said this boy will be reeducated. He will be reeducated all right. Ask some of the Vietnamese who came out of Vietnam what a reeducation camp is and ask some of the Cuban American community today what it is like in Cuba and why thousands have come here and thousands more have died trying to get here.

Now because little Elian's mother drowned, he has no rights. I thought this was America. But I guess it isn't anymore.

I want everybody to understand what happens to Elian Gonzalez. We hear about Fidel Castro. You would think he loved this little boy and would want to get the little boy back to his father. ''That is all I want,'' says Fidel.

I will close on this point: On July 13, 1994, 72 Cuban men, women, and children boarded a tugboat called the *13 de Marzo* and they set sail, hopefully, they thought, to freedom in the United States. Three hours later, 32 of them would be forced back to Cuba and imprisoned and another 40—23 children among them—would be killed by the Cuban goon squads of Fidel Castro.

Do you know how it happened? I will tell you how it happened. We got this firsthand from the survivors: Two Government firefighting boats pummeled the helpless passengers, who were unarmed, with water from high-pressure firehoses 7 miles off the coast of Cuba. The passengers repeatedly attempted to surrender to Government officials, going so far as to hold their children in their arms up like this, saying: Please, these are my children, stop, stop.

But the Cuban Coast Guard was relentless. The firehoses were enormous. Survivors said children were sprayed from the arms of their mothers into the ocean waters. Other children were simply swept off the deck by the firehoses and drowned in the sea. Desperate to protect their children, some of the mothers went down below deck with their children. What did they get for that? The Cuban Coast Guard rammed their vessel again and again and sank it with these people in the hold.

Here is a picture of a little girl, Caridad Leyva Tacoronte, 4 years old. She was one of those children.

If Castro's goons could have caught that boat, they would have done the same thing to Elian Gonzalez.

So I don't want to hear any more of this talk about how this is going to be the nicest thing for Elian, to go back to his wonderful little home in Cuba and live happily ever after with his dad because that is a bunch of pure, unadulterated garbage. Let's face reality. If the Senate does not have the courage to stand up and vote and be on record against that, then what do we stand for? What do we stand for?

Here is another one, Angel Rene Abreu Ruiz, 3 years old, sprayed from the arms of her mother by a high-pressure firehose and drowned in the ocean before her mother's eyes.

Elian did not get caught, so Castro did not kill him. He made it to the ocean. The ocean, though, took the lives of his fellow passengers, all but two. One other couple and Elian survived. His mother died.

So rather than send this to a custody court—I am not asking anybody to make a decision on where Elian should go. All my resolution does, that I have been trying to get a vote on now for a month and a half, is it gives permanent residency status to Elian, to his father, to his father's current wife, and to his child, to Elian's two grandmothers and grandfather—all the family. It lets them come here free of Castro, sit down as a family, talk with the Miami relatives, and decide how little Elian's fate should be resolved. That is all I am asking.

But, oh, no, we cannot do that because Janet Reno and Fidel Castro have decided the kid has to go back to Cuba. I want everybody in America to know what is going to happen. I promise you, this is the kind of stuff that happens in Cuba. He is going to go into a little reeducation camp, and he is going to learn all about communism, and we are going to make mighty sure, in Cuba, that he does not tell his classmates about Disney World or anything else nice that happened here in America. He is not going to let that happen. So he is a special little boy, all right, to Fidel Castro.

When I hear all this stuff about this nice little happy relationship with Juan Gonzalez, his father—where has his father been for 4 months? Has anybody stopped him from going to Miami and sitting down with the family and talking this out? Yes. Fidel Castro has stopped him.

Do you know where Mr. Gonzalez' mother is right now? She is under house arrest in Cuba so she cannot move freely. Let's get real here. That is where she is. He is afraid to say anything because he fears for his mother's life. He has his wife and child here but he doesn't have his mother here.

