

other side of the aisle strongly supported that \$300 billion number as sufficient to pay for a Medicare drug benefit. If we were to trend that \$300 billion forward one year, we would be looking at a \$350 billion drug package. This year, the budget resolution that was reported by the Senate Budget Committee, but never passed by the full Senate, contains \$500 billion over 10 years for a Medicare prescription drug benefit and for increased Medicare provider payments and for providing health coverage to the uninsured. How is it that we are even considering a \$600 billion bill that would only provide prescription drug coverage?

I am firmly in the camp of those who believe that we should not add a prescription drug benefit to Medicare without also making much-needed changes to strengthen the program. The Medicare and Social Security Trustees advise us that we can make relatively small changes now to put the Medicare and Social Security programs on sound financial footing for the future. But, the longer we wait, the harder it will be. This debate over a Medicare prescription drug benefit provides us with an excellent opportunity to begin taking steps that will make Medicare sustainable over the long term.

I want to commend the members of the tri-partisan group for their efforts to put us on the path toward a strengthened Medicare program. They have worked hard for more than a year to craft their bill to provide a reasonable and permanent drug benefit, unlike the proposal of my colleague from Florida. And, they have drafted the only proposal that makes any meaningful improvements to the Medicare program. I believe that the tri-partisan proposal would provide greater security for today's seniors and for tomorrow's seniors. The new fee-for-service plan, Medicare Part E, would make the transition to Medicare more seamless for those Americans who are beginning to age into the Medicare program by providing them with a benefit that more closely resembles the private health plan they are used to. The tri-partisan bill would also provide seniors with protection from unusually high health care costs for the first time.

I am deeply disappointed that the Finance Committee has not been given the opportunity to mark up either the tri-partisan bill or any other Medicare prescription drug bill. It is a shame that the Majority Leader has decided once again to by-pass the committee process, which might have yielded a product that could garner the 60 votes needed to pass a Medicare prescription drug benefit. Even more important is that we would not be in the current parliamentary situation of needing 60 votes to waive a budget point of order on these bills if the Senate had passed a budget this year.

In the likely event that neither of two comprehensive prescription drug proposals garners 60 votes, then I would

hope we could at least pass the Hagel/Ensign proposal. The Hagel/Ensign amendment would provide the neediest seniors with assistance with their prescription drug costs. It would allow all seniors to benefit from group discounts. And, it would provide all seniors with protection from unusually high drug costs. These benefits could be implemented immediately, and the proposal would buy us time to find bipartisan consensus on an affordable, comprehensive Medicare prescription drug benefit.

I hope we can carry forward the spirit of the tri-partisan group and work together to address the needs of our seniors who lack prescription drug coverage, bring Medicare into the 21st century and set it on sound financial footing, and do so while recognizing the new budget world in which we live.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. CARNAHAN). The clerk will call the roll. The bill clerk proceeded to call the roll.

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

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

Mr. GRASSLEY. Madam President, I yield back our 3 minutes.

The PRESIDING OFFICER. All time is yielded back.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

NOMINATION OF RICHARD H. CARMONA, OF ARIZONA, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, AND SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, the Senate will now go into executive session and proceed to the cloture vote on Executive Calendar No. 921, which the clerk will report.

The bill 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 debate on Executive Calendar No. 921, the nomination of Richard H. Carmona, of Arizona, to be the Surgeon General of the Public Health Service:

Edward M. Kennedy, Debbie Stabenow, Tom Daschle, Harry Reid, Jack Reed, Richard J. Durbin, Barbara Mikulski, Patrick Leahy, Jean Carnahan, Tom Carper, Byron L. Dorgan, Paul Wellstone, Jon Corzine, Jeff Bingaman, Daniel Inouye, Kent Conrad.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on Executive Calendar No. 921, the nomination of Richard H. Carmona, of Arizona, to be Medical Director in the Regular Corps of the Public Health Service, and to be Surgeon General of the Public Health Service, shall be brought to a close?

The yeas and nays are required under the rule.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from North Carolina (Mr. HELMS) and the Senator from Pennsylvania (Mr. SPECTER) are necessarily absent.

The yeas and nays resulted—yeas 98, nays 0, as follows:

[Rollcall Vote No. 185 Exe.]

