

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business not to extend beyond the hour of 10:30 a.m., with Senators permitted to speak therein for up to 10 minutes each.

Under the previous order, the first half of the time shall be under the control of the Republican leader or his designee. Under the previous order, the time until 10:30 shall be under the control of the Democratic leader or his designee.

Mr. REID. Madam President, I suggest the absence of a quorum.

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

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. CLINTON). Without objection, it is so ordered.

PRESCRIPTION DRUGS

Mr. DASCHLE. Madam President, I commend the distinguished Senator from Michigan for coming to the Chamber, and I know she is prepared to talk about an issue that is of great importance to our caucus. She has shown remarkable leadership in addressing the issue of prescription drugs. I very much wish to participate in a colloquy with her on that matter in a moment.

SUPPLEMENTAL APPROPRIATIONS LEGISLATION

Mr. DASCHLE. Madam President, I wish to address another issue. Today we are going to be completing our work on the trade adjustment assistance legislation, the trade promotion authority bill, as well as the Andean Trade Preference Act. My expectation is we will finish that work by sometime mid-afternoon.

It was then my intention to bring up the Senate version of the appropriations supplemental that has just been reported out of the Appropriations Committee. I have had a number of conversations with Senator BYRD about the need to address this matter expeditiously.

The bill includes \$14 billion for defense, as we continue to wage our war on terror; there is \$1.8 billion in contingency defense funds that are directly connected with our efforts at homeland defense; an additional \$8.3 billion, substantially more than what the House has committed for other needs in

homeland defense; plus \$5.5 billion for the recovery efforts in New York.

This is a very important bill. It was our hope, our expectation that we would be able to complete our work on this bill prior to the time we recess.

I am told now that our Republican colleagues are going to object to moving that bill. I find that especially disconcerting given the comments made a couple of weeks ago by the House majority leader, who criticized me and Senator BYRD for the inaction in what he called the Democratic-controlled Senate in its unwillingness to take up what he termed to be the war supplemental prior to the Memorial Day break. He said he is discouraged; that, in his view, this should not be an acceptable state of affairs.

The package he indicated included some critical matters relating to our efforts in carrying out the war on terror and responding to the needs of New York. He said he not only was not optimistic, but he said there was a dearth of leadership in the Senate. If there is a dearth of leadership, perhaps we can see some leadership shown on both sides in addressing that dearth.

I am prepared to offer a unanimous consent request today to take up a bill and complete it before we leave. I do not see any reason why we cannot do it. It passed unanimously out of the committee. There is no question we send exactly the wrong message if our Republican colleagues object to taking up this bill. There is a very disconcerting message that sends to New York, to those who are concerned about homeland defense, especially with the new warnings that are emanating from the Departments of Government, as well as from our effort in the war in Afghanistan.

On April 22, President Bush said:

I ask the Congress to pass the supplemental that we have submitted as quickly as possible. It's emergency funding for defense and homeland security and economic security, and we need to get it done by Memorial Day. It's time the Congress passed the supplemental.

Those are words from the President himself. I hope he will pick up the phone from wherever he is in Europe and call the leadership and tell those who are blocking this legislation that he wants it done just as badly today as when he articulated his views on this issue a few weeks ago.

There is no reason we cannot take it up. There is no reason we have to delay until after we get back. There is no reason we cannot make the most of this week. We can get this done. If it can pass out of the committee unanimously, it can pass on the floor overwhelmingly. We need to address it.

Madam President, I put my colleagues on notice that we will have a discussion about this later in the day. I was not made aware of the opposition on the part of our Republican colleagues until this morning, but I will say we will press to complete our work.

We will try to respond to the request of the President of the United States

that we get it done before Memorial Day. We will address the criticism of the House majority leader who complains of a dearth of leadership. Let's show leadership on both sides of the aisle. Let's show a commitment to the people of New York, to the people in Afghanistan, to our effort at addressing the needs of homeland defense more effectively than we would be were we to say: No, we will wait; no, somehow, it is not that important; no, we want to go home before we get this job done.

There is no reason to go home until we have gotten this job done, and we are going to press it all day long if we need to, to see if that is possible.

PRESCRIPTION DRUGS

Mr. DASCHLE. Madam President, again I thank my colleague from Michigan. As all of my colleagues know, this is an issue on which she made a commitment to her people before she got elected. She reminds me every day of that commitment and her absolute determination to address this issue soon.

I was in Maine a couple of days ago and was reminded again of what an emotional issue it is for seniors who have no other recourse but to go to Canada to get help, who pay bills and have to decide whether it is drugs or groceries, drugs or rent, drugs or car payments, drugs or fuel.