What a tragedy this is, that this little boy, who survived all of this, is now going to be forced back and he has nothing to say about it. I am never going to forget, as long as I live, no matter what happens, that little boy looking me in the eye about 2 months ago, 3 months ago, and saying: Senor, ayudame, por favor—help me, please. I don't want to go back to Cuba.

I asked him: Elian, don't you want to see your father?

He said: Si, senor—yes, but I want my father to come here to America because that is what my mother wanted.

Frankly, that is what his father wanted, too, but he can't say it. His father knew Elian was coming. He spoke to the hospital the night Elian was rescued and he was in the hospital. The father spoke to the doctors and to the family and thanked the family and the doctors for taking care of him and said, ''I'll see you soon.'' But, oh, no. Then comes the Attorney General blundering into this thing: Oh, no, this is an immigration matter.

Do you think he came in here by yacht?

Once again, I plead with my colleagues, whoever the powers that be are around here: Bring this thing to a vote today before 2 o'clock. Don't block it. Bring it to the floor and allow us to be recorded so the American people will know where we stood on a matter as important as this.

VOLUNTARY MEDICARE PRESCRIPTION DRUG PLAN ACT OF 2000

Mr. SMITH of New Hampshire. Mr. President, I would like to talk a bit about The Voluntary Medicare Prescription Drug Plan Act of 2000—S. 2319.

This bill allows seniors to enroll in a new program under Medicare which will provide for prescription drug coverage without increasing Medicare premiums or costing the Federal Government one penny.

This is an issue about which, as you know, many seniors are very concerned.

The Senate unanimously approved a sense-of-the-Senate amendment on the budget resolution offered by myself, Senator ALLARD, and Senator DOMENICI.

This sense-of-the-Senate is very simple. First of all, under the plan the Senate Democrats are committed to passing this year, there are six basic principles.

I agree with them all.

No. 1, it is voluntary.

I agree with this. If the senior doesn't want it, he or she should not have to take it.

No. 2, it is accessible to all Medicare beneficiaries.

I agree with that. A hallmark of Medicare is that all beneficiaries, even those in rural or underserved communities, have access to dependable health care. It should be accessible to everybody. The Smith-Allard plan is fully accessible for all beneficiaries.

No. 3, it is designed to provide meaningful protection and bargaining power for Medicare beneficiaries in obtaining prescription drugs.

A Medicare drug benefit should assist seniors with the high cost of drugs and protect them against excessive, out-of-pocket expenses. I agree with that.

No. 4, it is affordable for all Medicare beneficiaries and for the Medicare program.

It should be affordable to all beneficiaries, and it should be affordable to the Medicare program itself. The Smith-Allard bill is free. Free to all beneficiaries, free to the trust fund. If free qualifies as affordable, I think we are there.

No. 5, it is administered using private sector entities and competitive purchasing techniques.

The management of the prescription drug benefit should mirror the practices employed by private insurers. Discounts should be achieved through competition, not through price controls or regulation.

We are five for five.

No. 6, it is consistent with broader Medicare reform.

None of the plans that I know of are consistent with this principle because they all cost the taxpayers of America in the upwards of $40 billion dollars. And that's just to start. The President's plan is looking at an additional $203 billion.

Medicare will face the same demographic strain as Social Security when the baby boomer generation retires. We need to save Medicare, not add more of a financial burden to it.

So, these six principles I have listed are principles I totally support. They are principles that the Smith-Allard plan meets.

But we added three new principles: The plan should be revenue neutral; not increase Medicare beneficiary premiums; and provide full coverage in 2001.

These three principles enhance and strengthen those put forth by my colleagues on the other side of the aisle.

Let me briefly explain how my new legislation works:

Medicare part A—under the old system, the current system—has a $776 deductible.

Medicare part B has a $100 deductible. In other words, if you go to the doctor, the first $100 you pay for; if you go to the hospital, the first $776 you pay for; the rest, Medicare pays. That is total of $876 you will have to pay.

