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House of Representatives

The House was not in session today. Its next meeting will be held on Tuesday, February 29, 2000, at 12:30 p.m.

Senate

WEDNESDAY, FEBRUARY 23, 2000

The Senate met at 10 a.m. and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Dear Father, we thank You for Your loving kindness. We are amazed by Your infinite patience with humankind. Each of us has known that patience. You are merciful and gracious with us. Help us to be as patient with ourselves. We find it difficult to be up for others when we get down on ourselves. Give us patience with others. Forgive us when we are irritated or annoyed and lose patience with them. Grant us patience with the political process, with ideological adversaries, and with those who refuse to march to our drumbeat. Remove the chips from our shoulders and replace them with Your all-powerful, upholding hands.

Gracious God, give us hope based on the assurance of Your timely interventions and courage rooted in Your strength. Slow us down when we run ahead of You. We want to walk with You at Your pace and in Your direction, neither running ahead nor lagging behind. We give up the assumption that we are in charge of everything, and we trust our challenges and our opportunities to Your control. You are our Lord and Savior. Amen.

PLEDGE OF ALLEGIANCE

The Honorable MIKE CRAPO, a Senator from the State of Idaho, led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The able Senator from Idaho is recognized.

EXTENSION OF MORNING BUSINESS

Mr. CRAPO. Mr. President, I ask unanimous consent that the period of morning business be extended until the hour of 12:30 p.m. and between 11:30 and 12:30 Senators be limited to 10 minutes each.

The PRESIDENT pro tempore. Without objection, it is so ordered.

SCHEDULE

Mr. CRAPO. Following morning business, Mr. President, the Senate is expected to begin consideration of S. 1134, the education savings account legislation. However, the Senate may also begin consideration of any other Legislative or Executive Calendar items available for action.

As a reminder, the vote on the Iran nonproliferation bill has been scheduled to occur on Thursday morning at 11:30, and, as previously announced, there will be no votes on Friday.

I thank my colleagues for their attention.

I note the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll.

The bill 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 (Mr. CRAPO). Without objection, it is so ordered.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business not to extend beyond the hour of 12:30 p.m. The time until 10:45 a.m. shall be under the control of the Senator from Illinois, Mr. DURBIN, or his designee.

The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, I yield myself such time of Senator DURBIN's as I might use.

THE NEED FOR PRESCRIPTION DRUG COVERAGE

Mr. DORGAN. Mr. President, this will be a session in Congress in which we will have plenty of challenges and opportunities to discuss issues. We live in a country where we are blessed with an economy that is growing, and with unemployment that is about as low as it has been in my adult lifetime. Inflation is down. We have had the blessings

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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of a rising stock market; we recently had some adjustments there. But home ownership is up. Personal income is up. We have a lot of things that exist in our economy that represent good news for our country.

I come from a farm State, and there is not such good news for family farmers. They are suffering through a very severe crisis with collapsed grain prices and other difficulties. But, generally speaking, our country has been doing quite well. Our economy is stronger than almost any other economy in the world. Economists now predict that we will have budget surpluses as far out as the eye can see. Of course, that is not very far; economists who can't remember their home address try to tell us what is going to happen with the economy three, five, and ten years from now.

It is interesting to note, if you go back to the early 1990s, virtually all leading economists in America predicted that the 1990s would be a decade of slow, anemic economic growth. Of course, they were almost all wrong. So as we confront our challenges and opportunities in the future, I think it is wise for us in this Chamber not to be seduced by some who would say that if we are going to have continued budget surpluses, let's have a \$1.3 trillion tax cut over 10 years. I think it is much wiser to provide some targeted tax cuts with some of the surplus, if it materializes, and use a fair amount of the expected surplus to reduce Federal indebtedness.

Why? Because during tough economic times you need to use increased debt to help you through those tough times, and during good economic times it seems to me you would want to reduce indebtedness. So I hope that is what we do.

However, even as we discuss all of those fiscal policy changes and challenges, it is important for us to evaluate what else is necessary to be done, and what investments should be made. One is education. Clearly, our future is our children, and clearly we all, Republicans and Democrats, want the same thing for our children. We want every single young child in our country to walk through a classroom door and believe, as parents and as Americans and as legislators, that that classroom is one of which we are proud.