That kind of a decision in this day and age for people vulnerable as they are economically and in so many other ways is a matter that simply cannot rest until we have addressed it.

I thank the Senator from Michigan for her willingness to keep coming to the floor and reminding us of how important it is to keep organizing and effectively pressing for action in the Senate.

I know she wishes to make her statement at this time, and so I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. I thank our Senate majority leader. If we did not have his leadership, we would not have the opportunity to be talking about specific proposals for a comprehensive Medicare prescription drug benefit or opening the doors to Canada or in other ways lowering prices for families, seniors, businesses, workers. The entire economy is affected by this issue, and we would not be in a position to do that without the leadership of Senator DASCHLE.

I thank him for that and also say that this week, as we are celebrating the leadership of another colleague, it would not be possible without Senator Jim Jeffords. I commend him. As our majority leader talked about going to Canada, Senator JEFFORDS has been at the forefront of breaking down those barriers so we could open the border.

I find it ironic we are debating an open trade bill, fast track, so we can have more trade and yet the only thing we cannot trade with Canada is prescription drugs made in the United States and subsidized by American taxpayers. Yet if they go to Canada and the prices are dropped in half, we cannot benefit from that.

Senator JIM JEFFORDS has been a leader. I am very proud to be joining with him on a bill with Senator DORGAN and many others. I once again commend Senator JEFFORDS for his courage in so many ways in stepping forward on matters that directly affect people every day. It is no less true on this question of prescription drugs.

It is true, as our Senate majority leader said, people are choosing every day between food and medicine, paying the light bill, and being able to pay the rent. I have been inviting people from Michigan to come to my Web site and be a part of something we are calling the Prescription Drug People's Lobby. People have said to me, Why do you call it that? Well, it is very simple. We looked up the numbers, and today there are six drug company lobbyists for every one Member of the Senate. Their voice is heard, and they spend every day doing everything to, unfortunately, stop us from lowering prices. They do wonderful work. We celebrate American-made ingenuity that creates these new drugs from which we can benefit, but if they are not affordable, then they are not available. It is as simple as that.

We have to address the question of prices and updating Medicare to cover prescription drugs. So I have formed something called the Prescription Drug People's Lobby in Michigan. I have colleagues doing the same. I know Senator Jean Carnahan is doing this. Senator DURBIN and others are joining in this whole effort to invite people to share their stories to make their voices heard.

I am very pleased today to share one of those stories from Mrs. Malissa Askin. I share a story that reflects exactly what our Democratic leader, our majority leader, was indicating. Mrs. Malissa Askin, from Romulus, MI, e-mailed me 2 days ago and asked that I share her story. I appreciate that she is allowing me to do this. She starts out by saying:

I guess my story is no different from the many Americans, when it comes to deciding if I can afford food to live, or medications. It boils down to a choice these days (what can I afford to keep myself alive?), once I pay my bills.

Then she goes on to say:

I am 68 years old. My husband is deceased and I have no family. I have had a heart bypass, both arteries in my neck cleaned out and now in April I was operated on for cancer, not to mention other surgeries. I am supposed to be on nine medications. However, at the price of these meds, I can only afford three. I do not know what will happen with me by not being able to be on the meds I cannot afford, but it makes me wonder what I am living for. I feel like nobody cares.

Well, Mrs. Askin, people do care. We care. I care. Our Senate majority leader cares.

Mr. DASCHLE. Will the Senator yield?

Ms. STABENOW. Yes, I will yield.

Mr. DASCHLE. I thank the Senator for her poignant story and for again reminding us of the human face behind this issue. Those faces come so effectively to mind when one reads the words and listens to the extraordinarily difficult, agonizing decisions these older Americans have to make as they make their choices, as the Senator has indicated.

Has the Senator ever thought of the irony we find in our country today where those people most vulnerable, those people who need prescription drugs the most, are the very ones who have no access to prescription drugs through the health plan to which they subscribe?

Those of us who are younger, those of us who have private health plans today, have plans to which we can subscribe that have all kinds of prescription drug coverage available to us. I can go to a drugstore and have many of my drugs paid for, if I would ever find the need, but my mother cannot. She is part of Medicare. My relatives and my constituents cannot if they are in Medicare because they are in a program that has never adopted a prescription drug benefit program, in spite of the need that has been clearly demonstrated given the trends in health care delivery out of hospitals and into the more outpatient treatment care that is provided today.

I know the Senator from Michigan hears the same stories—

Ms. STABENOW. Absolutely.

Mr. DASCHLE. About the ironic state of circumstances we face. I wonder if she could comment on that.

Ms. STABENOW. I could not agree more. In 1965, we set up the promise of health care for those over age 65 and those who are disabled through Medicare, a wonderful American success story. Yet because it has not been updated to cover prescriptions, it no longer covers the way health care is provided today.