My new plan would create one new deductible, combining those two deductibles of part A and part B into one deductible of $675, which would apply to all hospital costs, all doctor visits, and prescription drugs—50 cents on the dollar up to $5,000.

And the prescription drug costs apply to the deductible, so every dollar you pay for a prescription moves you forward to meet the deductible.

Once the $675 deductible is met by the Medicare recipient, Medicare then will pay 50 percent of the cost toward the first $5,000 worth of drugs the senior purchases.

However, the senior could not purchase a Medigap plan that would pay for the $675 deductible. This must be paid for by the senior. But if you have a Medigap plan now as a senior, you will not need it.

As a result, seniors would save about $550 under Medigap plans if they traded their current Medigap plan for my new prescription drug plan.

Again, it is their option. It is voluntary. Seniors could even use their $550 in savings to pay the $675 deductible.

If you are a senior out there, and you have part A, part B, and you are paying $675 toward the deductible, and you have Medigap insurance of $550, you now can put the $550 toward the $675 to meet your deductible. So you are going to have $550 in savings. You can put that toward the $675, and you are already two-thirds of the way there.

But how do you get the cost savings?

As my colleagues are aware, according to the National Bipartisan Commission on the Future of Medicare, the Federal Government pays about $1,400 more per senior if the senior owns a Medigap plan that covers their part A and part B deductible.

The savings result because Medicare will not have to pay this $1,400 per person per year out of the trust fund.

As I mentioned, all hospital, physician, and prescription drug costs would count toward this $675 deductible. Once it was met, the senior would receive regular, above-the-deductible Medicare coverage, just as you get now. Or if you worked out the numbers and decided against my plan, then you would not have to select it; it is your choice.

I have spoken to senior groups and health care providers, both in Washington as well as in my State over the past several weeks, about this proposal. The response has been very enthusiastic.

Seniors want a prescription drug benefit. Doctors and nurses understand the importance of providing coverage for seniors because of the expense of prescription drugs in this country.

It would be a victory for seniors and for health care in this country if we could provide this coverage to them.

In a recent press conference, President Clinton and Senator DASCHLE outlined their goals for prescription drug coverage.

Leaving the politics aside, the fact that elected leaders from both parties are looking at this issue of prescription drug coverage is good news for the senior citizens of America.

I have talked with several of my Republican colleagues, and it is clear to me there is overwhelming support for allowing seniors to have this choice. The only question among us all is how we can responsibly structure such a program.

I heave heard from seniors in my State about what they are looking for in a prescription drug plan.

First, they are concerned about the solvency of the Medicare program. They want a program that does not add some huge financial burden to the trust fund which will be passed on to their grandchildren.

Second, they do not want to increase the national debt, either. Yes, seniors are concerned about the national debt. Ask them the next time you speak to a seniors group.

Third, seniors do not want new premiums. My plan requires no premium hike for seniors—zero.

As I have previously stated, the guiding principles of this plan, which may come as a shock to some of my colleagues on the other side of the aisle, are the same principles as those of the President and the distinguished minority leader for any prescription drug plan.

I believe the vast majority of seniors will benefit from this plan. In fact, every senior with a Medigap plan will definitely benefit.

Any senior with a prescription drug expenditure of more than $15 a month will benefit. Today, the Medicare part A and part B deductible totals $876, which most seniors cover by an average $1,611 Medigap insurance premium.

Let me go through some charts that will help explain how the plan works.

First, it is budget neutral.

It is ironic to see the direction in which the Medicare reform debate is headed.

Do my colleagues remember what started these discussions about Medicare reform?

It was the fact that the program was going broke.

So why would we support reforms that cost the program billions more in spending and further increase its insolvency?

I want to support Medicare reform that preserves the integrity of the program, not some sham reform that adds new financial burdens we will not be able to sustain.

For those of you who are skeptical that these numbers can work, let me say right off that I am not an actuary. I know budgets, but these are vast actuarial calculations we are talking about.

