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the need for "smarter" defense spending. Among other things, they are critical of complex weapon systems which may not be suited to the chaos of battle, and they argue for realistic military exercises and more training. Most members of Congress expect to hear more from them.

The 98th Congress will make some of the most critical decisions on defense spending in recent history. The federal outlays at stake may determine the pattern of defense costs—as well as the size of government deficits—for the next decade. There are steps that Congress and the president should take now to reduce the risk of large deficits and guard against overcompetition for defense resources.

First, Congress and the president should work closely together to identify the procurement programs most essential to rebuild our armed forces. So far, President Reagan has refused to indicate any weapons programs which might be cut back or dropped altogether. Congress will also be reluctant to do so, given the political pressures it is under. The president must compromise and give Congress direction on which spending cuts will achieve long-term savings without harming our national security.

Second, there is growing evidence that the Reagan administration set aside insufficient funds to operate and repair all the weapons that have been ordered. In the fall of 1982, the Congressional Budget Office estimated that it will cost 41 percent more to operate a battalion of new M-1 tanks than it did to operate a battalion of old M-60A1 tanks. The Army's estimate was 17 percent more. The Reagan administration must present more realistic estimates of future operations and maintenance costs.

Third, Congress must work toward consistent spending for defense. Instead of retreating to our "stop-and-go" funding patterns of the past, we must set a course of slow, steady growth in support of weapon modernization and readiness-improvement programs. For effective national-security planning and practice, there should never be a crash buildup. We must strive for predictable, affordable growth which will keep us ready from year to year, decade to decade.

Much of American industry stood by helplessly over the last few decades as the third and fourth years of our five-year defense plans failed to materialize. This failure confuses our defense industries and gives them little incentive to invest in plants and train their skilled labor force. Public support eroded during previous military buildups because of the view that large amounts of money were being spent rapidly without any real increase in security. We must moderate our approach to improving our military, lest the consensus for defense vanish and public opinion force us to fall further behind.

Fourth, we must be more "output-oriented" in evaluating how much we spend on defense. While bigger defense budgets are psychologically satisfying, they are ultimately judged on their contribution to overall national security, including economic health. When a defense buildup weakens the economy, it does not serve our national-security interest as fully as it might. This connection is fundamental: Without a strong economy there can be no strong defense.

It is sound politics and sound public policy to insist that without a dire, immediate threat of war, the defense budget should share whatever constraints are placed on government spending in general.

My view is that we should continue with the buildup, but not go so far as to stifle a badly needed economic recovery. National security is an admittedly complex concept. It is hard to measure, but there is certainly more to it than aggregate levels of defense expenditures. A loss of economic power in the world would detract almost as much from American influence abroad as a decline in military power. A strong, vibrant economy is the flagship of any great world power. We would do well to see that ours remains seaworthy.

Increases in defense outlays in many areas are overdue. We must improve the combat readiness of our conventional forces as we remove the maintenance backlog in our shipyards and aircraft repair depots. Our strategic nuclear forces require attention as well. But the preferred way to improve national defense is to moderate the Reagan program and avoid a crash effort which might shock the economy, stall the recovery and waste limited military resources.

If we see that war is imminent, then we should spare nothing to arm ourselves as quickly as we can. If, however, we see that war is possible but not really imminent, then slow, steady growth in defense expenditures over an extended period of time is a far better course. It will show the Soviets that we are committed to making our economy strong and to improving our military so that it can respond with overwhelming force should the need to mobilize for war arise. ●

THE TRAUMA OF LIVING WITH AIDS

HON. GERALDINE A. FERRARO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 18, 1983

● Ms. FERRARO. Mr. Speaker, earlier this month I attended a breakfast in New York City at which I heard first-hand accounts of the physical suffering and emotional terror which have been inflicted on our population by the mysterious epidemic known as AIDS.

This dread and almost inevitably fatal ailment has already killed more people than swine flu, toxic shock syndrome, and Legionnaires' disease combined. Yet the response of our health facilities to this outbreak has been tardy and inadequate.

I was particularly impressed and moved by the remarks of one young man who is suffering from AIDS. In the interests of letting my colleagues learn more about the physical, emotional, and financial dimensions of this disease, I am entering his remarks in the RECORD.

His remarks follow:

REMARKS OF MICHAEL CALLEN TO THE NEW YORK CONGRESSIONAL DELEGATION

I am a gay man with AIDS and I have been asked to speak to you this morning to personalize the tragedy of AIDS. I will attempt to do this, but since what brings us together is the fact that you are politicians, I will also try to explain how the political context surrounding AIDS inevitably becomes part of the experience of each AIDS patient.

Each person's experience with AIDS is different. I can only tell you my story.

I was diagnosed with AIDS in December, 1981, although I believe I was immune depressed for over a year before.

