teenagers continue to be completely heedless of the risks of their behavior.

I was pleased to see the public service announcements that Secretary Shalala released to educate young people and to urge them to take responsibility to protect themselves. I would say we ought to go further, and you need to help us. We have to educate these kids, but we also have to tell them they cannot be heedless of the consequences of their behavior.

It is not enough to know; they must act. It is in the nature—it is one of the joys of childhood that children think they will live forever. It is one of the curses of childhood

in some of our meanest neighborhoods that children think they won't live to be much beyond 25 anyway. In a perverse way, both of those attitudes are contributing to the problems, because one group of our children thinks that they are at no risk because nothing can ever happen to them; they're bullet-proof. Another group believed that no matter what they do, they don't have much of a future anyway. And they are bound together in a death spiral when it comes to this. This is crazy. We have got to find some way to tell them: You must stop this.

We are doing what we can to make those toughest neighborhoods safer. Believe it or not, amidst all the talk here in Washington, you could hardly know it, but out there in America in almost every community, the crime rate is down, the welfare rolls are down, the food stamp rolls are down, the poverty rolls have dropped for the first time in over a decade. Why? Because if you invest in people and their future and jobs are created and people go to work and hope begins to be infused in people's lives, all the problems we talk about here in Washington give way to opportunities in the lives of people.

But we see with this problem, whether there is an atmosphere of opportunity or an atmosphere of hopelessness, too many teenagers are ignoring the responsibility they have to protect themselves. We have to find better ways, and maybe more help from different people, to get inside their minds, to shake their spirits, to make them know we care about them and we want them to have a future. But we cannot do the one thing that only they can do, which is to control their own decisions. And we have to do more. And if you've got any better ideas for me, believe me, I am all ears.

I want to say, too, just a little word about the importance of trying to tie our prevention efforts with HIV and AIDS to our prevention efforts with drugs and substance abuse, because that's the second big problem area of populations. In 1993 and again in the crime bill in 1994, we increased our Federal investment with drug treatment. And I'm working to try to convince Congress to do even more. We know that the right kind of treatment programs work. We know that the right kind

of prevention programs work. And we know that we can marry the two.

I've asked the CDC to convene a meeting of State and local people involved in both public health and drug prevention to develop an action plan that integrates HIV prevention and substance abuse prevention. And I hope that we can do that and do it now, because I think it will make a significant difference.

I have to tell you that I am very worried that what we see with the HIV rates among juveniles is now being mirrored in drug use. Last year's statistics showed unbelievably that drug use among people 18 to 34 was going down but casual drug use among people 12 to 17 was going up. I think it is clearly because there are too many kids out there raising themselves, thinking nobody cares about them, and not thinking there's much of a future. So we have to deal with these two things together.

And while we search for a cure, work to improve treatment, strive to prevent new cases and to protect the hard-won gains of the past, I'd also like to say just a word about the basic human rights of people living with HIV and AIDS.

AIDS-related discrimination unfortunately remains a problem that offends America's conscious. The Americans with Disabilities Act now offers more than 40 million Americans living with physical or mental disabilities, including those living with HIV and AIDS, protection against discrimination. And the Justice Department, the Department of Health and Human Services, the Equal Employment Opportunity Commission, they have been vigorously enforcing the ADA. We're about to launch a new effort to ensure that health care facilities provide equal access to people with HIV and AIDS.

We simply cannot let our fears outweigh our common sense or our compassion. And as Sean said, we can't let our bigotry—to use his word, we can't let our homophobia blind us to our obligations. I say that for two reasons. One is that the fastest growing group of people with the HIV virus are not gay men. This is not a disease that fits into the homophobic world view. But the second reason is that regardless of sexual orientation or race or income or even whether a person has sadly fallen victim to drug abuse—as some-

one who has lived in a family with an alcoholic and with a drug abuser—every person—I say this with clear knowledge, experience, and conviction—every person with HIV or AIDS is somebody's son or daughter, somebody's brother or sister, somebody's parent, somebody's grandparent.

And when we forget this, when we forget that all the people who deal with this are our fellow Americans and that most of them share our values and our hopes and our dreams and deserve dignity and decency in the treatment we give them, we forget a very great thing that makes this a special country. And we forget it at our own peril.

In one way or another nearly every person in America at one time in his or her life has been subject to some sort of scorn. Woodrow Wilson once said that you could break a person with scornful words just as surely as with sticks and beat him. And I think that's an important thing, too, to remember.