My mother as well, my aunt, my uncle, my other relatives who have had health care coverage when working, now find themselves in a situation where they cannot really get what they need because most of what they need is outpatient prescription drug coverage. I know that is why we are working so hard in the Senate to bring the sense of urgency that Mrs. Askin feels to pass a comprehensive prescription drug benefit, not one like, unfortunately, our colleagues on the other side in the House have been proposing, which for most people would give less than 20 percent coverage and cut our hospitals and create more costs for home health care in the process. That plan is not good enough.

What we are talking about is something that would allow us to provide

comprehensive prescription drug coverage without adding costs for home health or cutting our hospitals that have already been cut but looking at something comprehensively.

When we look at Mrs. Askin, the bottom line for her is if she were to do what she needs to do to remain healthy, it would be a monthly bill of \$938. How can someone do that? How can someone do that and live?

Mr. DASCHLE. The Senator from Michigan points out another irony. We often hear about people voting with their feet. We hear it in another context generally. A lot of times immigrants vote with their feet as they leave their countries to come to a safer place, a place with a better future. I find it ironic—and I am interested in the comments of the Senator from Michigan—that our seniors today appear to be voting with their feet in driving in large buses and caravans to Canada to get health care today. What does that say about the American health care system? What does that say about Medicare? What does that say about their own satisfaction with a system that appears to be so broken, so incapable of providing them the care they need, they have to go to another country to get it in order to afford it?

That, too, is voting with one's feet. I find that whether it is in letters to the Senator, or letters to any of us, or in the expressions of dismay, the current circumstances they face, more and more of our seniors are voting with their feet, going to Canada, to another health care system, to get what they cannot get here.

Could the Senator from Michigan comment on that?

Ms. STABENOW. I would be happy to comment on that situation.

From Michigan, it is a simple 5-minute drive across the bridge from the tunnel from Detroit to Canada; or from Port Huron, or Sault Sainte Marie, a simple 5-minute drive to Canada. We have worked together, on a number of occasions, with the Canadian Medical Society and pharmacists in Canada.

I find it most outrageous that these are American made drugs, the exact same drugs. We took a group of breast cancer patients using tamoxifen, at \$136 a month in Michigan, 5 minutes across the border for the same drug sold for \$15. I am told the companies make a modest profit on the \$15.

There is something wrong, something desperately wrong. I support underwriting basic research. I support the ability to create patents so companies do not have to have competition for their name brands for 15 or 20 years, so they can recover their costs and all the other things we do to help create these wonderful lifesaving drugs. What do we get for it? The highest prices in the world. It is simply not good enough.

Mr. DASCHLE. Again, I compliment the distinguished Senator from Michigan. One day, hopefully in this session of Congress, you and I and all of our

colleagues will be on the floor voting on a bill that will rectify that situation. We should not have to wait through another election. We should not have to wait for any other development. We know the facts. We know the people are going to Canada. We know the people are making these tough choices. We know heartfelt letters such as these are written, pleading for the Congress to respond. The only thing we do not know is how long it will take for the Congress to do what it needs to do; that is, to respond effectively with a comprehensive approach to universal access to good prescription drug coverage with cost containment as part of that coverage. That will happen someday as a result of the leadership shown and the extraordinary persistence of the Senator from Michigan.

I thank the Senator again for that effort.

Ms. STABENOW. I am deeply grateful for the comments of the Senate majority leader. His leadership, truly, on so many issues, particularly this issue, touches the lives of so many people every day. I am very grateful to the majority leader for that leadership.

We are focusing on bringing bills to the floor so we can solve the problems addressing what Mrs. Askin from Romulus, MI, has written about. We cannot say: We will wait another year: Mrs. Askin, why don't you wait on medications that you need, wait until next year or the year after or the year after?

This is not like buying a new car or a new pair of tennis shoes or are you going to wait on buying a piece of clothing. This is lifesaving medicine. There has to be a sense of urgency.

Health care has changed. Most of the time we are not admitted into the hospital. Thankfully, medication will allow people to avoid open-heart surgery or allow them to live with dignity at home or allow parents to care for children who are chronically ill or disabled, that allow them to live longer. We welcome these new innovations. It is wonderful.

I am proud that in this country we are in a partnership with investments from all taxpayers to the National Institutes of Health, utilizing the American ingenuity of the companies that go to work. It is wonderful.

Unfortunately, the end result is not wonderful. At the end of this process, the very people who help invest in the process cannot afford these lifesaving medications. Something is wrong. When we get to the end of the process and the health care system we have set up for older Americans who use the majority of medications, or those who are disabled who use the majority of medications, does not recognize these new lifesaving drugs incorporated in part of the health care system called Medicare, there is something wrong.