So, I wrote a letter to someone who I feel is in a unique position to make an unbiased assessment of this plan. His name is Guy King, and he was the Chief Actuary at the Health Care Financing Administration

Here is the letter he sent me.

I ask unanimous consent that this letter and a letter from Mark Litow, an actuary from the firm of Milliman and Robertson, be printed in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

KING ASSOCIATES,
Annapolis, MD, March 28, 2000.

Hon. BOB SMITH,
U.S. Senate,
Washington, DC.

DEAR SENATOR SMITH: This is in response to your letter of March 9, 2000 asking for my analysis of legislation you intend to introduce in the Senate. The proposed legislation establishes a voluntary prescription drug benefit, the Medicare Prescription Drug Plan, under the Medicare program.

Under the Medicare Prescription Drug Plan, the current Part A and Part B deductibles would be replaced by a single deductible of $675 which would also be applicable to the new prescription drug benefit. The Medicare program would pay fifty percent of the cost of prescription drugs, up to a maximum of $2,500 after satisfaction of the deductible. A beneficiary who chooses the Medicare Prescription Drug Plan would not be allowed to purchase a Medicare supplement policy that fills in the $675 deductible, so special Medicare supplement policies for those who choose the option would be allowed.

The Medicare Prescription Drug Plan would be available, on a voluntary basis, to any Medicare beneficiary not also covered by Medicaid. The possibility of anti-selection is an important consideration for a plan that is available to all Medicare beneficiaries as an option. I believe that the design features of the Medicare Prescription Drug Plan, as outlined in your legislation, minimize the impact of anti-selection.

As you requested, I performed an analysis of the proposed legislation. This analysis is based on Medicare and prescription drug data that I obtained from the Health Care Financing Administration (HCFA). My analysis indicates that the Medicare prescription Drug Plan, as described above, would be cost-neutral to the Medicare program if it were made available on a voluntary basis to all beneficiaries except those also covered by Medicaid.

If you should have any questions regarding my analysis, please don't hesitate to call.

Sincerely,

ROLAND E. (GUY) KING, F.S.A., M.A.A.A.

MILLIMAN & ROBERTSON, INC.,
Brookfield, WI, March 29, 2000.

Hon. Senator ROBERT C. SMITH,
Dirksen Building, Washington, DC.

Re: Medicare Alternative Including Prescription Drug Coverage.

DEAR SENATOR SMITH: At your request, we have analyzed the impact of creating a new option for the Medicare population that would provide coverage for prescription drugs. This option would allow most non-Medicaid aged and disabled Medicare beneficiaries, including those who are institutionalized but not covered under Medicaid and those with end stage renal disease (ESRD), a choice between traditional Medicare coverage and a new form of Medicare coverage referred to as the Prescription Plan. If the individual chooses the prescription plan, the deductible applies across all benefits (Part A, Part B, and drugs). Coinsurance still remains as currently exists under Parts A and B after deductibles, although the Part A extended benefit is available as an option, and prescription drugs have their own coinsurance levels as specified. If the individual chooses to remain under traditional Medicare, no prescription drug coverage is available.

The key components of the Prescription Plan option are:

The Prescription Plan has an aggregate deductible of $675 for the year 2000 across all benefits. Coinsurance for Parts A and B above the deductible are consistent with Medicare today, except as noted in the following bullet. Coinsurance for drugs is 50/50 on the next $5,000 above the deductible, with no coverage thereafter, so that the plan's maximum prescription drug benefit is $2,500.

Individuals have the option to pay an additional premium to Medicare under the Prescription Plan of $21 per year ($1.75 per month) that would provide full coverage of hospital claims for days 61 to 90 plus Lifetime Reserve Days. Currently, Medicare only covers a portion of the cost for days 61 to 90 and Lifetime Reserve Days.

People can purchase a new Medicare Supplement plan to cover their out-of-pocket costs above the deductible. Under this scenario, premiums for the current Plan F (which exclude prescription drugs) are expected to decrease by roughly $550 per year on average. Coverage below the aggregate deductible is not permitted.