The American people need to know that everybody in this country and, indeed, throughout the world, is now vulnerable to this disease. We need to identify what our responsibilities are in this country and our responsibilities to developing countries are to deal with the problem, to search for a cure, to search for a vaccine, to deal with the treatment issues. But I'm not sure it doesn't begin with dealing with our own hearts and minds on this. That's where you have to come in.

Frederick Douglass said, during the great struggle against slavery, that it was not light that is needed, but fire; not the gentle shower, but thunder; the feeling of the Nation must be quickened, the conscience of the Nation must be roused. That's what you came here to do.

Don't forget this: Most Americans are good people. The great burden we have as Americans is that when we have to deal with something new, too often we can't deal with it from imagination and empathy, we have to actually experience it first. I do not want to wait until every single family has somebody die before we have a good policy.

So I ask you—I understand anger and frustration, but I will never understand it until someday and something happens to me, and I know the sand is running out of my hourglass. So I can't totally understand it. But I

ask all of you to remember this: This is fundamentally a good country. Alexis de Tocqueville said in the 1830's that this was a great country because we are a good country. And if we ever stop being a good country, we would no longer be a great country.

So I ask you to use this moment to give America a chance to be great about this issue, give our people a chance to feel this the way you feel it, to see it the way you see it, to know it the way you know it.

When I was getting ready for the conference yesterday, I called Bob Hattoy, sitting back there in the room. I said, "What do you think I ought to say tomorrow? What do you think is going to happen?" We were talking, and he said, "I think you ought to think about all the people who waged this battle with us in 1992 who aren't around anymore." And so we just went through them name by name.

And then right before I came over here I looked at the picture of little Ricky Ray that I keep on my desk at the White House in the Oval Office. And I remembered his family and the members that are still struggling with it.

Give the country a chance to be great about this. Shake them up. Shake me up. Push us all hard. But do it in a way that remembers this is fundamentally a good country. Every now—when we stray, we get off the track a little bit, but we're still around for more than 200 years because most of the time, when the chips are down, we do the right thing. And I am convinced that people like you can get this country, starting here in Washington, to do the right thing.

Thank you, and God bless you all.

[At this point, Dr. Renslow Sherer, director of the AIDS clinic at Cook County Hospital in Chicago, IL, discussed methods for improving primary care for HIV patients.]

The President. Thank you.

I want to ask one brief question, if I might. One of the difficulties that we have in dealing responsibly with this issue involves the dilemma that you just laid out when you said we ought to have voluntary testing, not mandatory testing. And the issue is most clearly represented with the whole question of pregnant women now given the advances that

have been shown. I've studied the CDC guidelines; I think they're—they make sense to me. I think the rest of us who don't know the facts ought to follow people that we hire to make these judgments. You know, if there's—it makes a lot of sense to me.

But you just said that there were 34,000 people that needed your services, and only 10,000 were getting them, and we had to find a way to get more people to get voluntarily tested. So how do we close the gap between 10 and 34? What can we do? What can you do? What can the rest of us do? That's what's driving this whole mandatory testing thing. It's not the notion that people are out there hiding, trying to avoid getting tested; it's that there's this huge gap and that society is being burdened by it and so are these people. So how do we close that gap?

Dr. Sherer. I know other speakers today will address this, but let me start. Mandatory testing not only will not address this problem, it will further drive people away and be a disincentive to their coming into care.

The President. So how do you do it?

[At this point, representatives continued to report on the HIV/AIDS issues that were discussed by the nine working groups that comprised the conference.]

The President. I would like to say just one thing before I go.

First of all, I have learned a lot. I even learned some things about some bills in Congress I thought I already knew all about. [Laughter] And I would like to encourage you to make sure that through our AIDS office or through the advisory council and Scott Hitt that we have an actual record of every question asked and every issue raised. I think it's very, very important that we do a systematic followup on every issue raised, every question asked.

Q. Mr. President, why didn't you do a systematic followup on the two previous Presidential commissions on AIDS? You promised in your campaign to adopt the recommendations. Why has it taken another year for you to—[inaudible].

The President. Didn't you listen to what we said before about what we've done the last 2 years? Most of the—

Q. I heard you talk about—[inaudible].

The President. Do you want me to answer, or do you want to keep talking?

