

event on its own and won't need a referral from NATO to do so. And the final and perhaps most important point is that this change removes the connotation that somehow the European Union is subservient to NATO.

The last change is to simply substitute "should" for "must" in the subparagraph relating to the implementation of the European Union's Common Foreign and Security Policy. This will avoid the connotation that the United States is dictating to an organization of sovereign states.

Finally, Mr. President, I want to express my own personal view concerning the desirability of our European Allies conducting operations in their own backyard. I have long been a supporter of the ESDI and I am a supporter of the U.S.-sponsored Defense Capabilities Initiative that was recently adopted by NATO. NATO's Operation Allied Force demonstrated a capabilities gap between the United States and our NATO Allies. I welcome the stated determination of our European Allies to develop the capability to act on their own. I welcome the fact that they are providing more than 80 percent of the forces participating in the NATO-led Kosovo Force. I would welcome it if our European Allies would handle the next crisis that develops in Europe. I would be happy if the United States' contribution was limited, for instance, to providing such things as command and control, communications, and intelligence support and I would be even more pleased if the United States didn't have to provide any support and our European Allies were capable of handling a crisis on their own.

I have characterized the United States as being a junior partner and the European Allies being the senior partner in the KFOR peacekeeping mission. I know that there are many people, including some within the Administration who don't like that characterization, but I see nothing wrong with it.

Mr. President, the United States Congress for years has urged Europe to play a greater role in its own defense and to bear more of the collective security burden in NATO. I, for one, can take yes for an answer.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the amendment be agreed to, the resolution and preamble be agreed to en bloc, the motion to reconsider be laid upon the table, that any statements relating thereto be placed in the RECORD as if read in the appropriate place.

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

The amendment (No. 2776) was agreed to.

The resolution, as amended, was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

[The resolution was not available for printing. It will appear in a future edition of the RECORD.]

ORDERS FOR TUESDAY, NOVEMBER 9, 1999

Mr. GRASSLEY. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until the hour of 9:30 a.m. on Tuesday, November 9. I further ask consent that on Tuesday, immediately following the prayer, the Journal of the proceedings be approved to date, the morning hour be deemed to have expired, the time for the two leaders be reserved for their use later in the day, and the Senate then resume debate on S. 625, the bankruptcy reform bill, under the previous order.

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

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the Senate stand in recess from the hours of 12:30 p.m. to 2:15 p.m. tomorrow for the weekly policy conferences to meet.

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

PROGRAM

Mr. GRASSLEY. Mr. President, for the information of all Senators, the Senate will resume consideration of the bankruptcy bill at 9:30 on Tuesday. There will be 1 hour of debate on the pending minimum wage and business cost amendments, with votes scheduled to occur at 10:30 a.m. Further amendments are expected to be offered and debated and therefore votes are expected throughout tomorrow's session of the Senate. Senators can also anticipate votes regarding the appropriations process prior to the Veterans Day recess.

ORDER FOR ADJOURNMENT

Mr. GRASSLEY. If there is no further business to come before the Senate, I now ask that the Senate stand in adjournment under the previous order following the remarks of the Senator from Oregon, Mr. WYDEN.

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

Mr. WYDEN. Mr. President, I ask unanimous consent to speak for up to 20 minutes in morning business.

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

THE SPICE ACT

Mr. WYDEN. Mr. President, the newspapers of the Nation this weekend were filled with stories about the politics of prescription drug coverage for the Nation's elderly. One poll after another said that the question of covering prescription drugs for seniors was one of the top three concerns of millions of Americans—not just seniors, but people of all ages. And then, in addition to all the polls and surveys that were published this weekend, some of our most distinguished political journalists were out across the country interviewing people in America asking

them what they thought about Congress' handling of the prescription drug issue. And one interview after another essentially has seniors and families responding that they could not figure out why the Congress in Washington, DC, could not tackle this issue in a bipartisan way.

I remember one of the interviewees in particular, in effect, saying, "What are they so busy fussing about in Washington, DC, that they can't find the time to deal with an issue so important to millions of older people?" I think that person who got interviewed pretty much summed it up.

I have been coming up to the floor of the Senate over the last 2 or 3 weeks in an effort to try to bring folks' attention, both in the Senate and in our country, that there is bipartisan legislation to cover the question of prescription drugs for older people, and to talk about why it is so important. As part of that effort, as you can see in the poster next to me, I have been urging that seniors send in copies of their prescription drug bills—actually send in copies of their prescription drug bills to those of us in the Senate in Washington, DC. I have been getting a great many of these bills. I have been coming to the floor on a number of occasions and actually reading from these bills because I think it helps to drive home what we saw in the newspapers all across the country this weekend, and that is that we have to come up with a bipartisan plan to meet these needs of vulnerable elderly people.

