

produce and use a substantial amount of energy, but we are far too dependent on OPEC countries.

If one looks at production of energy, it does not matter who is in the White House—a Republican or Democratic administration—we see that same line, and the line is not going up, it is marginally going down. We need an energy policy that is a Republican and Democratic energy policy, not one about which one side continues to wave and rail about the other side. We need a bipartisan energy strategy that recognizes this country should not be beholden to an OPEC cartel for its energy supplies. Not to do so means we put ourselves at risk, we put our economies at risk, and put the American people at risk when, in some cases, they cannot purchase the energy they need.

#### A PRESCRIPTION DRUG BENEFIT IN MEDICARE

Mr. DORGAN. Madam President, I want to talk about the subject that is going to be front and center in the Congress this week, the issue of a prescription drug benefit and Medicare. There are stories in today's papers—the Washington Post, the New York Times, and others—in which the chairman of the National Republican Congressional Committee is quoted as saying that there is a belief that his party, meaning Congressional Republicans, need to do something on the issue of prescription drugs. He says, "It's a great issue—no question it polls well."

Another member from the other side of the aisle said: "We're going to use the marketplace pressure to solve the problem, which is much better than the government program."

In other words, the majority party feels they have to bring a bill to the floor addressing the need for prescription drug coverage because the issue polls well. So they are going to bring an illusory bill to the floor of the House this week that requires private insurance companies to offer an insurance policy that helps people pay for their prescription drugs. The catch is that the insurance companies say they cannot offer such a policy. Officials from two companies have come to my office and told me that, to offer a policy with \$1,000 in benefits, it would cost \$1,200.

I come from a rural State. In rural States, a recent study shows that rural Medicare beneficiaries pay 25 percent more out-of-their own pockets for prescription drugs than do urban beneficiaries. Of course, rural areas are shrinking. Many have seen the movie "Four Weddings and a Funeral." In rural areas of my State, ministers tell me they have four funerals for every wedding because the population is getting older and the younger people are moving out.

And those senior citizens living in rural areas are the ones who are paying the highest prices for prescription drugs.

And many of them cannot afford the drugs they need. They have heart trouble, diabetes, and a range of other problems. Their doctors say: You need to take this miracle medicine, this life-saving drug, to help you live a better life. And they say to their doctors: I can't afford it.

We need to do two things. First, we need to add a prescription drug benefit to the Medicare program, and second, we need to put downward pressure on drug prices.

I thought I might, with my colleagues' consent, show on the floor of the Senate a couple of pill bottles that illustrate part of the problem. Here are two bottles for a prescription drug called Zocor used to lower cholesterol. This is the same tablet, in the same strength, made by the same company, probably made in the same manufacturing plant. If you buy Zocor in Canada, it costs \$1.82 per pill. But if you buy the same drug—the same pill, made by the same company—in the United States, it costs \$3.82 per pill.

Let me say that again. If you are a Canadian, you pay \$1.82 for Zocor; if you are an American, you pay \$3.82, more than twice as much. Why? Because the big drug manufacturers have decided they want to charge the American consumer more than twice as much.

One other example, if I might. Here are bottles of Zoloft. Zoloft is a common prescription drug used to fight depression. If you buy this medication in Canada—the same pill, in the same strength, by the same drug company—it costs \$1.28 per pill. But if you buy it in North Dakota, it costs \$2.34 per pill. The Canadian pays \$1.28; the American pays \$2.34, 83 percent more.

I have other examples, but I think you get the point: American consumers pay the highest prices in the world for their prescription drugs. These are the prices that our current marketplace have achieved. Why should an American citizen have to go to Canada to buy a drug that was produced in the United States in order to pay half the price that is charged in the United States? The answer is that they should not have to do that.

I think these examples illustrate why, when those on the other side of the aisle say "we're going to use the marketplace pressure to solve the problem," this marketplace approach just is not going to work. We need a real prescription drug benefit added to the Medicare program. What we do not need is an illusion of a benefit where we tell private insurance companies to sell a policy they say they can't underwrite and won't sell.

That is not good public policy. Maybe the polls show that Medicare prescription drug coverage is a popular issue, but you do not solve a problem, no matter how popular an issue, by coming up with a solution that does not work.

We need to add a prescription drug benefit to the Medicare program in a

way that is sensible and thoughtful and workable. And, second, as we do that, we need to put some downward pressure on prescription drug prices.

It is not fair, right, or reasonable that the American consumer ought to pay double the price for the same drug, put in the same bottle, manufactured by the same company. That is not fair. The common medications that senior citizens so often need—to treat their heart problems, diabetes, arthritis, and so many other difficulties—have been increasing in cost at a dramatic rate.

