

the next surface transportation bill, we will need to ask: did these programs work? If we do not use the resources that we have devoted to ITS in a prudent, rational, scientific way, we will not have the experience and information necessary to answer that question in an informed way. Earmarks, in my view, are more acceptable in mature transportation programs. We can and should address the needs of specific communities. ITS, however, is an evolving resource in transportation, and we should adhere to the intent of the law in seeking a competitive, more scientific process to distribute ITS funds.

I encourage you to adhere to the design created by TEA-21. The Congress has the opportunity, through ITS and other programs, to strengthen our national transportation infrastructure in a cost-effective, efficient manner. We undermine those efforts if we don't follow the criteria established and passed by the Congress in TEA-21.

With kind regards,

Sincerely,

BOB GRAHAM,
U.S. Senator.

Mr. GRAHAM. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

UNFINISHED BUSINESS IN HEALTH CARE

Mr. DORGAN. Mr. President, we are nearing the end of the 106th Congress. No one is quite sure where the finish line is. My expectation is that within a week or two this Congress will be history.

Many will ask what this Congress did and what it did not do. There will be some people who will be joyous about its accomplishments and some who will be sorely disappointed over its failures. I think its accomplishments, however, will be a rather short list, and the areas where we could have and should have done better will represent a very long list. I rise to briefly discuss two of those areas before we near the end of the session.

I have spoken many times in the Senate about health care, and especially the two issues this Congress has a responsibility to address. One issue is providing a prescription drug benefit to the Medicare program. We have talked about providing a prescription drug benefit to the Medicare program for some long while. We are near the end of this session, and it looks as though it will not get done. Why? Because some people don't want to do it well. Everybody here talks about wanting to do this, but somehow they are not willing to support a plan that really accomplishes it.

On the second issue, we are nearing the end of the legislative session and we are apparently not going to pass a Patients' Bill of Rights. The Patients' Bill of Rights has been an issue over

which we have battled for 2 to 3 years, and it has been a tough battle. I don't think there ought to be room left for those who believe there is not a need for a Patients' Bill of Rights. All we have to do is look at the evidence. The evidence is overwhelming that we need to pass a real Patients' Bill of Rights. The House did it; we have not. This Senate has dug in its heels and has not moved on either of these issues.

I will talk first about the issue of a prescription drug benefit in the Medicare program. When the Medicare program was developed, many of the miracle drugs that now exist weren't available. People got old. They did what they were expected to when they got old. They retired and led a more sedentary life. Then something might happen to them. They would be hospitalized. They would stay for long periods in acute care beds in the hospital. It was very expensive. The kinds of prescription drugs that are available now were not available then.

So when Medicare was created, a prescription drug benefit was not made a part of the Medicare program. When Medicare was developed, that too was fairly controversial. In the early 1960s, a fair number of Members of this Senate said: No, we can't do that. We can't provide health insurance for older Americans. We oppose that. That is some sort of encroachment of government into our lives.

I wasn't here at the time of that debate. But when they had that debate, fully one-half of all senior citizens in this country had no health insurance coverage at all. Why? Because it was too expensive.

Insurance companies aren't running around this country trying to find old people to sell health insurance to. That is just a fact of life. They want to find somebody who is 22 years old and healthy as a horse and isn't going to need any health care treatment for a long while. There are not people running around trying to figure out how they can attract a 70-year-old or a 75-year-old to buy their health insurance policy. They are not doing that because it is much more expensive to insure people who are 70 and 80 years of age. The result was, nearly 40 years ago half of the senior citizens in this country had no health insurance coverage at all.

So this Congress had a big debate. As is typical, those progressive voices who said this is something we should do were met by those voices of negativity who oppose everything for the first time. There are always people who just dig in their heels at any suggestion and say, no, this can't be done; no, it won't work.

Well, enough votes prevailed in the Congress over time that it passed a Medicare proposal. Now 99 percent of America's senior citizens are covered with health insurance under the Medicare program. What a remarkable success. People are living longer, better, healthier lives.

