Members of this administration have said on previous occasions that doing a BRAC before our future force structure has been determined is like getting the cart before the horse.

The general counsel also contended in the letter that the amendment's requirements that the criteria be weighted is unnecessary because the current law:

. . . requires the Secretary of Defense to ensure that military value is the primary consideration. . . .

True. Our legislation would not change this. The real question is, Exactly how will the Department measure military value? Clearly, there are many factors that comprise this measurement. The current law contains at least five components of military value. Is it unreasonable to ask which of these is the more important? They can't all be of equal value. At some point the Commission will rank them, giving each criterion a different relative weight. All we are seeking is insight into the process. Without knowledge of how the Commission weights the criteria, we will once again be left, as we have seen in past BRACs, with a secretive process in which the nine members of the Commission go into a room with a list of bases and then reappear with a final list of closures. There is no public insight into the Commission's rationale at this point.

Our legislation would require that the relative weighting be published, and thus provide the public with a greater understanding of the process.

I think the general counsel's response shows a level of misunderstanding of the concern that people have about base closings. This has been a secretive process in the past, one in which there has been no necessity to reveal the rationale and the Commission has not.

I do not doubt the Department will eventually start looking at these criteria more carefully. I certainly hope, before we go into this 2005 round, which will probably be the last round of base closures, that the Department will report on what our 20-year strategy is going to be, what our necessary force strength will be, and what our training infrastructure requirements will be.

Today we don't know that. We could not know that today for 2020. The Department has not put that forward. Clearly the Department has been focusing on the war on terrorism, as they should. But to go into the next round of base closings, we must determine what our threats are going to be for 20 years and assess just how much it is going to cost to close a base or how much it would cost if we need to reopen it.

It is clear that did not happen in all cases during the 1995 round. Costs continue to be much more than were estimated by the Commission.

The environmental cleanup is still costing us hundreds of millions of dollars in the Military Construction Subcommittee, where I am the ranking member, and we are paying costs that were never envisioned by the 1995 base-closing commission.

I am going to withdraw my amendment because I do think the Department of Defense has other concerns that are clearly taking priority at this time, and I understand that. But I am going to keep this amendment alive for the future because I believe the Department needs to come forth with weighted criteria, with a clear 20-year strategy before they set the criteria for base closings.

We need to know what the war on terrorism is going to entail over the next 20 years. How are we going to protect our troops wherever they may be? How are we going to make sure we have the training capability that we thought we had at Vieques, but then all of a sudden people protested and we withdrew? So now we do not have a good live-firing training range for the Navy to substitute.

How could we possibly go forward in 2005 without this information?

I urge the Department of Defense to work with me to come up with clear, weighted criteria prior to the 2005 round of base closings.

I withdraw the amendment and yield the floor.

The PRESIDING OFFICER. The amendment is withdrawn.

The time is controlled by the majority leader or his designee.

Mr. WARNER. Mr. President, I just wished 2 minutes for comment.

Mr. REID. I have a problem. We have a lot of time after the cloture vote. Senator STABENOW has about 30 minutes of material to jam into 20 minutes, so I think we should start with that.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

PRESCRIPTION DRUG PRICES

Ms. STABENOW. Mr. President, I rise this morning to speak about an incredibly important subject that affects every senior, every family, every worker, every business owner in our country. This is something we have been talking about for a long time but we are now poised to act. I want to commend our Senate majority leader, Senator DASCHLE, for understanding the critical nature of prescription drug prices for our seniors, for our families, for our businesses in the country, and for scheduling this debate in July, an important time in the midst of so many issues that we know are pressing. He understands—and I appreciate that our leadership understands—the critical nature of our seniors having to struggle to get their prescription drugs every day and the gigantic rising costs for our business community. The fact is that workers have to negotiate pay freezes in order to have the health care they need.

This is an issue that affects everybody. We have the opportunity to act in the Senate. There are those who will be acting in the House of Representatives on a plan that, with all due respect, I believe and many colleague believe, just isn't good enough. We have the opportunity to do the right thing to make a real difference to provide for a Medicare prescription drug plan that will pay for the majority of the bill for the average senior, and also lower prices for everyone.

I want to share with colleagues today results from a study that was done by Families U.S.A. and released on Monday that tracks the rising prices of prescription drugs. It continues to be astounding. They have indicated that over the 5-year period—from January 1997 to January of this year—the prices of the prescription drugs most frequently used by older Americans rose, on average, 27.6 percent—way above the rate of inflation.

No wonder our seniors are having to choose between food and paying the electric bill and getting their medicine. No wonder our small business community is seeing premiums rise by 30 or 40 percent. The Big Three automakers in my State are struggling with the huge price increases for health insurance.