That is a classroom in which that young child can learn, in which that young child may grow up to be a nuclear physicist, or to be a doctor, or a lawyer, or the best plumber, mathematician, carpenter—whatever it is the talents of that young child allow it to be. That is what we want for our children in education.

There are a range of other education challenges that we will debate and discuss this year. In the area of health care, there are challenges as well.

I came to the floor to talk about one specific area which, it seems to me, we must work together to address, and that is this: How do we respond to the

increasing needs in Medicare, especially with respect to prescription drugs?

Times have changed in this country. Many people are living longer and much more productive and healthy lives. I have talked before about my uncle, and I will not describe him again in great detail. But my uncle is 79 years old. My Uncle Harold is a runner. He didn't discover he could run until he was in his early 70s. Then he discovered quite by accident that he was a pretty good runner. My uncle is now 79 years old, and he has 39 gold medals from running in races all over the country. He runs in the 400 and the 800 in Senior Olympic events. My uncle is probably a perfect description of how things have changed in our country.

It wasn't too many decades ago that when you reached 79, there was a special place for you. It was a big, easy chair where someone would serve you soft food—probably oatmeal. You were 79, you were old, relaxed, and you were retired, eating soft food. That is not true anymore. People are living longer, better, and healthier lives. My uncle, God bless him, is in Arizona today training for his next race at age 79.

In this job, we all meet and confront wonderful and interesting people. I have met some senior citizens who now, reaching the retirement portion of their lives and facing diminished income because they are no longer working, are able to look forward to responding to some of the health challenges with lifesaving drugs and therapies. They weren't previously available to them. But medicine has marched forward with new procedures, surgeries, and medicines.

A woman came to a town meeting one day and told me that she had two new knees, a new hip, and cataract surgery. She said she feels like a million dollars. I told her that it was a pretty big investment, but good for you.

Forty years ago, if I had held a town meeting in that small community, she would have been there in a wheelchair—if she was there at all—with bad knees and cataracts. But now, with surgical advances, there are so many things happening that allow people to live longer, better, more productive and healthier lives. And a part of that is the medicine that allows people to deal with their difficulties. There are breakthroughs in medicine that are quite remarkable.

One of the things we must do in this session of the Congress, in my judgment, is to try to attach some sort of prescription drug benefit to Medicare. What is happening to senior citizens in this country is that all too often they reach that portion of their lives when they have diminished income and they have an increased need for prescription drugs, and they can't afford them.

Senior citizens are 12 percent of the population in America, and they consume one-third of the prescription drugs in our country. Let me say that again because it is important. Senior

citizens are only 12 percent of our population, but they consume one-third of the prescription drugs. Why? Because they need them.

In Dickinson, ND, a doctor said to me that one of his Medicare patients had breast cancer. She was being treated for breast cancer, first with surgery, and with some prescription drugs to reduce her chances of recurrence of breast cancer.

The doctor told his patient that she needed to take these prescription drugs to reduce the chances of recurrence of breast cancer. This woman told the doctor that she couldn't afford those prescription drugs, and therefore couldn't take them. She told him that she couldn't afford them because she didn't have coverage to help her pay for them through insurance or Medicare. This woman told the doctor that she was just going to have to take her chances with the recurrence of breast cancer because she couldn't afford the prescription drug.

What about the woman with heart disease and diabetes, in her 80s, living on several hundreds of dollars a month of income who is told that she needs several different kinds of expensive prescription drugs to manage her heart disease, her diabetes, and all the other health challenges that come from that? She said to me: "Mr. Senator, I don't have the money to do that. I can't buy these prescription drugs because I cannot afford them. I buy prescriptions as much as I can, and I try to cut the pills in half and take a half a dose occasionally in order to try to make it stretch."

Doctors tell me that can actually exacerbate health problems. That is the difficulty.

How do we respond to that? We respond to that by providing a thoughtful, sensible, affordable prescription drug benefit in the Medicare program. We can do that. To put this together is not rocket science. All of us together can do that, understanding that people are living longer. But when they reach diminished income, as senior citizens do, they need affordable prescription drugs to deal with their health care problems.