Now we know, however, that there is a deficiency in the Medicare program. The deficiency is that it does not cover prescription drugs. Let us me read some letters from North Dakotans. We could name a different State, and we would get exactly the same letters. My colleague from Florida just spoke. His constituents, I am sure, are writing exactly the same letters.

This is from a woman who lives in Bismarck, ND. She writes:

Dear Senator Dorgan: I am writing in regard to the medication I take. I think something has to be done about the prices they charge. I get \$303 each month in Social Security. I pay \$400 a month for my medication. I have had heart surgery and I have osteoporosis and this medicine is very high-priced. We are using our savings now and I am 86 years old so I can't work. Can you help?

This is a letter from a fellow in Rolla, ND. He writes:

Between me and my wife, we pay \$350 to \$400 a month on prescription drugs. We receive less than \$900 a month in combined Social Security benefits. We have trouble paying for our prescription drugs.

A person from Rocklake, ND, writes:

One-fourth of my Social Security check goes for my prescription drugs, so that doesn't leave a lot for household and personal expenses. It would sure help if Medicare covered these.

A man from Cavalier, ND, writes:

Our drugs for the two of us—he is referring to his wife and himself—just about tripled last year from the year before. The total for last year was near \$2300, and it only gets worse. We need a little help.

A woman from Williston, ND, who titled her letter "Message In A Bottle," writes:

I have asthma and my medications and inhalers cost me over \$100 each month, and my health insurance does not cover prescriptions. I am 84 years old, and it would be a great help to me to get Medicare coverage on my medications.

A woman from Bismarck, ND, writes:

Dear Senator Dorgan: Enclosed please find my prescription bottles. I just had these medicines filled today. I am having a hard time financially with a Social Security check of \$400 a month. My medicines cost \$175 per month. That doesn't leave much to pay for food, rent, utilities and gas. Something has to be done with the high cost of prescription medicines. I am thinking of stopping some of my medicines. Please help!!!

These letters could have come from any State, from senior citizens everywhere struggling mightily to pay for their prescription drugs. Senior citizens make up 12 percent of America's population, but they consume one-third of all the prescription drugs in our country because they have reached that age where they have various ailments and problems and they need prescription drugs.

We need to add a prescription drug benefit to the Medicare Program. We have been trying very hard to do that. Some have said, well, let's not put it in the Medicare program, let's pay the insurance industry so they will sell an insurance policy providing for prescription drug benefits. The problem with

that is, the Health Insurance Association of America says insurance companies will not be able to put together a policy like that which is affordable. In fact, I had CEOs from two insurance companies come to my office, and one said: In order to provide \$1,000 worth of benefits to a senior citizen for prescription drugs, I would have to charge \$1,100 for the premium. Do you know anybody that will pay \$1,100 for an insurance policy that provides \$1,000 worth of benefits? Not where I live.

I say to those who say we can have the private insurance industry deal with this: it won't work. Even if they could offer the policy, it would not be affordable. We must, it seems to me, put a prescription drug benefit in the Medicare program, and we ought to do it now.

We are nearing the end of this session and this ought to have been one of the top priorities for the Congress. It just should have been one of our top priorities. We live in good economic times, we have unprecedented economic growth, and we are going to have some surpluses this year and, we hope, in the years ahead. But do you know what the priority was for the surpluses? The priority was to run out here on a big trolley a huge batch of tax proposals that would give big tax cuts really fast. Let's provide very large tax cuts, most of which will go to the upper-income folks in this country, and let's do it even before we experience these surpluses.

My feeling is that we ought to have a more balanced approach. First, if we have surpluses, let's use some of those funds to pay down the Federal debt. Yes, we can use some, perhaps, for middle-income tax cuts, and we could use some of it to make the other investments we need to make. We should put a prescription drug benefit in the Medicare Program that is optional, has a copayment, and provides Medicare recipients protection against these high drug prices.