We are seeing an explosion of prices for prescription drugs which is absolutely not sustainable, and it is absolutely not justified.

Let me read from two of the many examples that were given by Families U.S.A. Premarin, an estrogen replacement drug, rose 17.5 percent—nearly seven times the rate of inflation. Lipitor, which we hear so much about, a cholesterol-lowering drug, rose 13.5 percent—more than five times the rate of inflation.

That is astounding when we look at the fact that the taxpayers of America underwrite basic research; we provide tax incentives, tax credits, and tax deductions so the drug companies can write off the cost of research. We give them patents so they do not have competition for up to 20 years in order to recover their costs. Then we see the highest prices in the world being paid by our seniors—being paid by everyone in the United States. This explosion in prices makes no sense.

I am so pleased, as we come to this debate in the Senate, that out of the debate we will include not only a Medicare prescription drug benefit, which is authored by the Presiding Officer, as well as Senator GRAHAM of Florida, Senator KENNEDY, and many of us who join together to provide real coverage and real help for seniors, but we also intend to tackle the pricing issue.

One of the things I found astounding in this study is the fact that up to 10 top generic drugs—in other words, unadvertised brands that are equivalent to the advertised brands, but they just don't cost as much—of the 10 generic drugs, 9 did not increase in price at all last year. Nine out of ten of the generic drugs looked at did not increase at all. On the other hand, by contrast, only 3 of the 40 brand-named drugs did not increase last year.

I have talked about the fact that in our plan we provide incentives and encourage the use of unadvertised brands. We will be offering important amendments to close loopholes which allow brand-name companies to stop the generic companies from going on the market to compete with lower prices.

These are very important issues.

We have two goals in the Senate: To provide a real Medicare prescription drug benefit, and at the same time to lower prices for everyone.

We want to open the border to Canada so we can get prescription drugs at lower prices. We want to provide other opportunities, such as tackling exorbitant costs of advertising that cause these prescription drugs to rise so quickly.

What does this mean for real people? We know there is a real difference between the House and the Senate. The House plan will cover about 15 to 20 percent of the average bill for an average senior. We are looking at covering 70 to 80 percent—a huge difference.

What does that mean to the average senior?

I have set up a Prescription Drug People's Lobby in Michigan where we ask people to come to my Web site. They can log onto my Web site by logging onto Senator DEBBIE STABENOW, and they can find out what we are doing to lower prices and to provide Medicare prescription drug coverage. I have asked people to share their stories and their struggles. I want to share two of those today.

Shawn Somerville from Ypsilanti, MI, is a granddaughter who is expressing great concern for her grandmother. She said:

> Just this last Christmas, my grandmother was hospitalized because she stopped taking her prescription so she could afford Christmas presents for all of us grandkids. She later died from an undiagnosed ulcer. It was very sad to me that these drugs are so expensive.
>
> Do they need to be?

Do they need to be? No, Shawn. They do not need to be.

We don't need another grandma choosing not taking her medicine this Christmas so she can buy Christmas presents for her grandchildren. This is the United States of America. We can do better. It is shameful that we have not done better. We intend in the Senate to come forward with a plan that will do better.

I have been getting e-mail from the Prescription Drug People's Lobby from around the country. I will share one more before turning to my colleague from Minnesota, who has been such a leader on this issue.

This is from Lydell Howard from Inglewood, CA. She wrote:

> My grandfather, Esco Howard, a 75-year-old retired LTV Steel worker recently experienced what we thought to be impossible. He and his spouse in March 2002 were sent a letter to advise them that they would no longer be covered by a medical plan as provided by LTV Steel, as of March 31, 2002. This was due to the financial constraints of the company.

This is happening all across our country.

> We (the family and grandparents included) were devastated. What would they do? How could they then survive?
>
> What would they do?
>
> Since March 31, my grandparents have been faced with exorbitant medical prescription costs. Their finances absorbed by the cost of medical and prescription costs, now average nearly $900 per month for prescription costs alone, with an income of about $1,300 per month.

Nine hundred dollars a month. That is hard to fathom—somebody retired coming up with $900 a month.

This way of living is terrorizing seniors, disabled persons, and their families. This movement to expand Medicare to include a description plan is the answer. But it also must be affordable to all people of concern.

Lydell Howard, I couldn't agree more. That is what this is all about—providing real medical help, and real Medicare help for prescriptions for your grandparents, and making sure prescriptions are affordable to everyone.

I will say, as I have said so many times before, that we know this is an uphill battle. There are six drug company lobbyists for every Member of the Senate. People have to be involved and have their voices heard in order for us to be successful.