I have been hospitalized twice since then and continue to have my health monitored by my physician and by a number of privately funded research projects.

Although I believe I will beat this disease, I am continually confronted by media reports telling me that no one has recovered from this syndrome, and that my chances of living past 1984 are poor. Figures provided by the Centers for Disease Control indicate that 80 percent of those diagnosed when I was are now dead.

My life has become totally controlled by AIDS and my fight to recover. I begin each day by checking my body for Kaposi's sarcoma lesions and other signs of serious health complications. I am subject to fevers and night sweats and an almost unendurable fatigue. I live with the fear that every cold or sore throat or skin rash may be a sign of something more serious.

At age 28, I wake up every morning to face the very real possibility of my own death.

I am a member of a support group for AIDS patients which meets once a week in the cramped offices of the National Gay Task Force. In addition, in August of 1982, I formed a support group of gay men who have been diagnosed with AIDS. Because we have no community service center or other space in which to meet, the support group I formed meets in my living room.

Whenever I am asked by members of the media or by curious healthy people what we talk about in our groups, I am struck by the intractable gulf that exists between the sick and the well: What we talk about is survival.

We talk about how we're going to buy food and pay rent when our savings run out.

We talk about how we are going to earn enough money to live when some of us are too sick to work.

We talk about how it feels to get fired from our jobs because of unjustified fears of raging and lethal contagion—fears based on ignorance and unfounded speculation—fears which are being fanned by the Centers for Disease Control's endorsement of the view that we may be carrying and spreading a lethal, cancer-causing virus—fears that AIDS may be spread by casual, non-sexual contact which are being spread by men like Dr. Anthony Fauci of the National Institutes of Health.

We talk about the pain we feel when our lovers leave us out of fear of AIDS.

We talk about the friends who have stopped calling.

We talk about what it feels like when our families refuse to visit us in the hospital because they are afraid of catching that—quote—"gay cancer"—unquote.

We talk about what it feels like to be kept away from our nieces and nephews and the children of our friends because our own brothers and sisters and friends are afraid we'll infect their children with some mysterious, new, killer virus.

We compare doctors and treatments and hospitals.

We share our sense of isolation—how it feels to watch doctors and nurses come and go wearing gowns, gloves and masks.

We share our anger that there are doctors and health care workers who refuse to treat AIDS patients.

We share our tremendous sense of frustration and desperation at being denied treatments such as plasmapheresis because many

hospitals fear that our blood may "contaminate" the machines.

We share our fears about quarantine—the rumors that separate wards are being created to isolate us from other patients—rumors that certain hospital workers' unions have threatened to strike if forced to treat AIDS patients or wash their laundry—rumors that closed hospitals are being readied for the quarantine of AIDS patients and may be even healthy members of at-risk groups.

We talk about our fears that the personal data we have volunteered to the CDC to help solve the mystery of AIDS may be used against us in the future. We are asked if we have had sex with animals. We are asked to detail sexual practices which are illegal in a number of states. We are asked to admit to the use of illegal drugs. The answers to these questions are stored in government computers. We are asked to trust that the confidentiality of this information is being safeguarded—only to find out that the CDC has already made available its list of AIDS patients to The New York Blood Center. We wonder who else has seen this information.

Mostly we talk about what it feels like to be treated like lepers who are treated as if we are morally, if not literally, contagious.

We try to share what hope there is and to help each other live our lives one day at a time.

What we talk about is survival.

AIDS patients suffer in two basic ways: We suffer from a life-threatening illness; and we suffer the stigma attached to being diagnosed with AIDS.

The end to both aspects of this suffering depends on finding the cause(s) and cure(s) for AIDS. And that can only happen if research money is released in amounts proportional to the seriousness of this health emergency. In order to confront and challenge the ignorance and insensitivity which we, as AIDS patients, must face on a daily basis, we need answers to the pressing questions of cause, cure and contagion.

The political context in which AIDS is occurring cannot be ignored. AIDS is affecting groups which remain disenfranchised segments of American society: homosexual men, heroin abusers, Haitian entrants and hemophiliacs. This so-called 4-H club has been joined by prisoners (most of whom are either Hispanic, IV drug abusers or both); female prostitutes; and the children of high risk groups who are also victims of poverty.

Despite the fact that in the four years since AIDS was first recognized, AIDS has killed more people than swine flu, toxic shock syndrome, Legionnaires disease and the Tylenol incident combined, the response of the federal government to AIDS—the worst epidemic since polio—has been to ignore it and hope it just goes away. If such a deadly disease were affecting more privileged members of American society, there can be no doubt that the government's response would have been immediate and matched to the severity of the emergency.

As a gay man, I could never decide whether I should be pleased with how far the gay rights movement has come since 1969 or whether I should be disgusted and angry at how far we have to go.

The government's non-response to the AIDS crisis has answered this question for me.