I have held Democratic Policy Committee hearings in New York, Chicago, and North Dakota. We will be having future hearings in Atlanta and other places to talk about these issues and to take testimony from senior citizens about the issue of prescription drugs and Medicare. The testimony is so gripping.

Senator DURBIN and I held a hearing in Chicago. A woman came to testify who had a double lung transplant. She explained to us that the way the system works for her health care is it costs her \$2,400 a month in prescription drug costs for the very expensive drugs to prevent the rejection of these organ transplants. She said she didn't have the money. She said that because she couldn't afford them, she could get them through Medicaid for 1 month.

Then they stop coverage for a second month. So she described to me the circumstances.

It is like every other testimony you hear all across this country from senior citizens. Lifesaving drugs can only save your life if you are able to afford to take them. If you do not have the money, and don't have access to the drug that you need for your health—especially senior citizens—you will discover their life is not so long and not so healthy.

Mrs. BOXER. Mr. President, will my friend yield for a colloquy?

Mr. DORGAN. Certainly.

Mrs. BOXER. I am so happy Senator DORGAN took the time to come over here to discuss this. I thought it would be interesting to talk with him about some facts that came out in recent studies because he has been on this issue before a lot of folks. He was talking about the cost of prescription drugs. I think he would be a very good person for me to direct a few questions to, if he would be willing to do that.

When he talked about a particular woman who came to him and told him that she essentially could not afford to take the correct number of pills for her condition and she was trying to figure it out—well, if I took a half a pill now and a quarter of a pill later—I wonder if the Senator is aware that this is a widespread situation. If the Senator could comment on it, one report found that one in eight seniors has to choose between buying food and buying medicine.

If my friend could comment on how it makes him feel as someone who has always been a fighter for the average person. Here we have senior citizens in our country, one out of eight, after they have worked all their lives, have saved their money, have taken care of their family, having to choose between buying food and buying medicine. I wonder if my friend would comment on that.

Mr. DORGAN. Senator BOXER raises the question that is raised in so many hearings. We had a woman testify at a hearing I held who said something you hear often. She goes to a grocery store that has a pharmacy in the back of the store, and she takes a number of prescription drugs.

By the way, a lot of senior citizens will take three, five, or seven. I have had senior citizens tell me they are on ten different prescription drugs for a whole series of health challenges and problems. This woman told me that when she goes to the grocery store, she must first go to the back of the store, to the pharmacy, to buy her medicine. She said that she does this so she will then know how much money she has left to purchase food. Only then will she know how much food she can buy.

We hear that time and time again.

Last year, spending on prescription drugs in America rose 16 percent. Some of that is price inflation; much of it is increased utilization.

Let me talk just for a moment about the cost of these drugs because that is

part of the other issue. A fellow named Alan Holmer, who represents the pharmaceutical manufacturing industry, wrote a letter to the newspapers in North Dakota because he was upset about prescription drugs.

I have been putting pressure on the prescription drug industry to try to moderate prices. How much do we pay for prescription drugs? When we pay \$1 for a drug, the same pill, in the same bottle, made by the same company, the Canadians pay 64 cents; we pay \$1 for what the English pay 65 cents for; we pay \$1 for what the Swedish pay 68 cents for; we pay \$1 for what the Italians pay 51 cents for. We pay the highest prices for prescription drugs for any consumer in the world.

I want to show my colleagues four pill bottles which make the point better than I, and I ask unanimous consent to do so.

The PRESIDING OFFICER (Mr. L. CHAFFEE). Without objection, it is so ordered.

Mr. DORGAN. This is a bottle of medicine called Cipro, used to treat infections. It is a commonly used medicine. This bottle contains pills made by the same company, from the same plant—the same pill, inspected by the Food and Drug Administration.

The difference? There is no difference in the medicine, no difference in the bottle. The difference is in price. This bottle of 100, 500-milligram tablets is sold for \$399 to the U.S. consumer. This bottle—same company, same medicine, same pill—that sells for \$399 in the United States is sold for \$171 in Canada.

Why? Good question.