Q. —I did not hear you talk about specific actions that will save lives today. And there's a list of 50 that have been followed by a range of New York organizations that have been submitted to officials in your administration. And it has taken 2 years, and now—

The President. First of all, that's not accurate. We implemented a lot of those recommendations, as you know. So I think that's a little unseemly for you to say. We had a set of recommendations we got when we got here, most of which have been implemented. I am very sorry—I am very sorry—now, wait a minute. I listened to you, now you listen to me. I listened to you.

Look, I am very sorry that there is not a cure. I am very sorry that there is not a vaccine. I regret that not everything I have asked for has been approved by the Congress. In the context of what has happened in this country in the last 3 years, I believe we have gone a long way toward doing what we said we would do. But I will never be satisfied, and you won't, and you shouldn't be, until we have solved the problem. That is what this meeting is about, and that's what I am trying to do. And I think all of us should do what we can to be constructive.

Q. [Inaudible]

The President. Well, that's a matter of dispute. You have your version of the facts and I have mine, and I'll leave it to others to make a judgment.

Q. [Inaudible]

The President. Let me just say, I believe this has been a good meeting. I think most people are glad they came, and I think most people believe they're better off than they were 4 years ago.

NOTE: The President spoke at 1:10 p.m. in the Cash Room at the Treasury Department. In his remarks, he referred to Sean Sasser, member, board of directors, AIDS Policy Center for Children, Youth & Families; Eileen Matzman, board member, Mothers' Voices; and Dr. Scott Hitt, Chair, and Bob Hattoy, member, Presidential Advisory Council on HIV/AIDS.

Remarks on Vetoing Budget Reconciliation Legislation and an Exchange With Reporters

December 6, 1995

The President: Throughout our history, American Presidents have used the power of the veto to protect our values as a country. In that spirit today, I am acting to protect the values that bind us together in our national community.

My goals as President have been to preserve the American dream for all of our people, to bring the American people together, and to keep America the world's strongest force for peace and freedom and prosperity. In pursuit of that strategy, I have sought to grow the economy, to shrink the Government but leave it strong enough to do the job, and most important, to elevate mainstream values that all Americans share: opportunity and responsibility, work and family, and bringing our community together so that we can be stronger.

I have consistently said that if Congress sends me a budget that violates our values, I'll veto it. Three decades ago, this pen you see here was used to honor our values when President Johnson used it to sign Medicare into law. Today, I am vetoing the biggest Medicare and Medicaid cuts in history, deep cuts in education, a rollback in environmental protection, and a tax increase on working families. I am using this pen to preserve our commitment to our parents, to protect opportunity for our children, to defend the public health and our natural resources and natural beauty, and to stop a tax increase that actually undercuts the value of work.

We must balance the budget, but we must do it in a way that honors the commitments that we all have and that keeps our people together.

Therefore, today, I am vetoing this Republican budget because it would break those commitments and would lead us toward weakness and division when we must move toward strength and unity.

[At this point, the President signed the veto message.]

Can you bring me some more ink, boys? Here, Todd, I knew you had some. It's a

small well. Leave it here and see if I need it.

Q. Mr. President, what happens next?

The President. I'm about to say. As I have said repeatedly, America must balance its budget. It's wrong to pass a legacy of debt onto our children. Our long-term growth depends on it. But we must do it in a way that is good for economic growth and for our values.

The budget I have vetoed in a very real sense, in very concrete ways, undermines our values and would restrict the future of families like the ones that are here with me today. American families want to make the most of their own lives and to pass opportunity onto their children. They deserve our respect and our support. Above all, we shouldn't make it harder for them to fulfill their dreams.

When it comes to health care, we owe a duty to our parents. We have to secure Medicare, and I've spelled out how to do that. But the budget I just vetoed would turn Medicare into a second-class system. The Medicare system has served all senior citizens well for 30 years; it would be over.

This budget would end Medicaid's guarantee that no senior citizen and no American in need would be denied medical care, including poor children and children with disabilities. It would deny care for hundreds of thousands of pregnant women and disabled children. It would repeal standards that ensure quality for nursing homes.

Education means opportunity, and opportunity is the key to the American dream. But this budget cuts education by \$30 billion, even in this high technology age when education is more important than ever before. It would essentially end the direct student loan program. It would deny college scholarships to 360,000 deserving students. It would deny preschool opportunities to 180,000 children in the Head Start program.

We must protect the Earth that God gave us and guarantee our children safe food and clean water. This budget would give oil companies the right to drill in the last unspoiled arctic wilderness in Alaska. And it is loaded with special-interest provisions that squander our natural resources. Already, short-term budget cuts have forced us to pull back enforcement of clean air, clean water, even in-