People choosing to be covered under traditional Medicare will have exactly the same benefits they have today under Medicare. We believe the choice of current Medicare versus the Prescription Plan is reasonably balanced so that a relatively equal mix of healthy and less healthy individuals will select current Medicare and the Prescription Plan. Therefore, we do not anticipate significant amounts of adverse selection with this choice.

The offering of Prescription Plan along side traditional Medicare is estimated to be revenue neutral to Medicare. In other words, the Prescription Plan allows individuals access to prescription drug coverage at no additional cost to the Federal Government. Election of the option results in no change to the Part A and/or Part B premium, as applicable.

This system allows individuals two opportunities to change options. The first is at their initial time of eligibility for this program. The second is at the beginning of any year that is at least four years after their initial option. In both cases, the move can be made without evidence of insurability.

Estimates of the aggregate deductible are based on our best set of assumptions. A wide range of reasonable assumptions exist that could either increase or decrease these values.

A number of data sources and assumptions have been used in our analysis. These include:

The benefit design is applicable to the non-Medicaid aged, disabled, and ESRD populations. The only population not covered under this plan is that covered by Medicaid.

We estimate the Prescription Plan will result in an aggregate decrease in utilization of approximately 5%. However, we expect that the utilization savings will occur if and only if the aggregate deductible cannot be covered under any supplemental insurance plan.

We have assumed no price discounts on prescription drugs.

We have assumed that the choice between current Medicare and the Prescription Plan is fairly equal. The reason is that the higher deductible for Part B services will attract healthier people under the Prescription Plan, while the drug benefit will attract less healthy individuals. Given the magnitude of the Part B benefit and the drug benefit included in the Prescription Plan, we are unable to discern a tendency for people in a certain health status to have a greater inclination for current Medicare or the Prescription Plan than would people in a different health status.

All estimates above are based on calendar year 2000 levels, and should be properly adjusted for healthcare inflation in years beyond 2000. We have not made any adjustments for the new Hospital Outpatient Prospective Payment System which is expected to take effect in early calendar year 2000. Our analysis is based on the current Medicare payment system in Part B services. Since Part B services and prescription drugs would now be included, the trend rate applied to the deductible in future years is critical to controlling the cost of Medicare.

Cost and distributions of costs are based on the 1999 Milliman & Robertson, Inc. Health Cost Guidelines Ages 65 and Over. These Guidelines are based on an extensive analysis of various data sets, including Medicare data.

The following caveats apply to our estimates:

1. The values included are estimates only. Actual results may be better or worse than anticipated and could vary from anticipated results. Thus, actual experience should be monitored closely and revisions made as necessary to maintain revenue neutrality and other objectives.

2. This letter assumes the reader is familiar with the Medicare program and should be reviewed in its entirety. Since our conclusions reflect assumptions specific to the Medicare program, they may not be appropriate from other situations. This letter is intended for distribution for all who request, and therefore should be used in its entirety. The results and assumptions may be misinterpreted if taken out of context. As such, portions of this letter should not be excerpted.

3. The opinions in this letter are those of the author and do not necessarily reflect the options of others in Milliman & Robertson, Inc. (M&R). M&R does not take any position on specific health care reform proposals. There is uncertainty associated with some assumption underlying this analysis. Changes in the assumptions may have a material impact on this proposal. Actual experience may vary from the results projected in this letter.

This letter is a revision of an earlier letter dated September 22, 1999. The assumptions supporting that document were tested independently by Guy King of King Associates. The changes made to that analysis are relatively modest, but we have not as yet asked Guy King for his comments on these changes. A copy of Mr. King's work to date was attached to our September 22, 1999 letter.

If you have any questions or need additional information, please call.

Sincerely,

MARK E. LITOW, F.S.A,
Consulting Actuary.

Mr. SMITH of New Hampshire. There it is, folks. It's revenue neutral.