This is a different bottle, same pill, same company. Everyone will recognize this drug called Claritin, 10 milligrams, 100 tablets. In North Dakota, this is purchased for \$218. The same pill—same company, in plants inspected by the Food and Drug Administration, approved by the Food and Drug Administration, sold for \$218 to the United States consumer—is sold for \$61 in Canada.

Why? Good question.

The same is true with a whole list of drugs, especially the most commonly prescribed drugs for senior citizens. The drugs on this chart include Zocor, a cholesterol drug. Buy it in the United States, it costs \$106; in Canada, \$43; in Mexico, \$47.

The question is this: Why is the U.S. consumer required to pay the highest prices of anyone in the world for the exact same drug that is sold for a fraction of the cost in virtually every other country in the world?

Mr. Holmer, who represents the pharmaceutical manufacturing industry, has written a critical letter to the editor, which is fine. It is a free country; he can do that. I want the drug companies to do well and be profitable. I want them to produce good products. I want them to do research to find new medicines. We do it at the Federal level; there is a lot of federally sponsored re-

search. I also want fair pricing for the American consumer. Fair pricing gives us an opportunity to put a prescription drug benefit in the Medicare program. This is a very important issue for all Americans, especially senior citizens.

Mrs. BOXER. If my friend will continue to yield, this is my next question. I am appreciative the Senator has gone in this direction.

The General Accounting Office found United States drug prices for specific drugs were, on average, one-third higher than in Canada and 60 percent higher than in the United Kingdom. When my friend shows charts, this has been borne out by studies of a Federal agency.

The Federal Trade Commission has reported that drug manufacturers use a two-tiered pricing structure under which they charge higher prices to those without insurance. In other words, if I go to a pharmacy where my insurance is not accepted, it costs an arm and a leg. However, if I have coverage, then the cost to my insurance company is way less.

I pivot to this question: Because the Federal Trade Commission has studied it, we know there is a two-tiered pricing insurance, for those who have insurance and those who do not, so does it not make sense, for all of our people whom we can possibly reach, particularly those in the older years where they need these drugs to survive, thrive, and live, that they get into some kind of system?

In other words, does my friend agree that even though we don't have to get into the details of what system it would be, in unity there is strength? If we can walk away from the high-tiered pricing and get into a system where citizens can avail themselves of the better price, this is something we should fight for. If we don't fight for it here, I don't know whom we are representing.

Would my friend comment?

Mr. DORGAN. The Senator from California says it better than I. In the multiple-tiered pricing systems, we have preferred customers who get drugs at a fraction of the price if they are in the right system; others pay the highest price on Main Street because the local pharmacies are not able to access, in most cases, those less expensive drugs.

We have several different problems with pricing. One is internal. A preferred customer gets one price; if one is not preferred, they get another price. Often, senior citizens are the ones who walk to the corner drugstore in their hometown. The corner drugstores buy from a distributor that does not give them the preferred prices, and senior citizen pay the highest prices.

I took senior citizens to Emerson, Canada. Senator WELLSTONE and others are working with me on a piece of legislation that deals with the international pricing issues. Senator WELLSTONE has done the same with Minnesotans and talked about this

issue. We went to Emerson, Canada, which is 5 miles north of the North Dakota border. The same drugs are being sold 5 miles north of the border at a fraction of the price as in Walhalla or Pembina, ND. Does anyone think the drug companies are selling in Emerson County at a loss? Of course not. A small drugstore—a little, one-room drugstore in Emerson County is making a profit, pricing at a fraction of what they charge 5 miles south.

We have two issues. One is something called the International Prescription Drug Parity Act. If the global economy is good for everyone, make it work for everyone. Let the pharmacist go up to Winnipeg, Canada, and access the same drug for a fraction of the price and pass the savings on to the pharmacist customer. There is a Federal law now that prohibits that. We ought to pass the International Prescription Drug Parity Act that Senator WELLSTONE and I and others introduced.

Also, this Congress ought to work, Republicans and Democrats together, to understand that after 35 years it is time to add a sensible, thoughtful, and affordable prescription drug benefit to the Medicare program. Let's help those folks who are in their declining income years be able to access lifesaving drugs that will allow them to continue to live healthy lives. That is our challenge.

Mrs. BOXER. One last question. As with everything else, we have to make choices about what we will do to help people. There is a big debate across party lines about the surplus. We know it is reflected in the Presidential race, even within the parties.