YEAS—98

Akaka	Dorgan	Lugar
Allard	Durbin	McCain
Allen	Edwards	McConnell
Baucus	Ensign	Mikulski
Bayh	Enzi	Miller
Bennett	Feingold	Murkowski
Biden	Feinstein	Murray
Bingaman	Fitzgerald	Nelson (FL)
Bond	Frist	Nelson (NE)
Boxer	Graham	Nickles
Breaux	Gramm	Reed
Brownback	Grassley	Reid
Bunning	Gregg	Roberts
Burns	Hagel	Rockefeller
Byrd	Harkin	Santorum
Campbell	Hatch	Sarbanes
Cantwell	Hollings	Schumer
Carnahan	Hutchinson	Sessions
Carper	Hutchison	Shelby
Chafee	Inhofe	Smith (NH)
Cleland	Inouye	Smith (OR)
Clinton	Jeffords	Snowe
Cochran	Johnson	Stabenow
Collins	Kennedy	Stevens
Conrad	Kerry	Thomas
Corzine	Kohl	Thompson
Craig	Kyl	Thurmond
Crapo	Landrieu	Torricelli
Daschle	Leahy	Voinovich
Dayton	Levin	Warner
DeWine	Lieberman	Wellstone
Dodd	Lincoln	Wyden
Domenici	Lott	

NOT VOTING—2

Helms Specter

The PRESIDING OFFICER. On this vote, the yeas are 98, the nays are 0. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Senator from Arizona.

Mr. MCCAIN. Thank you, Madam President. It is my understanding we are now in postcloture debate time; is that correct?

The PRESIDING OFFICER. The Senator is correct.

THE ANDEAN TRADE PREFERENCE ACT

Mr. MCCAIN. Madam President, I want to take a few minutes to talk about the failure of the Congress to enact the Andean Trade Preference Act, the importance of this issue in our hemisphere, and the absolute criticality of us acting before we go out for the August recess on the Andean Trade Preference Act.

Madam President, America is facing a crisis in its relations with our Latin

neighbors. Political instability and a fierce backlash against free market reforms are hobbling friendly democratic governments across the region, with consequences that clearly endanger the democratic and free market tide that has swept the continent in the past decade. Yet partisan wrangling over other issues has prevented Congress from renewing the Andean Trade Preference Act, even though both Houses have approved it. It is time to stop the politics and send the President an Andean trade bill, immediately.

Madam President, wrongly, the Andean Trade Preference Act has been linked to the larger issues of trade adjustment authority and other trade issues. I do not know why that is the case.

Mr. REID. Parliamentary inquiry, Madam President.

Mr. MCCAIN. Madam President, I have the floor.

Mr. REID. Would my friend yield—
The PRESIDING OFFICER. The Senator declines the inquiry.

Mr. REID. Will my friend yield for a question then?

Mr. MCCAIN. What is that?

Mr. REID. The question I have—

Mr. MCCAIN. Do I have the floor, Madam President?

The PRESIDING OFFICER. The Senator from Arizona has the floor and may decline to yield for an inquiry.

Mr. MCCAIN. I decline to yield.

I remind my colleagues that only a few years ago we in Washington were congratulating ourselves on living in a hemisphere that, with the exceptions of Cuba and Haiti, had embraced freedom and free markets after long years of military rule and statist economic policies.

Although there remained deep poverty, aggressive free market reforms were seen as the best way to improve the welfare of people across Latin America.

Mr. REID. Madam President, regular order.

Mr. MCCAIN. Expanded trade policies, including the Andean Trade Preference Act and America's vision of a hemispheric trade area—

Mr. REID. I ask the Chair to call for the regular order.

Mr. MCCAIN. Lent momentum to the Latin reform agenda, which produced real gains in people's daily lives and provided a critical base for the consolidation of democratic institutions and free markets.

The PRESIDING OFFICER. The Senator from Nevada is calling for the regular order in debate. Under cloture, debate must be germane.

Mr. MCCAIN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The Senator from Arizona should confine his remarks to the question before the body.

The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. REID. Madam President, I ask unanimous consent the Senator from Arizona be extended up to 15 minutes to speak on any subject he desires.

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

The Senator from Arizona.

Mr. MCCAIN. I thank my colleague from Nevada. I intend to be brief.

I do believe this is an important issue. The other body is going out at the end of this week—in just 3 days. Unless we act on the Andean Trade Preference Act, it will have significant consequences, both socio and economic, in our hemisphere.

I thank my colleague from Nevada for allowing me this time.

Today, as we look south, the picture is altogether more bleak, and deeply troubling in the eyes of both Americans and the people of Latin America. Free market reforms are undergoing a crisis of legitimacy as a result of political mismanagement, corruption and cronyism, and because many of the easy reforms have already been made. It is fair to place part of the blame on a failure of national leadership in parts of Latin America. But almost every government in the hemisphere has been democratically elected, and will be held democratically accountable. What is more worrisome, and within our power to change, is Washington's hands-off policy toward some of the very partners we touted only a few years ago as a symbol of Latin America's success, their policy accomplishments made possible with the support of the United States.