Let me talk about the premium issue, because this I believe is the most explosive political side of this.

Seniors watch their budgets closely. If you try to sock them with a new premium, they will not be happy.

Let me remind my colleagues what happened the last time we tried to slap new premiums on seniors.

This picture is an incident that occurred when seniors who were angry with the enactment of the so-called Catastrophic Act assaulted Congressman Rostenkowski's car.

Congressman Rostenkowski wrote the legislation which increased premiums on certain seniors.

It would be a grave mistake to interpret seniors' desire for prescription drug coverage as a call for new higher premiums.

It would also be a huge mistake to think that there is any need for such premiums.

Let me show you how my plan compares with the Administration's plan as far as premiums and benefits.

This chart shows that the Clinton plan's benefits do not even start until 2003, and the benefits are not fully effective until 2009.

These premiums are just the new added government premiums. They do not count other premiums such as Medigap.

I ask unanimous consent that this chart be printed in the RECORD.

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

Year	Monthly premiums		Maximum annual benefits (50%)	
	Clinton	Smith-Allard	Clinton	Smith-Allard
2001	0	0	0	$5,000
2002	0	0	0	5,000
2003	$26	0	$2,000	5,000
2004	30	0	2,500	5,000
2005	34	0	3,000	5,000
2006	38	0	3,500	5,000
2007	42	0	4,000	5,000
2008	46	0	4,500	5,000
2009	51	0	5,000	5,000

Mr. SMITH of New Hampshire. This chart shows all the premiums seniors

would pay. As you can see the drug premium is nothing. If a senior has Medigap, premiums substantially decrease from current law under Smith-Allard. Under the administration plan, they stay the same—averaging $230.75 per month. So, if you compare all premiums, a senior would save an average of $96.83 per month.

I ask unanimous consent that this chart be printed in the RECORD.

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

MONTHLY PREMIUMS

	Clinton	Smith-Allard
Drugs	$51.00	0
Part B	45.50	45.50
Medigap	134.25	88.42
Total	230.75	133.92
Smith-Allard Premium Savings		96.83

Mr. SMITH of New Hampshire. Some might say this is not much money. But let's take a look.

What could a senior do with $96.83 each month?

You can see that this is a lot of money when you think of how it would impact other expenses seniors have.

These numbers come from the Bureau of Labor Statistics Consumer Expenditure Surveys.

Finally, Mr. President, we will look at annual deductibles.

Smith-Allard combines the hospital, medical, and drug benefits into a single deductible.

Because seniors spend an average of $670 per year, they would just about reach the full hospital and medical deductible with just drug expenses.

Under the Clinton plan, drugs don't count toward the deductible, so even though seniors would have a 50 percent drug benefit, they would not be paying down their deductible.

I have talked about this plan with seniors, and they understand this concept. They love it.

I ask unanimous consent that these charts be printed in the RECORD.

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

SMITH-ALLARD

Saves seniors $96.83 in monthly premiums.

What could a senior do with $96.83 each month?

PRESCRIPTION DRUGS

Seniors average $55 per month on drugs.

The premium savings alone would pay for all their drugs twice.

FOOD

Seniors spend $235 per month on groceries. Premium savings pay for nearly half.

Seniors spend $99 per month going out to eat. Premiums savings pay for nearly all dining out.

ENTERTAINMENT

Seniors spend $87 per month on entertainment. Premium savings pay for all entertainment.

TAXES

Seniors spend $93 per month on Federal, State, and other taxes. Premium savings pay for all taxes.

ANNUAL DEDUCTIBLES

	Clinton	Smith-Allard
Part A	$776	
Part B	100	$675 combined.
Drugs	0	
Total deductibles	876	675

Mr. SMITH of New Hampshire. Let me just conclude speaking on this bill by saying that the benefits in this plan are delivered by private companies and regional entities, such as pharmaceutical benefit managers. These entities would negotiate with large drug companies and provide the drugs to Medicare seniors.