I was raised as a small-town boy from Ohio: white, male and middle class. As a gay man, the pain I suffered from prejudice was largely emotional—not for the most part economic. So my political response was

modified by patience. On the whole, I believed in democracy. I believed in America.

I felt that it would only be a matter of time before education and the destigmatization of gayness would bring me my civil rights.

But now I am fighting for my life. I am facing a life and death crisis that only the resources of the federal government can end, and I am shocked to find how naive I've been.

Not only is my government unwilling to grant my right to love whom I choose—my right to be free from job discrimination—my right to the housing and public accommodation of my choosing. This same government—my government—does not appear to care whether I live or die.

Prejudice and oppression are words often banded about too freely. But the tragedy of AIDS has made many gay men take a new look at the situation of America's other disenfranchised groups. We are beginning to see that homophobia and racism are not, as some of us thought, totally unrelated. We are beginning to see that America's fear and ignorance of homosexuals and its hatred and bigotry toward black and brown people are not just co-incidental. We are beginning to see that a Haitian infant dying in poverty in the South Bronx and the death of a white, middle class gay man in Manhattan are sadly, but undeniably, interconnected.

These are the politics of AIDS. When the history of this country's response to this health crisis is written, it will stand as yet another appalling example of American apathy, indifference and inaction.

History teaches that such prejudice and bigotry ultimately poison the whole society—not just those at whom it is directed. If the personal suffering of human beings is not enough to motivate you to fight for increased AIDS-relating funding, let me offer you another way to justify to your constituents the release of federal research funds.

Newsweek recently called AIDS "the medical mystery of the century." Solving this mystery will surely benefit all Americans—indeed all humankind. Finding the cause of AIDS may well hold the key to cancer—maybe to all disease.

Do not allow the shortsightedness of prejudice to delay us any longer from discovering how the immune system defends us all from disease.

Whatever you and your colleagues do or don't do, whatever sums are or are not allocated, whatever the future holds in store for me and the hundreds of other men, women and children whose lives will be irrevocably changed—perhaps tragically ended—by this epidemic, the fact that Congress of the United States did so little for so long will remain a sad and telling commentary on this country and this time.

I do not envy you your role in this matter any more than you must envy mine; 1983 is a very bad year to be an elected official, just as it is a very bad year to be a gay man, a Haitian entrant or a child living in poverty. And surely when you first dreamed of holding public office you did not, in the furthest reaches of your imagination, foresee that your duties would include having breakfast on a Monday morning with a homosexual facing a life-threatening illness. You can be sure that 10, —5, —or even 1 year ago, I could not have imagined the possibility that I, too, would be up here begging my elected representatives to help me save my life. But there you are. Here I am. And that is exactly what I am doing.

Thank you.●

EMERGENCY HOUSING ASSISTANCE ACT

HON. DENNIS E. ECKART

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 18, 1983

● Mr. ECKART. Mr. Speaker, I applaud this Chamber's action last week on the Emergency Housing Assistance Act, a proposal which will greatly help the unemployed throughout this Nation. In Ohio, the delinquency and foreclosure rates have risen dramatically over the past few years, as a result of an unemployment rate that has consistently been more than 30 percent higher than the national rate. In February of this year, the mortgage delinquency rate in Ohio was 4 percent, compared with 2.36 nationally. Clearly, there is a special need for help in Ohio and other States with concentrated unemployment areas.

In my district in northeast Ohio, unemployment is more than 20 percent in two of the five counties. In the remaining three, it is well above the national average. For these people and their families, the American dream of owning their own home has become a nightmare. They have not been irresponsible; they have not been negligent; they have had to make difficult choices between feeding their kids or paying the bank, between getting medical care or paying the gas bill so they would not lose their heat. They have been unable to meet their obligations through no fault of their own. If these people do not get help soon, they will be joining more than 2 million homeless men and women already living out on the streets of this country.

I would like to insert in the RECORD at this time a moving letter from a constituent in my district. Dennis Rhodes lives in Ashtabula County, where unemployment is 20 percent. He lost his job at the plant and now faces losing his home. His letter tells the story of thousands of unemployed Americans, who are faced with losing what they have worked long and hard for. I hope the Senate will soon address the critical need for assistance to Dennis Rhodes and others who share his hopes for keeping their homes.

DENNIS W. RHODES,

Ashtabula, Ohio, April 18, 1983.

HON. DENNIS E. ECKART,

Longworth House Office Building, Washington, D.C.

DEAR CONGRESSMAN ECKART: I have been unemployed from Reactive Metal Inc., Metal Reduction Plant in Ashtabula, OH, since May 10, 1982. Since that time I have collected unemployment compensation until October 4, 1982; and then went back on unemployment compensation on January 28, 1983 when I finished my Army basic training for National Guard membership in Ohio. My wife finally found a full-time job after working at two different part-time jobs. Between my unemployment compensa-