When we are creating these medications and they are sold to every other country in the world at half the price they are sold to us, there is something wrong.

When we see today these lifesaving medications are treated like any other product and twice as much or 2½ times more is spent on advertising than the research, and we, as taxpayers, pay for that through tax writeoffs, something is wrong. More was spent on Vioxx last year for advertisement than spent by Budweiser on beer, Coca-Cola on Coke, Pepsi-Cola on Pepsi. There is something wrong. It is fine to advertise and promote, but when the companies drive the prices beyond our ability to be able to afford the medications, when this advertising and promotion and sales going on in doctors' offices all over the country each day create a situation where a small business has to drop their insurance for their employees because they cannot afford the premium, it has gone too far.

When manufacturers have to stop providing health care for retirees or lay off people because of rising health care costs, most of which is the cost of their prescription drugs, it has gone too far. I could go on and on with examples of what has been happening.

Right now one of the largest costs, one of the costs driving every part of our economy, is the explosion in the pricing of prescription drugs. We can do better than that. We can open the border to competition for Canada. We can limit the amount we are willing to subsidize in those explosive advertising costs. We can support States in innovative ways. They are looking for ways to bring down prices for their own citizens such as in the State of Maine and the innovations they have incorporated, making sure when patents run out and it is time for the generic, the same formula can be sold without the brand name at pennies on a dollar. Those generic laws work, and we are, in fact, doing that. We have a plan that works. It is now time to put it into action.

In closing, I say to Mrs. Askin that people do care. We are working very hard to get it right. We are working hard so citizens will not have to decide every morning what bill to pay, what food they can afford, or whether or not they can afford their medicine. It is time to get it right. I will work very hard until we get it right so you can know that you can benefit from the wonderful new medications that have been placed on the market to save lives, to extend life, so you can also enjoy all the other wonderful parts of your life without worrying about whether you can afford your medicine.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

Ms. STABENOW. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. HOLLINGS. Madam President, I ask unanimous consent the order for the quorum call be dispensed with.

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is now closed.

ANDEAN TRADE PREFERENCE EXPANSION ACT

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of H.R. 3009, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3009) to extend the Andean Trade Preference Act, to grant additional trade benefits under that Act, and for other purposes.

Pending:

Baucus/Grassley amendment No. 3401, in the nature of a substitute.

Reid (for Byrd) amendment No. 3447 (to amendment No. 3401), to amend the provisions relating to the Congressional Oversight Group.

Reid (for Byrd) amendment No. 3448 (to amendment No. 3401), to clarify the procedures for procedural disapproval resolutions.

Reid (for Byrd) amendment No. 3449 (to amendment No. 3401), to clarify the procedures for extension disapproval resolutions.

Reid (for Byrd) amendment No. 3450 (to amendment No. 3401), to limit the application of trade authorities procedures to a single agreement resulting from DOHA.

Reid (for Byrd) amendment No. 3451 (to amendment No. 3401), to address disclosures by publicly traded companies of relationships with certain countries or foreign-owned corporations.

Reid (for Byrd) amendment No. 3452 (to amendment No. 3401), to facilitate the opening of energy markets and promote the exportation of clean energy technologies.

Reid (for Byrd) amendment No. 3453 (to amendment No. 3401), to require that certification of compliance with section 307 of the Tariff Act of 1930 be provided with respect to certain goods imported into the United States.

Reid (for Durbin) amendment No. 3458 (to amendment No. 3401), to establish and implement a steel import notification and monitoring program.

Reid (for Harkin) amendment No. 3459 (to amendment No. 3401), to include the prevention of the worst forms of child labor as one of the principal negotiating objectives of the United States.

Reid (for Corzine) amendment No. 3461 (to amendment No. 3401), to help ensure that trade agreements protect national security, social security, and other significant public services.

Reid (for Corzine) amendment No. 3462 (to amendment No. 3401), to strike the section dealing with border search authority for certain contraband in outbound mail.

Reid (for Hollings) amendment No. 3463 (to amendment No. 3401), to provide for the certification of textile and apparel workers who lose their jobs or who have lost their jobs since the start of 1999 as eligible individuals for purposes of trade adjustment assistance and health insurance benefits, and to amend the Internal Revenue Code of 1986 to prevent corporate expatriation to avoid United States income tax.

Reid (for Hollings) amendment No. 3464 (to amendment No. 3401), to ensure that ISAC committees are representative of the producing sectors of the United States Economy.

Reid (for Hollings) amendment No. 3465 (to amendment No. 3401), to provide that the