I am not talking about creating price controls, but we need to do something to put some downward pressure on prices. One thing we should do is pass legislation that I have introduced, along with Senator SNOWE, Senator WELLSTONE and others, that will allow American consumers to have access to these drugs from anywhere in the world, as long as they are FDA-approved with safe manufacturing standards. This legislation, the International Prescription Drug Parity Act, will allow Americans to access these drugs from anywhere in the world at a lower price.

If we eliminate the legal obstacles that currently exist and allow pharmacists to purchase these medications from other countries on behalf of their American customers, the pharmaceutical industry will be forced to re-price their drugs in this country.

In short, I wanted to come to the floor to make the point that we must put a prescription drug benefit in the Medicare program, but we must do it in a way that works. We should not do this just so some will be able to go home to their states and say: We passed prescription drug coverage, didn't we? That might provide some self-satisfaction but it does nothing for the millions of Medicare beneficiaries who need prescription drug coverage. And finally, as we develop this legislation, we need to acknowledge that drug pricing is unfair in this country and do something to put some downward pressure on prescription drug prices.

#### ANNIVERSARY OF THE U.N. CHARTER

Mr. GRAMS. Madam President, fifty-five years ago, the members of the United Nation's founding delegation met in San Francisco for the signing ceremony that created the U.N. There was great anticipation and a collective enthusiasm for this new, global institution. Delegates spoke of hope, of expectation, of the promise of peace. President Truman echoed the thoughts of those founding members when he told the delegates they had, "created a great instrument for peace and security and human progress in the world." Fifty-five years later, the United Nations is struggling to meet its potential.

As Chairman of the International Operations Subcommittee which has U.N. oversight responsibilities and having been appointed by the President to

serve two terms as a Congressional Delegate to the U.N., I have focused significant attention on the United Nations. On the anniversary of the signing of the U.N. Charter, I think it is appropriate to take time for us all to reflect on that important institution.

The U.N. is making headway in implementing reforms, and I believe that is due in a large part to the efforts of the U.S. Congress. According to GAO, the U.N. has made substantial progress in restructuring its leadership and operations. It has also created a performance-oriented human capital system. Unfortunately, however, there is no system in place within the U.N. to monitor and evaluate program results and impact. In other words, the U.N. undertakes numerous activities on social, economic, and political affairs, but the Secretariat cannot reliably assess whether these activities have made a difference in people's lives and whether they have improved situations in a measurable way. I look forward to working with the U.N. to make sure in the future it will not just believe it is contributing to positive change, it will know it is doing so. As Secretary-General Annan noted, "a reformed United Nations will be a more relevant United Nations in the eyes of the world."

In the area of peacekeeping, the U.N. is clearly in crisis because many countries, including the U.S., keep calling on the U.N. to take on missions it is not capable of fulfilling. The U.N. can play a useful role in building coalitions to address matters of international security, as we saw in the Persian Gulf War. Moreover, the U.N. has the ability to effectively conduct traditional peacekeeping operations, such as those in Cyprus and the Sinai Peninsula. Unlike NATO and other regional military forces, however, the U.N. is only successful when it takes on limited missions where a political settlement has already been reached, hostilities have ceased, and all parties agree to the U.N. peacekeeping role. The U.S. must be careful not to set up the U.N. for failure. We risk ruining the U.N.'s credibility if we insist on a more robust peace making role for U.N. forces. In Sierra Leone, a feel-good U.N. operation with no impact on keeping civilians safe and with "peacekeepers" held as hostages sounds a lot like a replay of U.N. forces in Bosnia. I had hoped the U.N. learned its lessons since that terrible time.

As we celebrate the anniversary of the signing of the U.N. Charter, we should celebrate the success of the U.N. without turning a blind eye to its failings. We should recommit ourselves to making sure the U.N. continues to reform. We should make sure our nation doesn't push the U.N. to do more than it can do effectively. If we do nothing, and in fifty-five more years the United Nations collapses under its own weight, then we will have only ourselves to blame.

#### VICTIMS OF GUN VIOLENCE

Mr. DORGAN. Madam President, it has been more than a year since the Columbine tragedy, but still this Republican Congress refuses to act on sensible gun legislation.

Since Columbine, thousands of Americans have been killed by gunfire. Until we act, Democrats in the Senate will read some of the names of those who lost their lives to gun violence in the past year, and we will continue to do so every day that the Senate is session.

In the name of those who died, we will continue this fight. Following are the names of some of the people who were killed by gunfire one year ago today.

