

minutes each and with the time to be under the control of the Senator from Michigan, Ms. STABENOW, or her designee.

Under the previous order, the Senator from West Virginia is recognized.

STEEL

Mr. ROCKEFELLER. Madam President, yesterday the President made very clear what we have all known for a long time in steel country, and that is that he basically does not care whether the American steel industry goes to Japan, Korea, Brazil, Russia, or some other place; that he is willing to see it go as an industry but, much more importantly in terms of my comments, that he is willing to consider perhaps TAA health care benefits for workers who have been destroyed by illegal importing problems. But steelworkers do not count. He specifically, in his statement of administration policy, said: I don't want steelworkers to have any health care retirement—retirement in the sense they do not have any more health benefits. I don't care about them. I want the RECORD to be crystal clear on that.

It is a sad position. It is a terrible day for steel. Somebody is going to get up today, they are going to make a motion, and it is going to be a point of order probably. I don't know when it will happen, who will do it, or how it will happen, but I want my colleagues to be aware of the situation.

Abandoning steelworkers, not allowing them to have health care coverage—we are only talking about 125,000 people as we start the process, none of whom, incidentally, is from the State I represent, the State of West Virginia. But they are just being excluded from the process.

TAA is a wonderful program. We recognize when people are thrown out of work due to imports, they need certain protections. Health care certainly needs to be one of those protections. Unfortunately, TAA does not cover, under its definition, retirees. It only covers active workers, not retirees.

You say retirees, that must be somebody who is in their seventies or eighties, and we should not be doing that here. But it is a very different situation in steel. A retiree in steel might be 35 years old, but the company went chapter 7. That means they turned out the lights, closed the door, pink slips, no health benefits, everything shut down—no bankruptcy problems, just no more existence.

The steelworkers go. They are called retirees, but in fact they are people, younger than average age, but out of health care.

I think it is outrageous. The steelworkers in fact were subjected to import surges which broke American Federal law, the 1974 Trade Act. Other countries did it at will. Our administration has refused to enforce that. So we have dumped steel, which has thrown people out of work. The admin-

istration then says: No, steelworkers cannot have health care benefits.

I do not understand how people come to think that way, what their value system is. But it is very clear in steel country that the President of the United States has abandoned the steelworkers of America and that he has abandoned people who have been already thrown out of work and who have no health care benefits, and have children to feed, even as he contemplates reluctantly the idea of doing health care benefits for other eligible active workers.

Let me say this. The President got a lot of credit in steel country for doing something called section 201. It was taking the dumping crisis, the illegal dumping crisis, before the International Trade Commission. He got a lot of credit for that. He pretty much had to do that, I would say—on political grounds, No. 1. But more importantly, the Finance Committee had already voted to do it. The Finance Committee has the same standing legally under the law as does the President, so it was going to happen anyway. So the result would have been the same. The International Trade Commission would have voted unanimously the steel industry was grievously injured by imports and people were hurting badly.

He did that knowing that it would make him somewhat popular in steel country because people were saying: Gee, we just solved the problem. It is not even the beginning of the problem. All that did was buy us time.

We have three steps we have to accomplish. One is we have to do section 201, which buys us time to consider health care costs, which we have to consider if we are going to have consolidation in the steel industry to preserve an American steel industry. It is sort of one of the great basic industries of this country.

We just passed a farm bill yesterday dumping billions and billions of dollars on farms for the hundredth consecutive year. Yet there was no consideration whatsoever for steelworkers. I find that very odd, even as my colleagues make these kinds of judgments.

So, No. 1, he did section 2101. He had to do that. He had no choice politically or procedurally. It just bought us some time. But we have to go on to retirement health care costs. He has washed his hands of that. He says: I want nothing to do with it. He actually writes in the statement of administrative—whatever the word is—practice that he particularly opposes the majority leader's amendment which would include retired steelworkers. He makes that very clear. He wants them cut out of the deal. He wants them excluded.

That is only 125,000 and would probably cost \$200 million or \$300 million.

I think the farm bill we passed yesterday was \$100 billion over 10 years. The proportion in sort of the human dimension of this is rather extraordinary.