The proposal I support also has the ability, through purchasing power, to drive down prescription drug prices. So I say to those who schedule the Senate: Time is wasting here. Let's see if between now and the end of this week or next week we can perhaps get a prescription drug benefit bill to the floor of the Senate and get it passed. Those who want to give tax cuts to the top 1 percent of the income earners were certainly quick to get that to the floor of the Senate. Let's see if we can't do something similar in terms of legislative speed to try to add a prescription drug benefit to the Medicare program. We have time to do that. The question is, Do we have the will to do it?

Just one other point. I want to talk for a moment about the issue of a Patients' Bill of Rights. A Patients' Bill of Rights is not some theory that represents our interests or a wish. It is an absolute necessity to provide protection for patients in this country. Some managed care plans—although not all

of them—have decided that health care is a function of their profit and loss. They administer their health care plans that way. The result has been devastating to some patients in our health care system. In fact, in some cases an HMO will not tell you all of your options for medical treatment, only the cheapest options. That is not fair.

Every patient in this country ought to have a right to understand all of his or her options for medical treatment, not just the cheapest one. There are some HMOs that don't give you the opportunity to have emergency room treatment when you have an emergency. That ought to be a patient's right. There have been instances of people hauled into an emergency room unconscious who are denied coverage because the HMO said they didn't get prior approval for the emergency room. It ought to be a patient's right, if you have insurance through an HMO, to have emergency room treatment when you have an emergency.

How about oncology care? In the case of a woman who has breast cancer and whose spouse's employer switches to a different health care plan, should that woman not be able to continue with her same oncologist and with the same cancer treatment under the new plan? Of course she ought to be able to. That ought to be a right.

I had a hearing recently with some of my colleagues on this subject, and a woman named Mary Lewandowski came. It was the third time Mary has come to Washington, DC, at her own expense. I want, for Mary's benefit, to put in the RECORD her complete testimony from this hearing. I ask unanimous consent that her entire testimony be printed in the RECORD.

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

TESTIMONY OF MARY MUNNINGS LEWANDOWSKI
BEFORE THE DEMOCRATIC POLICY COMMITTEE, SEPTEMBER 21, 2000

My name is Mary Munnings Lewandowski. I reside in Scottsville, NY. The picture that I have brought with me, is my youngest daughter Donna Marie at age 18.

This is my third trip to Washington to plead for passage of a bill that will protect patients rights. I've pounded on doors, handed out pictures of Donna and a picture of her headstone. I've done most anything I can to make people here aware that the Patients Bill of Rights is a Life and Death issue.

The week of February 3rd, 1997 Donna went to our PCP 4 times in 5 days. With each visit her symptoms were worsening. She was told that she had an upper respiratory infection and panic attacks. On Saturday Feb 8th, she could barely get off the couch. I assisted her up the stairs to get cleaned up at 8 PM. At 8:30 she started crying that she was very ill. I tried repeatedly to reach our PCP but only reached the answering service, as this was a Saturday evening.

I called the hospital at 9 and was told I couldn't bring her in unless her doctor authorized it or if I thought it was a life and death situation.

I am a school bus driver and a mom not a doctor or a nurse. At 9:10 I called 911, at 9:12 she screamed that her back hurt and that

she thought she was going to die. She lapsed into a coma. My husband tried in vain to do CPR on her. She was pronounced dead at 10:45 PM at the young age of 22.

I went to our PCP on Monday and the very first thing that was told to me, was "they couldn't justify to her HMO to send her for the diagnostic tests that would have shown what was wrong with her".

22 year old kids, don't die. There were no tests done, none. In my subsequent research I found that HMO's can and do penalize and sanction doctors for ordering tests which HMO's feel are unnecessary.

I found out on Tuesday, February 11th, that she died from a bloodclot on her lung, literally the size of a football. A \$750 lung scan would have shown this. But all for the sake of money, we lost a vital beautiful young lady that had only begun her life.

We were at the cemetery in August and my 6 year old granddaughter was with me. She went to Donna's grave and started crying. "Grandma, I shouldn't have to come here to see my Aunt Donna" Why did God take her.

Please, it is up to you, the Senators, our elected officials to change things. Health insurers should not be able to put profits before a person's life.

There is evidence that lives have been lost because of HMO decisions. Isn't that enough reason to pass legislation that would provide direct protection to patients?