June 26, 1999:

Kevin S. Bonner, 28, Chicago, IL;

Danny R. Davis, 35, Chicago, IL;

Sharon Duberry, 35, Gary, IN;

Weldon Ellingson, 79, Cedar Rapids, IA;

William Ernest, 34, Philadelphia, PA;

Marilyn Freestone, 57, Cedar Rapids, IA;

Estella Martinez, 40, San Antonio, TX;

Willie Palmer, 29, Baltimore, MD;

Ruben Ruvalcaba, 22, San Antonio, TX;

Anthony Scott, 22, Bridgeport, CT;

Carlos Sermiento, 22, Dallas, TX;

Chau Tran, 17, Lansing, MI;

Julio A. Vincencio, 18, Chicago, IL;

Mose Penn Warner, 82, Louisville, KY.

In addition, Mr. President, since the Senate was not in session on June 24 and June 25, I ask unanimous consent that the names be printed in the RECORD of some of those who were killed by gunfire last year on June 24th and June 25.

June 24: James Bailey, 21, Kansas City, MO; Kurt Chappell, 38, Cincinnati, OH; Philemon Epepa, 48, Houston, TX; Dana Fowlkes, 28, Baltimore, MD; Deslond Glenn, 17, Fort Worth, TX; Antonio Hernandez, 32, Houston, TX; John Kerr, 28, Memphis, TN; Max James Langley, 74, Mesquite, TX; Angelo Lard, 32, Detroit, MI; Mary Jane Noonan, 37, New Orleans, LA; Tull Rea, Sr., 89, Dallas, TX; Edwin A. Vazquez, 23, Chicago, IL; Unidentified male, 20, Newark, NJ.

June 25: Mona Lisa Castro, 28, Fort Worth, TX; Joe T. Harp, Pine Bluff, AR; Lavar R. Knight, 19, Chicago, IL; Millard Courtney Sauls, 25, Washington, DC; Latrice Spencer, 22, Louisville, KY; Fred Warren, 18, Miami-Dade County, FL; Quintrale Williams, 38, New Orleans, LA; Unidentified male, 16, Chicago, IL.

#### REMEMBERING THE FORGOTTEN: KOREA 1950-1953

Mr. ROCKEFELLER. Madam President, yesterday was the 50th anniversary of the beginning of the Korean War, an often overlooked, yet very important event in history. "Forgotten" is a term used too often about the Ko-

rean War; for veterans and their families, the war is very real, and something they can never forget.

Officially, the war was the first military effort of the United Nations, but American involvement was dominant throughout the conflict. Thousands of Americans traveled to a distant land to help defend the rights of strangers threatened by hostile invasion. Unfortunately, many who fought bravely to aid the Koreans lost their lives while waging the war.

Today, I want to pay homage to all who served in this war. The troops from the United States and the 20 other United Nations countries who provided aid to the South Koreans deserve our great acclaim every day, but even more so on this special anniversary. These great countries united to preserve the rights of South Korea, a small democracy threatened by the overwhelming power of the Communist government. South Korea did not have sufficient military resources to protect its interests. Fortunately, the United Nations member countries were not about to sit back and watch North Korea, with the aid of China and the Soviet Union, annihilate the democracy in the south.

On June 25, 1950, troops from Communist-ruled North Korea invaded South Korea, meeting little resistance to their attack. A few days later, on the morning of July 5th—still Independence Day in the United States—Private Kenny Shadrack of Skin Fork, West Virginia, became the war's first American casualty. Kenny was the first, but many more West Virginians were destined to die in the conflict—in fact, more West Virginians were killed in combat during the three years of the Korean War than during the 10 years that we fought in Vietnam. In one of the bloodiest wars in history, 36,940 more Americans would lose their lives before it was all over. In addition, more than 8,000 Americans are still missing in action and unaccounted for.

Five years ago, we dedicated the Korean War Memorial on the Mall in Washington, DC. This stirring tribute to the veterans of this war poignantly symbolizes the hardships of the conflict.

The Memorial depicts, with stainless steel statues, a squad of 19 soldiers on patrol. The ground on which they advance is reminiscent of the rugged Korean terrain that they encountered, and their wind-blown ponchos depict the treacherous weather that ensued throughout the war. Our soldiers landed in South Korea poorly equipped to face the icy temperatures of 30 degrees below zero, their weaponry outdated and inadequate. As a result of the extreme cold, many veterans still suffer today from cold-related injuries, including frostbite, cold sensitization, numbness, tingling and burning, circulatory problems, skin cancer, fungal infections, and arthritis. Furthermore, the psychological tolls of war have caused great hardship for many veterans.