I raise the subject of the marriage tax penalty. We know there is a penalty in our Tax Code for married couples, and everyone in this Chamber wants to fix it. If we fix it in the wrong way, where we help, instead of Mrs. Jones or Mrs. Smith, Mrs. Trump or Mrs. Helmsley, then we won't have enough money to take care of the one third of the Medicare beneficiaries who do not have prescription drug benefits, resulting in the story the Senator told in a very poignant way about a woman chopping up her prescription pill that she needs to stay alive, stay healthy, be vibrant, and have those golden years, as we always say we promise our seniors.

We do not have a bottomless cookie jar. We learned that lesson in the 1980s. We have to make some tough choices. When we talk about a prescription drug benefit, we are not enacting it in a vacuum. We are not just coming down with a laundry list of everything we wanted to do with the surplus. We have thought it out.

As the Republican Party decides where it is going to go with the surplus, I hope they will consider, since they run this place right now, that if you give it all away to the wealthiest people with benefits they do not need because they are doing just fine, that they will be forgetting these senior

citizens who are living 5 miles to the north of North Dakota and going to Canada to buy their drugs. That, as you say, is dicey right now. It is not even allowed, unless they have a particular note.

So my closing question is a global question. It is more of a larger issue. How do we make room for this and can we make room for this benefit?

Mr. DORGAN. I should mention also, about the trip to Canada, the Customs folks will allow you to bring a small amount of prescription drugs back across the border for personal use.

Mrs. BOXER. I see.

Mr. DORGAN. They would not allow a pharmacist who runs a drug store in Grand Forks to go to Canada and purchase Claritin and bring it back and sell it to a consumer. That is the problem. We have a global economy that is apparently good for the global interests, but it doesn't work for the Main Street pharmacist or distributor who wants to access lower prescription drug prices in Canada, for example.

But if you ask doctors where we go from here, they will tell you that if you have a senior citizen who has a series of health difficulties—and often they do, perhaps diabetes, perhaps some cardiac problems, arthritis, a whole series of problems—the most expensive way to treat them is to wait until the problem is magnified because they cannot afford the prescription drugs they need. If they cannot afford them, they will just not get them, and that is the expensive way to solve medical problems. What will happen to that patient? He will end up in a hospital bed someplace. And what does it cost for a day in the hospital?

It is less expensive way to say to those folks: Here are the opportunities for you to access the right kind of prescription medicines that you need to manage your disease, and to allow you to stay out of the hospital. That is the most thoughtful and the least expensive way to treat health problems.

In some ways it is like the old argument about wellness. We have always, as a country, been willing to treat somebody who is desperately ill. The minute someone becomes ill, we want to help. But when it comes to preventing someone from becoming ill, we don't want to worry about that. We would never pay for that in an insurance policy. We will only pay for the higher cost treatments once you are admitted to a hospital somewhere.

The same thing applies to providing prescription drug benefits to Medicare. It will promote wellness, in the sense that it will keep people out of the most expensive medical treatment—time in an acute care hospital bed. We can do this.

The Senator from California asked the right question at the start of her last discussion: What are our priorities? John F. KENNEDY used to say that every mother hopes her child might grow up to be President, as long as they don't have to be active in poli-

tics. But, of course, politics is the process by which we make choices in our country. We do not have an unlimited opportunity to make choices.

I hope this economy continues in ways that provide significant budget surpluses. If we have those surpluses, then let's be sensible and thoughtful about what we do with them. Let's have some targeted tax cuts, and, especially, pay down the Federal debt. But, in addition, we should find ways to use some of that surplus to do important things in education and health care. Let's construct together, in this Chamber, a prescription drug benefit for Medicare that, in my judgment, has been needed for a long time and is an issue Congress has ignored. We can do this.

We cannot do any of this—we cannot even begin to talk or think about it, if someone comes to the floor, gives us a bill, and says they would like a \$1.3 trillion tax cut over 10 years. First of all, we don't have those surpluses; they are simply economic projections. Second, \$1.3 trillion means you are going to dip into the Social Security trust fund to give the tax cut, and it means nothing else can be discussed because you have given out all that money in tax cuts.