I will conclude by once again encouraging people to join us by going to fairdrugprices.org, and sign a petition calling on Congress to act—get involved and share your stories with us.

I now yield to my colleague from Minnesota, who has been such a champion and a voice for people on this issue and so many others. I know he is standing up every day on behalf of our seniors and our families to lower prescription drug prices.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I would like to not rush through this. We only have 10 minutes. I will use 5 minutes and then yield 5 minutes to my colleague from Florida, who has been such a leader on this issue, along with the Presiding Officer. Listen, I could go through this for hours. I don't know how to do this in 5 minutes, but let me try.

I thank the Senator from Michigan. I think people get a whole lot more faith in politics and then people in politics when they not only campaign and say they are going to do something but, once in the Senate, they make this their passion and their goal. I say to the Senator from Michigan, you have done that. Every single day you have been focused on prescription drug coverage for people. I thank you for that.

The House has a plan, and I simply have to point out to the Senate that I do not see it as a great step forward. I see it as a great leap sideways. I think people will come to see it the same way. People in Minnesota will.

There are a number of problems. Part of it is ideological. When we passed Medicare in 1965, it was an enormous step forward. I will tell you, for my mom and dad, who are no longer alive, it made all the difference in the world. It meant there would be coverage for them.

This was a Government program that, really, I put in the same category as Social Security. It was an enormous step forward, not just for senior citizens but made our country better. It made us a better country.

What we want to do on the Senate side is extend prescription drugs as a part of Medicare. On the House side, basically what they are saying is, there is no guarantee of any benefit. But what they do say is, seniors will be entitled to some sort of coverage through drug-only insurance plans or through Medicare HMOs. By the way, a number of these private health insurance plans, I say to my colleagues from Ohio and Michigan, are telling me they are not going to provide the coverage for them because it will not work for them. The only people it will work for are people who will not need it, and they will not have a large enough pool, so it will not be profitable.

But on the House side, apparently Republicans have said they do not want to extend this on to Medicare, in which case, really, they are interested in going down the road of privatizing Medicare. We are not.

The second point is a real important one. If you are going to have prescription drug coverage that works for people, you have to keep the copays or deductibles sufficiently low and premiums sufficiently low so they can afford it. And it has to provide real catastrophic coverage. That is what people worry about the most.

On the House side, you have this peculiar feature of between $2,000 and $3,700 there is no coverage. While people continue to pay premiums, they do not get any coverage. I think probably close to half of the senior citizens in this country actually are paying more than the $2,000 in expenses for prescription drugs; and they do not get any coverage whatsoever in the House plan. It does not make a whole lot of sense. This is truly one of those examples where the Devil is in the details.

I guarantee you, when senior citizens—and it is not just about senior citizens; it is their children and their families; we are all in this together—see there isn't any coverage, people are going to say: What is this about? This does not meet our needs.

The third issue which is important to me is that the House plan says we want to make sure that low-income seniors—the profile is not very high; it is not true the majority of senior citizens are ''greedy geezers'' playing all the swank golf courses around the country—probably a full 75 percent have incomes below $30,000 or $35,000 a year.

For low-income seniors, the House says, of course we would not have people paying, that it would be coverage they could afford, it would be free coverage, except then they have an assets

test so that if you have a savings account of more than $2,000, or you have a car that is worth $4,500, or you have a burial plot worth more than $1,500, you would not necessarily be eligible for any help whatsoever. That strikes me as being stingy. To tell you the truth, it defies common sense. We ought not to be having this kind of stringent assets test when it comes to whether people can afford prescription drugs.

My final point—and I could spend a lot of time on this—I am a cosponsor of the Senate bill. I think it is extremely important. I thank both my colleagues. I would love to see us have some cost containment. I think we should do it. I could talk about three options, but with only 30 seconds, I am only going to talk about one, because I have been working on it for several years. And so have Senator STABENOW, Senator DORGAN, and Senator JEFFORDS.

I do believe at the very minimum we ought to allow our citizens to reimport these prescription drugs from Canada, according to all of the FDA safety guidelines. There is no reason in the world why our pharmacists, our wholesalers, and our families cannot reimport drugs, where they can get a 30-, 40-, or 50-percent discount. There is no reason whatsoever. I grant you, the pharmaceutical industry will not like this.

But what we also have to do is make sure there is a way we can reduce the costs. I think that would be a helpful addition to what I think is a very important piece of legislation.