Please, pass legislation that ensures that patients like my daughter get the test they need and access to emergency care before it is too late.

It could be your loved one.

Thank you for your time.

Mr. DORGAN. Mary lost her youngest daughter, Donna, at age 22.

She said:

The week of February 3, 1997, Donna went to our PCP—that is her primary care provider—4 times in 5 days.

With each visit her symptoms were worsening. She was told she had an upper respiratory infection and panic attacks. On Saturday, February 8th, she could barely get off the couch. I assisted her up the stairs to get cleaned up at 8 p.m. At 8:30 she started crying that she was very ill. I tried repeatedly to reach our PCP, but only reached the answering service, as this was a Saturday evening.

I called the hospital at 9 and was told I couldn't bring her in unless her doctor authorized it or if I thought it was a life and death situation.

Mary continued:

I am a school bus driver and a mom, not a doctor or a nurse. At 9:10 I called 911, at 9:12 she screamed that her back hurt and that she thought she was going to die. She lapsed into a coma. She was pronounced dead at 10:45 p.m. at the young age of 22.

I went to our PCP on Monday and the very first thing that was told to me was they couldn't justify to her HMO to send her for the diagnostic tests that would have shown what was wrong with her. Twenty-two-year-old kids don't die, so there were no tests done. None. In my subsequent research, I found that HMOs can and do penalize and sanction doctors for ordering tests which HMOs feel are unnecessary. I found out on Tuesday, February 11, she died from a blood clot on her lung literally the size of a football. A \$750 lung scan would have shown this. But all for the sake of money, we lost a vital beautiful young lady that had only begun her life.

I have about 50 stories just like this which have been compiled from all around the country—people dealing with HMOs and discovering they have

to fight their cancer and their health plans at the same time. That is not a fair fight.

We should pass a Patients' Bill of Rights. Now, the House of Representatives passed a bipartisan Patients' Bill of Rights and this Senate passed what I call a "patients' bill of goods." It is a hollow vessel, one of those charade-like things that doesn't do anything. In fact, the Republican Congressmen from the House have said the Senate passed proposal is a step backward, even worse than nothing. It is a charade. We still have an opportunity to enact a real Patients' Bill of Rights. This legislation is still in conference. This Congress can, in its final days, pass the Patients' Bill of Rights. When Mary Lewandowski comes to Washington, DC, three times because her daughter died—and this young woman should not have died—and says, "Do something, please," we have a responsibility to respond. We ought to do it now.

If the past is prologue, of course, we will end this session and we will not do the kinds of things we should—putting a prescription drug benefit in the Medicare program or enacting a real Patients' Bill of Rights. The American people will have lost. We will be back in January organizing as a new Congress and many of us will reintroduce exactly the same legislation. We will, once again, engage in this battle. The battle will not be over until we get done what needs to be done. Go back 40 years and the same people who stood on the floor of the Senate and opposed Medicare, oppose doing these important tasks. They do not think the Federal Government should do it. This same mentality is what is now providing the roadblock for doing what we should and adding a prescription drug benefit to Medicare and passing a real Patients' Bill of Rights.

We can alter that result. We can do it this week, if there is the will. There is a way. The question for the Members of this body is, Does the will exist in the Senate to do the right thing in these final days? I hope so.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, I say to my colleague from North Dakota that I very much agree with him that we should be taking up the Patients' Bill of Rights legislation. I hope he will join those of us on this side of the aisle when we bring a conference report to this body which will report a very important Patients' Bill of Rights piece of legislation. We would then hope to pass it in the Senate, send it over to the House of Representatives, and have the President sign it.

I am very much hopeful that we can get such a conference report to the Senate and that my colleagues on the other side of the aisle will help us to pass it.

CHINA'S THREAT TO U.S. NATIONAL SECURITY

Mr. KYL. Mr. President, I would like to talk about something this afternoon that I think is of great importance to this country and one of the biggest challenges we are going to face in the coming years; that is, the challenge of how the United States manages our relationships with countries that potentially present threats to our national security.