So tonight I am going to read from some of the letters that I am receiving from older people at home in Oregon. Four letters in particular struck me as particularly compelling in recent days. I have heard from folks in North Bend, Redmond, Roseburg, and Milwaukie in the metropolitan area of our State. All of them essentially make the same kind of case, and that is that so many seniors are walking on an economic tightrope. They are balancing food costs against the fuel costs and the fuel costs against their medical bills. With so many being unable to afford their prescriptions, they are writing and saying they can't afford to wait for another election, the 2000 election, to resolve this issue. They have been reading these articles with Members of Congress saying that it is too complicated to tackle now. It is too difficult to get a consensus. I just don't think that is the case.

There is a bipartisan bill now before the U.S. Senate. It is one that was drafted by the distinguished senior Senator from Maine, OLYMPIA SNOWE, and myself. We got 54 votes for it on the floor of the Senate. A majority of Members of the Senate voted in a specific way to fund the prescription drug benefit for the Nation's older people. So it is just not right to say that there is no consensus, there is no way to bring Senators of both political parties together on this issue. It is just factually wrong. Fifty-four Members of the

Senate have said that they would vote for a specific approach to funding a drug benefit for the Nation's older people, and it was a bipartisan vote. It wasn't done in the dead of night. It was part of the budget debate. A majority in the Senate is now on record.

It is a plan that I think unleashes the forces of the marketplace. It is built on the model from which Members of Congress get their health care, the Federal Employees Health Benefits Plan. It is called the SPICE Program, the Senior Prescription Insurance Coverage Equity Act. It gives seniors the kind of bargaining power that some of these big purchasers such as the health maintenance organizations have.

Right now, seniors with prescriptions get hit by sort of a double whammy.

First, Medicare doesn't cover prescriptions. It hasn't since the program began in 1965.

Second, when a senior citizen walks into a drugstore, walks into their neighborhood pharmacy, in effect that senior has to pay a premium for their prescription drugs because the big buyers actually get discounts.

You have these health care plans. You have health maintenance organizations. You have the big buyers going out and negotiating discounts. Then senior citizens walk into the pharmacy in their community in effect having to pay a premium and in effect subsidizing the big buyers in town who get these discounts.

I am often asked whether our country can afford to cover prescription drugs for the Nation's older people. My response is that America can't afford not to cover these prescription drugs because so many of these drugs at this time are essentially ones that help keep older people well. They help keep them healthy—lower blood pressure, deal with cholesterol problems—and keep seniors from getting sick and landing in the hospital where they need very expensive services from what is called the Part A program of Medicare, the hospital institutional part.

I have cited on several occasions on the floor of the Senate anticoagulant drugs because I think they best illustrate how serious the problem is and why it needs a bipartisan solution along the lines of the Snowe-Wyden bill. It makes some sense. These anticoagulant drugs might cost in the vicinity of \$1,000 a year to cover the needs of an older person. But if with anticoagulant medicine we can prevent this debilitating injury, that could save in the vicinity of \$100,000. That would be expenses incurred when an older person suffers a stroke.

Think of that: \$1,000 for an anticoagulant medicine, and as a result of a senior being able to afford that, very often that person can stay healthy and keep from being struck by debilitating stroke and incurring \$100,000 in expenses that would come about as a result of that illness.

I hope seniors will continue to write to me and to other Members of the

Senate, as this poster says. We hope they will send us copies of their prescription drug bills and actually send copies of how they are affected to each of us here in the Senate in Washington, DC.

I want to take just a minute or two now to read from some of the letters I have received in the last few days.

One of the first is a letter I received from an older couple in North Bend. The spouse is 73. Her husband is 77. They report that they have about \$18,000 a year in Social Security income and spend about \$2,000 of it on their prescription drugs. They have a Blue Cross plan. It doesn't cover any of their prescriptions—none of them.

I think this is really sort of typical of what I have been hearing from senior citizens across our State.

Here is a copy of what these bills look like for folks who are thinking about sending them to us. This one comes from North Bend, OR. It comes from the Safeway pharmacy there in North Bend. An older couple points out in a letter to me that they simply are not going to be able to afford what they are told is going to be the next increase. They are told that next month their bills are going to go up again on top of what I have cited they are having to pay for over-the-counter medications as well. Compared to some of their friends, they are not what they call "pill takers." With an income of \$18,000 a year, think of having to spend about \$2,000 of it on prescription drugs, and that doesn't even count for what they spend on over-the-counter medications. Their bills are going up again next month.

These are the kinds of people to whom I think the Senate ought to be listening.

Another letter I received in the last few days comes from an older couple in Redmond. They sent me this bill for the month of October. Just for the month of October, colleagues who maybe listening in—\$282 a month just for the month of October from an older couple in Redmond. They went to the Rite-Aid Pharmacy in a mall in Redmond. They are faced now with the prospect of having to spend \$282 a month all year round on their prescriptions, and, suffice it to say, they too are asking why it is that the Congress, and the Senate specifically, isn't being responsive. Here is a third bill I received in the last few days. This is from an older woman who is spending close to \$300 a month on her prescription drugs at the Wal-Mart in Roseburg.