I say to my colleagues, I think the House bill is a nonstarter. I think it is a great leap backwards. I think we have a much stronger bill. I look forward to the debate.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. GRAHAM. Mr. President, first, I commend my two colleagues for their eloquent statements. I commend the Presiding Officer for his great leadership on this effort to pass a prescription drug benefit this year.

The most fundamental reform for our Nation's Medicare Program is its transformation from a program that has focused, since 1965, on dealing with people's needs after they were sick enough to go to the doctor or the hospital and to create a modern commitment to good health.

Access to medications is an absolutely central part of that commitment to good health. Access to medications not only helps people live longer, happier, healthier lives, but it also will help Medicare save money.

These truths are particularly important to the most vulnerable of our elderly, those who are too well off to qualify for Medicaid, the program for poor Americans, but are too poor to afford their medically necessary prescription drugs.

There are approximately 10 million older Americans living on an annual income of $13,000 or less per year. Of that 10 million, 5.5 million have no prescription drug coverage because they do not qualify for Medicaid.

These Americans face the tough choices of deciding whether they can afford their prescription drugs. One example of this is Mrs. Olga Butler of a beautiful community in central Florida, Avon Park.

Mrs. Butler receives a monthly Social Security check of $672, which makes her barely over the income limit for Medicaid coverage. This means that the 67-year-old Olga has to pay for her own medications, sometimes having to make the choice among food, rent, and her prescriptions.

Olga is on Lipitor and clonidine for her hypertension and high cholesterol. She pays $95 per month for Lipitor and $22 per month for clonidine. These prescription drugs not only improve the quality of Olga's life, but they are helpful in warding off a possible stroke or heart attack, for which she is at great risk.

In addition to the personal devastation of having a stroke or a heart attack, these would cause significant additional costs to the Medicare Program.

An average hospitalization for a typical stroke patient costs Medicare $7,127.59. Physicians' time, tests, and consultations will add, on average, another $1,600 cost to Medicare. This is an avoidable event.

If Olga can continue to take her medications, chances are she will not have a stroke, she will not have a heart attack, and, if she is fortunate, she will not need further hospitalizations, nursing facility care, and rehabilitation services. This, of course, is expensive, but it is also avoidable.

You might ask, why are you discussing this issue of the poor, but above Medicaid eligibility, elderly? Don't both competing prescription drug plans that have been offered for Medicare offer similar benefits to Olga Butler? The answer is, not quite.

Under the House Republican plan, which I understand may be debated today and where I know there are considerable misgivings among Members on both sides of the aisle, maybe one of the reasons for those misgivings is the fact that, before Olga can receive any help with her drug costs, she must pass an assets test. An assets test?

For the first time in the history of Medicare—for the first time since 1965—we are about to impose an assets test in order for a low-income Medicare beneficiary to be eligible for prescription drug assistance.

What does this mean to Olga Butler? It means she must deplete her life's savings to less than $4,000, sell off her furniture and personal property that is worth more than $2,000, get rid of her burial fund if it exceeds $1,500, and sell her car, if it has a value of more than $4,500—all of these in order to qualify for low income assistance under the inadequate Republican proposal.

I ask unanimous consent for an additional 5 minutes to complete my remarks.

Mr. REID. Objection.

The PRESIDING OFFICER. Objection is heard.

Mr. GRAHAM. Mr. President, I look forward to an opportunity to continue to outline the circumstances under which Olga would be disadvantaged if the plan being considered in the House today were to improvidently be adopted.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2003

The PRESIDING OFFICER. Under the previous order, the Senate will now continue consideration of S. 2514 which the clerk will report.

The legislative clerk read as follows:

A bill (S. 2514) to authorize appropriations for fiscal year 2003 for the military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

Mr. WARNER. Parliamentary inquiry: My understanding is the Senate now, by previous order, proceeds to the cloture vote; am I correct?

The PRESIDING OFFICER. The Senator is correct.

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, the clerk will report the motion to invoke cloture.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII, of the Standing Rules of the Senate, hereby move to bring to a close the debate on S. 2514, the Defense authorization bill:

Harry Reid, Jon Corzine, Richard Durbin, Tom Harkin, Carl Levin, Mary Landrieu, Tom Carper, Ben Nelson, Ron Wyden, Daniel Akaka, Debbie Stabenow, Evan Bayh, Maria Cantwell, Herb Kohl, John Edwards, Jeff Bingaman, and Joseph Lieberman.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call under the rule is waived.

The question is, Is it the sense of the Senate that debate on S. 2514, a bill to authorize appropriations for fiscal year 2003 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes, shall be brought to a close?

The yeas and nays are required under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. REID. I announce that the Senator from New York (Mr. SCHUMER) is necessarily absent.