At least one of the Presidential candidates out there has proposed the \$1.3 trillion tax cut in a way that, as always, gives the bulk of the money to those who need it the least. These at the upper side of the income scale will get the preponderance of this money and it will foreclose the opportunity to do some other important things.

Yes, let's have a targeted tax cut; yes, let's reduce the debt and pass some other measures that will help this country offer a prescription drug benefit, and then let's invest in an education for our children that we can be proud of as well.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. I ask the Senator from California, did she not intend to speak?

Mrs. BOXER. No. I am done.

Mr. WELLSTONE. Mr. President, first of all, very briefly, how much time do the Democrats have left?

The PRESIDING OFFICER. (Mr. SANTORUM). Until 10:45, 10 minutes.

Mr. WELLSTONE. Mr. President, let me try to do this in 10 minutes. I might ask unanimous consent for a couple of more minutes but not much more.

I thank my colleagues for their discussion about prescription drug costs. In the State of Minnesota, actually only one-third of senior citizens have any prescription drug coverage at all. Let me also point out that in the State of Minnesota, we have many seniors who cut their pills in half because they think they will save money and still will be able to help themselves and actually, doctors say, sometimes that can be more dangerous than not even taking the drug at all.

The investment in prescription drug coverage cannot be done on the cheap.

I am in complete agreement with my colleagues about the tradeoff between tax cuts, the vast majority of which benefit people at the top, and not having the money for this investment. But to be fair in a critique here, I think all of us, Democrats and Republicans, have to understand even if we provide a benefit but we are unwilling to spend too much money for fear of being called, I suppose, big spending liberals or whatever, if you set a cap and you say only \$1,000 will be covered and no more than that, then I can tell you many of our senior citizens, and others who are the frailest and most sick, will bump up against that cap, and it will still not cover their catastrophic expenses. We have to be very careful people can afford it on the front side as well.

So whether it be too high deductibles or caps that are set too low, we have to be very careful if we say we are going to have this coverage for people and security for people, that it will be there.

CHECHNYA

Mr. WELLSTONE. Mr. President, I have in hand an article, titled "Rights Group Reports Massacre in Chechnya." The first two paragraphs read:

Moscow, Feb. 22—Russian soldiers went on a deadly rampage earlier this month in a neighborhood of the Chechen capital of Grozny, killing at least 60 civilians in the worst case yet disclosed of Russian military atrocities, an international human rights group charged today.

During the attack, which began the morning of Feb. 5 in the Aldi neighborhood, soldiers, "systematically" robbed and shot civilians, raped women and looted and burned homes, according to a draft report prepared by Human Rights Watch and based on interviews with witnesses and relatives of those killed.

Mr. President, I ask unanimous consent this article be printed in the RECORD.

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

[From the Washington Post, February 23, 2000]

RIGHTS GROUP REPORTS MASSACRE IN CHECHNYA

(By David Hoffman)

Moscow, Feb. 22—Russian soldiers went on a deadly rampage earlier this month in a neighborhood of the Chechen capital of Grozny, killing at least 60 civilians in the worst case yet disclosed of Russian military atrocities, an international human rights group charged today.

During the attack, which began the morning of Feb. 5 in the Aldi neighborhood, soldiers "systematically" robbed and shot civilians, raped women and looted and burned homes, according to a draft report prepared by the Human Rights Watch and based on interviews with witnesses and relatives of those killed.

"Russian soldiers murdered their way through Aldi, killing more than 60 civilians who were peacefully waiting for them in the streets," said Peter Bouckaert, a spokesman for Human Rights Watch who researched the events. "These are war crimes, and they must be investigated and punished as such."

Human Rights Watch has documented two earlier rampages by Russian troops: in

Alkhan-Yurt; where 17 people were killed in mid-December, and in the Staropromyslovsky district of Grozny, where 44 died in December and January. Russian commanders have denied that their troops murdered civilians but, faced with continuing criticism from Western organizations and governments, acting President Vladimir Putin recently appointed a new human rights commissioner for Chechnya.

The new commissioner, Vladimir Kalamonov, the former chief of the migration service, promised in a news conference today to check the reports, but refused to discuss specific allegations.