This is again the kind of real-life case to which I think the Senate ought to be paying attention. They are just sending us now copies of their bills. These are not drugs that are uncommon. Glucophage, for example, for a lot of seniors is an essential medicine because it helps them with their diabetes. When senior citizens can't afford to pay for a prescription for glucophage, they are going to suffer some very serious health problems as a result.

I cited examples at the end of last week.

There are seniors at home in Oregon who have prescriptions their doctor wrote out for drugs such as that, and they simply could not afford to have them filled. They were hanging on to the prescription hoping that sometime down the road they would get the funds to be able to afford their prescriptions.

That is the kind of case we are hearing about from the Nation's older people.

I hope folks who are listening in tonight will see, as this poster says, that we hope to hear from more of them. We would like for them, as this poster says, to send copies of their prescription drug bills directly to us in the Senate in Washington, DC.

I intend to keep coming to the floor of this body and going through some of these cases in the hopes that this can pique the conscience of the Senate for bipartisan action.

Finally, tonight I have one other bill that struck me as so poignant and really summing it up. It comes from an older man who sends his wife's mother's bill because she is 91 and she is spending about \$400 per month on prescription medicines. The letter says this is outrageous for a 91-year-old person, a person who is on a fixed income, to have to pay. She is 91 years old. The list goes on for pages.

I am going to wrap up tonight by saying it would be one thing if you couldn't bring Senators together around an important issue and simply not find any consensus whatsoever.

That is not the case with respect to the Snowe-Wyden legislation. The senior Senator from Maine and I have teamed up on a bill that is modeled after the kind of health care Members of the United States Senate receive.

Mr. President, 54 Members of the Senate, as part of the budget debate, said they would vote for a way to pay for the plan. We are seeing these polls and interviews along the lines of what I cited. Newspapers were filled this weekend with folks saying, why can't the Senate act? That is the question: Why can't the Senate act when there is a bipartisan bill?

The SPICE legislation, the Senior Prescription Insurance Coverage Equity Act, is legislation I believe can move forward because it is bipartisan. Certainly, our colleagues have other ideas about how to proceed. Senator SNOWE and I are anxious to hear from them with respect to their approach.

What is important is that the Senate stop ducking this issue. The Senate ought to say we are now going to recognize how serious these concerns of the Nation's older people are and not just put them off and say it is too complicated to deal with now and we will talk about it in 2001, but with a year to go until election, we ought to roll up our sleeves and come up with a bipartisan plan to address these needs.

Until that time, I hope seniors will continue to send copies of their prescription drug bills to each Senator. I

am particularly anxious to have them. Send them to our offices in Washington, DC. I will keep coming to the floor of this body, reading from letters from folks, including this 91-year-old who cannot afford next month's increase in prescription drugs, folks who cannot pay for their diabetes medicine and are likely to get much sicker as a result. I intend to keep coming to the floor of this body, reading from those letters, and doing everything I can to try to bring the Senate together around bipartisan legislation to meet the needs of our elderly.

The approach behind the Snowe-Wyden legislation does not involve price controls. We have a lot of Senators legitimately concerned about that. It is not a one-size-fits-all Federal regime. It is a model based on something we all know well. That is the Federal Employees Health Benefits Plan. In fact, the SPICE Program that Senator SNOWE and I have drafted is a senior citizens version of the Federal Employees Health Benefits Plan. We are convinced it can work for the Nation's older people.

I hope we will not pass up this opportunity to address these heartfelt concerns that seniors are passing on. I hope we will not say this issue is too complicated for the Senate to act. We may be leaving in a few days, but there will be an opportunity in the days ahead to bring Senators of both political parties together and fashion legislation that is responsive to the country's older people. I am convinced older people cannot afford to wait another year, wait another year for politicking and debates to go forward. Certainly, based on the kinds of bills, as the bill I read from, including the 91-year-old senior spending \$400 a month, she cannot afford to wait, at 91, for another year of electioneering. I believe when there is a bipartisan bill before the Senate, she shouldn't have to wait.

I will continue to read from these letters. I hope folks will send copies of their prescription drug bills. We need to act on this matter. We saw again this weekend how important it is to the American people. I will be coming back to this floor again and again and again until we get bipartisan action on

this urgent matter for millions of the Nation's older people.

I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands in adjournment until 9:30 a.m., Tuesday, November 9, 1999.

Thereupon, the Senate, at 8:16 p.m., adjourned until Tuesday, November 9, 1999, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate November 8, 1999:

NATIONAL TRANSPORTATION SAFETY BOARD

CAROL JONES CARMODY, OF LOUISIANA, TO BE A MEMBER OF THE NATIONAL TRANSPORTATION SAFETY BOARD FOR A TERM EXPIRING DECEMBER 31, 2004, VICE ROBERT TALCOTT FRANCIS II.

DEPARTMENT OF JUSTICE

DONALD W. HORTON, OF MARYLAND, TO BE UNITED STATES MARSHAL FOR THE DISTRICT OF COLUMBIA FOR THE TERM OF FOUR YEARS, VICE HERBERT M. RUTHERFORD III, TERM EXPIRED.