The President has also done a lot of tariff exclusions. He has taken a lot of

countries out of section 201 that had to pay tariffs because they were illegally dumping steel in the United States and putting our workers out of work. He started to exempt different countries. He has different requirements for that—again, I think in violation of the spirit, if not the letter, of the 1974 Trade Act.

All of us have asked him to stop that. Again, he has washed his hands of steel. He has washed his hands, more importantly, of the steelworkers who can also be called human beings with families—people. It doesn't have to be an industry. They are called human beings. They are Americans. They pay taxes. They do things right. They work in a very dangerous industry. So do farmers. Is a farmer more vulnerable than a steelworker? I do not know. Maybe a farmer is, but not where I come from.

I very much regret this action on his part. Let me conclude by saying this: We now know that the President doesn't have a commitment to steelworkers and to the steel industry. We know he has no regard for how people's lives and entire communities are going to be affected. I have believed that for a long time. Now it is proven. It is clear. He is moving aggressively with the help of some of our colleagues, unfortunately—most of them on the other side but a couple on this side—to simply walk away from steelworkers.

I think that is a kind of betrayal by somebody who claimed to be a friend of the steel industry. The President and the Vice President were in steel country in my part of the world a number of times saying how important steel was to the national defense, how it is basic to Americans, and how they were not going to let them down. When push came to shove, they let them down. They made it very clear.

I want to be incisively precise about that as we start this Thursday so that the people of America understand that.

I don't understand sometimes how people make decisions and what their value systems are, and what kind of fairness is within the fair trade or free trade system. But I do know this: The administration has abandoned any semblance of fairness toward some very decent people in this country called steelworkers.

I thank the Presiding Officer. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Madam President, I commend my colleague from West Virginia for his diligence and compassionate concern for our steelworkers.

Coming from Michigan, I share his deep disappointment and concern about the administration's position.

I know the Senator from West Virginia has been in the Chamber over and over again speaking up for our steelworkers. I thank him on behalf of the steelworkers in Michigan—those in the Upper Peninsula, those downriver in communities near Detroit, and those

who were laid off for several months over the Christmas holidays as a result of the mines having to shut down because of the unfair dumping from other countries. Our steelworkers and mills have been affected.

I can't think of a more passionate advocate, and I am so proud to join with him in his continuing fight. I will be here with him in the Chamber as we do everything possible to make sure we remember the steelworkers, who have been the backbone of building this country, to make sure their health care costs are covered and they are recognized as we look at how we make trade fair in this country.

I thank the Senator.

PRESCRIPTION DRUGS

Ms. STABENOW. Madam President, I want to speak to an issue that relates to health care. I am so honored to join with our colleagues, particularly on this side of the aisle in the Democratic caucus, who continue to work very hard to bring a sense of urgency to the question of health care for our families, to health care insurance, and to affordability for our small businesses and family farmers and the larger business community.

We know today that one of the major costs economically and from a business standpoint—and certainly for families, and particularly for our seniors—is the whole question of being able to provide health care and being able to afford health care for our families.

We also know the major reason we are seeing health care costs rise relates to the uncontrollable increase in prescription drug coverage.

Today, I once again come to the floor to speak about the need for real action now.

I challenge and invite our colleagues on the other side of the aisle and those in the other Chamber who have come forward with principles—the Speaker of the House and those who will be speaking today about a plan—to join with us in something that is real and tangible.

Words are not going to buy prescriptions for seniors. We know there are seniors watching right now who are deciding today whether to pay that utility bill or eat supper tonight or do they do those other things which they need to do in order to have the quality of life we want for our parents and grandparents and older Americans of this country—or do they put all of their money into paying for lifesaving medications? That is not a good choice.

Shame on us for having a situation where seniors have to make that choice. Yet when we come to the floor, we talk about the need for a real Medicare prescription drug benefit. And when we talk about the need to lower prices for all of our families and lower prices for everyone so we have health care available for everyone in this country, we get more words than we get actions.