According to the Human Rights Watch report, witnesses painted a consistent picture of the events in Aldi, when a large group of soldiers, "numbering in the hundreds," began killing civilians. Witnesses said residents had been summoned to the streets to have their passports checked when the shooting started.

The human rights group quoted witnesses as saying the soldiers also extorted money from residents, allowing them to buy their own lives with cash. One man who offered the soldiers rubles was told to come up with dollars, and when he offered \$100 he was killed, Human Rights Watch said.

At least two women were raped by soldiers during the rampage, the group added. Russian soldiers warned witnesses that they faced revenge if they spoke of the atrocities, so some were unwilling to talk, the group added.

Human Rights Watch said at least two sources had confirmed the deaths of 34 people, but the group has obtained the names of more than 60 people believed to have been killed in Aldi on Feb. 5. Local witnesses have stated the death toll was at least 82 persons, the group added.

Meanwhile, Russian forces continued battling Chechen fighters in the southern mountains, launching an attack on the village of Shatoi, said to be a major rebel stronghold. A battle also was underway near the Georgian border. The Interfax news agency quoted Russian sources as saying that three helicopter gunships were shot down today, an unusually high single-day toll.

Russian authorities also announced that they have clamped down on the movement of all people and vehicles in Chechnya—and sealed the border with the neighboring region of Ingushetia—in anticipation of the Chechen commemoration on Wednesday of Joseph Stalin's mass deportation of Chechens during World War II. Russian authorities have said they are bracing for terrorist acts on Wednesday, which also is a Russian military holiday.

Mr. WELLSTONE. Mr. President, I hope to have the opportunity to introduce a freestanding resolution on the floor of the Senate. I hope this resolution will receive unanimous support. It expresses the sense of the Senate that the Russian Federation should devote every effort to achieving a peaceful resolution of the conflict in Chechnya, allowing to Chechnya an international monitoring mission to monitor and report on the situation there and allow international humanitarian agencies to make sure there is immediate and full and unimpeded access to Chechen civilians.

This is a question on which the Senate should not be silent. It does make a difference if we speak up. Two weeks ago, I met with members of the Chechen Government. They discussed with me the horrific conditions cur-

rently facing their homeland. I do not think any of us should be silent while this is happening.

We in the Senate should express our distress over the escalating humanitarian situation in Chechnya, and we should urge the administration to enlarge its public demands on Russia to confront it.

It is clear that the Russian Government must move immediately to allow into Chechnya an international monitoring force to monitor and report on the situation there. We need that. The world needs that. The people in Chechnya need that. It must also immediately move to assist those persons who have been displaced from Chechnya as a result of this conflict, and the Russian Government must allow representatives of the international community access to those persons in order to provide humanitarian relief.

Russian authorities agree to permit the Organization for Security and Cooperation in Europe to engage in monitoring in Chechnya, yet it has not permitted OSCE's six monitors currently in Moscow to visit the region. The administration must demand that Russia permit the monitoring mission to go forward and take steps to expand it substantially.

The administration must urge Russia to grant human rights monitors access to the region, including those from our own diplomatic missions in the area. The administration must engage Russian authorities at the highest levels to secure cooperation in addressing the humanitarian emergency in Chechnya and in its neighboring province. It must demand Russia assist those persons who have been displaced from Chechnya as a result of this conflict and grant humanitarian organizations access to Chechen civilians to provide some relief. The civilian population in Chechnya has been victimized to an extraordinary degree, and it is in desperate need of humanitarian aid. The Senate should not be silent on this question.

Finally, the administration must urge the Russian Government to achieve a peaceful resolution and durable settlement in a manner consistent with Russia's obligation to the international community.

We must strongly support the OSCE mediation process. The Russian Government acknowledged the OSCE's competence in serving as a mediator and achieving a political settlement to the conflict in Chechnya during the war of 1994 to 1996. However, to date, the Russians have rebuffed repeated efforts by the OSCE to mediate the current conflict. The administration must increase its efforts to persuade Russia to implement an immediate cease-fire and accept OSCE-mediated negotiations.

As this conflict drags on and the number and intensity of human rights abuses by Russian forces in Chechnya increase, the administration must support the creation of a United Nations