While few would like to admit it, I think China cannot be omitted from this scrutiny, and I, therefore, would like to discuss that question with respect to China today.

As my colleagues know, it was not long ago that the bill to grant permanent normal trade status to China passed through the Senate without amendment. I voted for this bill because I recognize the economic benefits it will have for many American workers, businesses, and consumers. That said, it is of utmost importance that we not lose sight of the fact that trade alone does not define our relationship with China. The actions and the heated rhetoric of China's communist leaders should be of great concern. So now, in the aftermath of our recent decision to grant PNTR to China, we are obligated to face the other challenges presented by the communist Chinese government.

Time and time again, Chinese officials and state-sponsored media have made bellicose and threatening statements aimed at the United States and our long-standing, democratic ally, Taiwan. They have even gone so far as to issue implied threats to use nuclear weapons against the United States. The question is, will we take them at their word on these defense matters as we did when they made trade commitments.

For example, in 1995, General Xiong Guangkai warned a visiting U.S. official that China could use military force to prevent Taiwan's gaining independence without fear of U.S. intervention because American leaders "care more about Los Angeles than they do about Taiwan." An editorial in a military-owned newspaper this March was more blunt, warning that, "The United States will not sacrifice 200 million Americans for 20 million Taiwanese."

In February of this year, a state-owned paper again warned the United States against becoming involved in a conflict with China over Taiwan. The People's Liberation Army Daily carried an article which stated, "On the Taiwan issue, it is very likely that the United States will walk to the point where it injures others while ruining itself." The article went on to issue a veiled threat to attack the U.S. with long-range missiles, stating, "China is neither Iraq or Yugoslavia * * * it is a country that has certain abilities of launching a strategic counterattack and the capacity of launching a long-distance strike. Probably it is not a wise move to be at war with a country such as China, a point which U.S. policymakers know fairly well also."

Not only has China warned against U.S. military intervention in the event that Taiwan declares its independence, Chinese officials have also issued threats against U.S. sale of theater missile defenses (TMD) to Taiwan. In February 1999, China's top arms control official, Sha Zukang, was interviewed by a reporter for the publication Defense News. When asked if U.S. assistance on theater missile defense for Japan, South Korea and possibly Taiwan could cause damage to U.S.-China relations, he replied, "If the U.S. is bent on its own way on this issue, it will not, to put it lightly, be conducive to the development of legitimate self-defense needs of relevant countries." When further questioned about theater missile defense for Taiwan, he stated, "In the case of Taiwan, my God, that's really the limit. It constitutes a serious infringement of China's sovereignty and territorial integrity. It also represents a deliberate move on the part of the United States to provoke the entire Chinese people. Such a move will bring severe consequences." (Emphasis added) According to the Washington Post in July, that same Chinese official warned that the sale of U.S. technology to Taiwan for a smaller scope theater missile defense system would "lead to serious confrontation" because it would be tantamount to restoring a military alliance between Taipei and Washington. He stated, "This is of supreme national interest. It will be defended at any cost." (Emphasis added)

These are not examples of isolated threats. They are a small sample of the bellicose statements that China's government has made recently. I have compiled dozens of such statements and am disappointed at the sparse attention they have received. Mr. President, I have compiled a document containing 14 pages of threats issued by communist Chinese officials. It is by no means a comprehensive compendium of such statements, and is merely a sample. I ask unanimous consent that it be printed in the RECORD at the conclusion of my statement.

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

(See Exhibit 1.)

Mr. KYL. Mr. President, the rhetoric from Beijing has also been accompanied by troubling actions. China has long-range nuclear-tipped missiles targeted at American cities, and is already increasing its arsenal of such weapons. It is greatly increasing the number of short-range missiles aimed at Taiwan, and has taken steps to improve its ability to invade or blockade the island.

China has also been the world's worst proliferator of missiles and weapons of mass destruction. It has sold ballistic missile technology to Iran, North Korea, Syria, Libya, and Pakistan, despite promising to adhere to the Missile Technology Control Regime. It has sold nuclear technology to Iran and Pakistan. It has aided Iran's chemical