Today, as our friends in the Andean region grapple with the problems of poverty, terrorism, drug trafficking, and the forces of political extremism, leaders in Washington squabble over unrelated issues that hold up speedy passage of the Andean Trade Preference Expansion Act. This trade measure is not controversial. Were it to face an up-or-down vote, it would probably garner 90 votes of support. But a political decision made with no consideration of the plight of our Andean partners—to bundle the noncontroversial ATPA into a trade package including trade promotion authority and trade adjustment assistance—is having stark consequences in Latin America at exactly the same time as the backlash against reformist economic Ecuador, Colombia, and Peru.

In Bolivia, the president of the country's coca-growers' association, an avid opponent of free market policies, won enough votes in the next presidential election to force a runoff against a more mainstream candidate, in defiance of all pollsters' predictions. In Colombia, a new President with a historic mandate for change needs our support against the narcoterrorists that threaten his government; strangely, we provide the aid his government needs. But not the trade that is so important to his people, and that costs America

nothing. In Ecuador, political instability grows as the spillover from Colombia's war and the depth of poverty threaten state institutions. In Peru, a democratically elected president who, as an opposition leader, stood down a dictatorship has been forced by popular pressure to fire the very reformers within his cabinet who hold the key to his country's development. America is not to blame for every setback on the road to free market, democratic governance in Latin America. But we are to blame when we abdicate our responsibility to advance our interests and support our friends with the trade preferences that they believe to be critical to their economic future.

Madam President, on Friday the New York Times ran a front-page story highlighting the growing political instability that increasingly haunts Latin American leaders who understand that their country's development hinges on a reform agenda supported by the United States. The article traces a political rift over free-market reforms that runs straight down the continent, from Venezuela to Argentina, and whose consequences threaten to upend the extraordinary progress Latin American reformers have made since they ended the era of military dictatorship and statist economics. I ask unanimous consent the Times article be printed in the RECORD, as well as an opinion piece by John Walters, our drug czar, entitled "Just Say Yes to ATPA."

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

[From the New York Times, July 19, 2002]

STILL POOR, LATIN AMERICANS PROTEST PUSH FOR OPEN MARKETS

(By Juan Forero)

The protest that shook this colonial city last month was very much like others in Latin America recently. There were Marxists shouting 60's-era slogans, and hard-bitten unionists. But there was also Fanny Puntaca, 64, a shopkeeper and grandmother of six. Though she had never before protested, Ms. Puntaca said, she could not bear to see a Belgian company buy what she called "our wealth"—the region's two state-owned electrical generators. So armed with a metal pot to bang, she joined neighbors in a demonstration so unyielding that it forced President Alejandro Toledo to declare a state of emergency here, suspend the \$167 million sale and eventually shake up his cabinet. "I had to fight," Ms. Puntaca said proudly. "The government was going to sell our companies and enrich another country. This was my voice, my protest."

Across Latin America, millions of others are also letting their voices be heard. A popular and political ground swell is building from the Andes to Argentina against the decade-old experiment with free-market capitalism. The reforms that have shrunk the state and opened markets to foreign competition, many believe, have enriched corrupt officials and faceless multinationals, and failed to better their lives.

Sometimes-violent protests in recent weeks have detailed the sale of state-owned companies worth hundreds of millions of dollars. The unrest has made potential investors jittery, and whipsawed governments already weakened by recession. The backlash

has given rise to leftist politicians who have combined pocketbook issues and economic nationalism to explosive effect. Today the market reforms ushered in by American-trained economists after the global collapse of Communism are facing their greatest challenge in the upheavals sweeping the region. "The most worrying reading is that perhaps we have come to the end of an era," said Rafael de la Fuente, chief Latin American economist for BNP Paribas in New York. "That we are closing the door on what was an unsuccessful attempt to orthodox economic reforms at the end of the 90's."

For at time the policies worked, and many economists and politicians say they still do. The reforms increased competition and fueled growth. Stratospheric inflation rates fell back to earth. Battered bureaucracies were replaced with efficient companies that created jobs. The formula helped give Chile the most robust economy in Latin America. In Mexico exports quintupled in a dozen years. In Bolivia, poverty fell from 86 percent of the population in the 70's to 58.6 percent today.