I am deeply concerned today as we look at what has been proposed by our colleagues on the other side of the Congress, our Republican colleagues in the House have said that they wish to lower the cost of prescription drugs now. Yet at the same time we see old proposals to do minimal kinds of discounts through discount cards and so on—things that are already available which folks want to take political credit for, maybe change the name or maybe put it under Medicare. But it doesn't do anything to actually lower the prices and make prescription drugs more available.

I am very concerned when we come forward with proposals that will, in fact, lower prices that we are not yet seeing the support.

We want that support to be there to be able to use more generic drugs when they are available after the patent has run out—the same drug and the same formulation—and at a lower price.

We want to have the ability to open our borders so we can get the best price of American-made drugs regardless of where they are sold around the world.

In Michigan, simply crossing the bridge to Canada, which is a 5-minute drive, cuts the price in half on American-made drugs. It is not right. We think when we are talking about fair trade we should open the border to the one thing that we don't have fair and open trade on; that is, prescription drugs.

We also know the fastest growing part of the cost of that prescription bottle is advertising costs, and that the top 11 Fortune 500 companies, last year, spent 2½ times more on advertising than research.

I was pleased to join with my colleagues earlier this week in introducing legislation to simply say: If you are doing more advertising than research, taxpayers are not going to subsidize it. We will allow you to deduct the amount of advertising and marketing that you do up to the level that you spend in research. We want more research. We want more innovative drugs. We do not want more market research; we want more medical research. So we propose items to lower costs to help everyone, right now, to lower those prices.

We also come forward saying it is time to update Medicare for today's health care system. When Medicare was set up in 1965, it covered the way health care was provided in 1965. If you went into the hospital, maybe you had a little penicillin, or maybe you had an operation in the hospital, and Medicare covered it.

Medicare is a great American success story. But health care treatments have changed. I have a constituent who showed me a pill he takes once a month that has stopped him from having to have open-heart surgery. It is a great thing: One pill a month. The pill costs \$400. I said: I want to take a close look at that pill. I hope it is gold plated. But the reality is, that pill stops

expensive open-heart surgery and allows this person to be able to continue living and enjoying a wonderful quality of life with his wife and family.

If he went in for that surgery, Medicare would cover it. They don't cover the pill. So that is what we are talking about. But we need this to be comprehensive.

When our colleagues come forward, and their second principle is guaranteeing all senior citizens prescription drug coverage, we say: Yes, come join with us. Let's make it real. But, unfortunately, when we run the numbers on what is being talked about—and the bill has not been introduced yet, but we have all kinds of information about what appears to be coming. From what we know, let me share with you some of the numbers.

If you are a senior or if you are disabled and you have a \$300-a-month prescription drug bill, which is not uncommon, when you get all done with the copays and the premiums and the deductibles that they are talking about, you would end up, out of \$3,600 worth of prescriptions, paying, out of pocket, \$2,920. So less than 20 percent of your bill would be covered under Medicare.

That is not what we are talking about. That is not comprehensive coverage under Medicare. That is really a hoax. That is a proposal being put forward to guarantee all seniors prescription drug coverage that is words, not actions. Again, words will not pay the bills. Words will not guarantee that seniors get one more prescription covered, that they will get that blood pressure medicine, that they will get that cholesterol medicine, or make sure they have that pill that stops them from having to have that open-heart surgery.

So we come today to this Chamber to say: Yes, guarantee all seniors prescription drug coverage. But the proposal coming forward by the Speaker of the House, and those on the other side of this building, will not do it. Unfortunately, what is being talked about will add insult to injury because they are talking about paying for their less-than-20-percent coverage by another cut to hospitals.

I know the Presiding Officer from New York shares the same concern I have because I know hospitals in New York have been cut, hospitals in Michigan have been cut. My colleague from Florida is in the Chamber. I know he has the same stories—and our leader from Nevada. We know that whether it is rural hospitals or urban hospitals or suburban hospitals, they have had enough cuts under Medicare. It is unbelievable we would be talking about another cut for hospitals while they are proposing this minimal prescription drug benefit.

The other thing I find incredible is that they are talking about a copay of \$50 for home health visits. We already have seen dramatic cuts. We have had over 2,500 home health agencies close