In addition, according to the actuaries who reviewed the legislation, there will be no adverse selection. Both the healthy and the sick will have an incentive to choose this plan. Everybody is in.

There are many different methods of providing prescription drug coverage for seniors, but I urge my colleagues—I plead with my colleagues—to look to the revenue-neutral methods that fund this benefit by the elimination of waste in the present system. I urge my colleagues to resist the temptation to raise Medicare premiums on the people who can least afford it.

I have vivid memories of seniors rocking Mr. Rostenkowski's car a few years ago when he decided to raise Medicare premiums. Let's look at it more specifically. The House's fiscal year 2001 budget—this is important—sets $40 billion aside for prescription drugs.

In the Senate, we are expected to do a budget that is going to set aside $20 billion now for prescription drugs, and $20 billion later.

We don't need either under my plan. We don't need any more money. We don't need $20 billion. We don't need $40 billion. We don't need $2 billion.

Let's use the money for debt reduction or tax credits for the uninsured rather than providing for prescription drugs. Let's use my revenue-neutral prescription plan instead.

I urge my colleagues to take a look at this approach. It provides prescription drugs in a way that will meet seniors' needs without hiking their premiums or adding more burden to the Federal treasury.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Under the previous order, the Senator from Nevada, Mr. REID, is recognized to speak for up to 20 minutes.

INDEPENDENT COUNSEL

Mr. REID. Mr. President, this past Tuesday, the Washington Post carried a story reporting that Independent Counsel Robert Ray, a lawyer who was trained in prosecutorial ethics by Rudolph Giuliani and who took over the special prosecutor duties from Ken Starr, is planning on continuing and even expanding his investigation of President Clinton. Mr. Ray has hired six new prosecutors and another investigator and plans to increase spending over the next 6 months by $3.5 million. Under this plan, he is seriously considering indicting the President after he leaves office for a number of things. He includes perjury, obstruction of justice, making false statements, and even conspiracy.

When I read this story, to say the least, I was surprised. One year ago, I stood in this Chamber at this same seat during the impeachment trial of the President of the United States and compared what was happening then to literature. I can no longer make that comparison because what is happening here is too outlandish and unbelievable to qualify anymore as literature. Every great story has an ending. Every play has a denouement.

This investigation has already lasted 6 years. It has cost Nevada taxpayers and the taxpayers of this country more than $52 million, not counting the money this new prosecutor wants to spend in the next 6 months.

More than the length of this proceeding, more than the cost of this proceeding, this story has crossed the line from Kafka to ''The Twilight Zone.'' It has drifted from prosecutorial intemperance to the brink of lunacy.

A number of years ago, the very articulate, brilliant Supreme Court Justice Antonin Scalia criticized the independent counsel statute. He pointed out that with the typical criminal case, the prosecutor starts with a crime and then looks for the perpetrator.

But with an independent counsel, the prosecutor starts with a suspect and searches to find a crime—any crime—to charge him or her with. Once placed in office, the prosecutor has built-in pressure to bring a charge rather than exonerate his target in order to justify his very existence; and in this instance, the tens of millions of dollars already spent. There is no more perfect example to what Justice Scalia was talking about than this so-called case.

Let's trace the confused and wandering thread of this narrative. This all began with the 20-year-old land deal called Whitewater—an Arkansas land deal 1,500 miles from here. The special prosecutor spent millions of dollars. Nothing turned up. But he kept going. He put a woman by the name of Susan McDougal in jail for 2 years, even though she had committed no crime. There is no debate about that. And she had never been convicted in a court of law. There is no debate about that.

Why? He wanted her to change her testimony and implicate the President and the people at the White House.

She would not do that. She went to jail. Eventually, after an innocent person, who had never been accused of a crime, had languished in jail for years, he gave up on Whitewater. He, the prosecutor, gave up on Whitewater, but he did not give up on looking for something on the White House.

First, he investigated the unfortunate death of Vince Foster and reached