Still, the broad prosperity that was promised remains a dream for many Latin Americans. Today those same reforms are equated with unemployment and layoffs from both public and private companies, as well as recessions that have hamstrung economies. "We privatized and we do not have less poverty, less unemployment," said Juan Manuel Guillen, the mayor of Arequipa and a leader in the antiprivatization movement here. "On the contrary. We have more poverty and unemployment. We are not debating theoretically here. We are looking at reality." Indeed, 44 percent of Latin Americans still live in poverty, and the number of unemployed workers has more than doubled in a decade. Tens of millions of others—in some countries up to 70 percent of all workers—toil in the region's vast informal economy, as street vendors, for instance, barely making ends meet. Economic growth has been essentially flat for the last five years.

Popular perceptions—revealed in street protests, opinion polls and ballot boxes—are clearly shifting against the economic prescriptions for open markets, less government and tighter budgets that American officials and international financial institutions have preferred. A regional survey supported by the Inter-American Development Bank found last year that 63 percent of respondents across 17 countries in the region said that privatization had not been beneficial. "It's an emotional populist attitude people have," said Larry Birns, director of the Council on Hemispheric Affairs, a Washington-based policy analysis group. "It may not be reasoned, but it's real, and it's explosive and it's not going to be easily contained by coming up with arguments that free trade is the wave of the future."

In Brazil, South America's largest country and its economic engine, revulsion with American-led market orthodoxy has fueled strong support for the labor leader Luiz Inacio da Silva, known as Lula, who is now the front-runner in the October presidential election, to the chagrin of worried financial markets. In Paraguay protests last month blocked the \$400 million sale of the state phone company by President Luis Gonzalez Macchi, whose government has been dogged by a dismal economy and corruption charges. This week deadly demonstrations led the president to declare a state of emergency. In Bolivia the country's political landscape was redrawn this month when Evo Morales, an indigenous leader who promised to nationalize industries, finished second among 11 candidates for president. This spring, the sale of 17 electricity distributors in Ecuador fell through in the face of political resist-

ance, a blow to a country that has adopted the dollar as its currency and is heavily dependent on foreign investment. Meanwhile, in Venezuela, President Hugo Chavez's left-leaning government has been intent on scaling back reforms, exacerbating the divisions that led to his brief ouster in April. The backlash in many of these countries gathered momentum with the economic meltdown in Argentina, which forced a change of presidents after widespread rioting in December.

While the causes are multifold, many Argentines blame the debacle on a combination of corrupt politicians and the government's adherence to economic prescriptions from abroad that have left the country with \$141 billion in public debt, the banking system in ruins and one in five people unemployed. Argentines now look for possible salvation from Elisa Carrio, a corruption fighter in Congress who has been scathing in her criticism of the International Monetary Fund. She is now the early favorite in the upcoming presidential election. "This has created the backlash because now there's a debate all around Latin America," said Pedro Pablo Kuczynski, Peru's former economy minister and a favorite of Wall Street who resigned under pressure last week. "Everywhere you look people say, 'The guys followed the model and they're in the soup. So obviously the model does not work.'"

The backlash comes as foreign direct investment in Latin America has fallen steeply, dropping from \$105 billion in 1999 to \$80 billion in 2001. A big reason for the decline is that many big-ticket sales of state companies to private investors have already been completed. But economists like Mr. Kuczynski, who say market reforms must continue for capital-poor Latin economies to progress, are worried. Bolivia, for instance, was an early convert along with Chile in the 1990's to what is called the neoliberal model. It reined in loose monetary policies and shrank the government by unloading dozens of state-owned companies to private international investors. The results, particularly in taming inflation and reducing poverty, were impressive.

But in one of Latin America's poorest nations, it is hard for Bolivian officials to talk about progress to the wide portion of the population that continues to live in grinding poverty and feels that entitlements the government once provided in the form of subsidized rates for water and electricity have been stripped away. The better services that have accompanied the sale of state enterprises have left many indifferent, particularly in impoverished areas where residents have invested their own money and sweat to string up electrical lines or put in water pipes and drainage. "Clearly if you're poor and have no water, sewage and live in a rural area, having three long distance telephone companies when you have no phone lines doesn't make a bean of difference," Bolivia's president, Jorge Quiroga, acknowledged in an interview.

In Peru the resistance to privatization and market reforms is especially pronounced and, for its government, puzzling. Unlike most of Latin America, the economy here has steadily grown since Mr. Toledo's election in June 2001 as the government has continued sales of assets begun during the decade-long rule of Alberto K. Fujimori. Government officials say the program has been successful. Phone installation, which used to take years and cost \$1,500 or more, now costs \$50 and takes a day or two. Electrical service, once shoddy and limited, has spread across the country. The privatization of mines, which is nearly complete, has improved efficiency and output so much that employment in that sector and related ac-

tivities has increased to more than 60,000 today from 42,000 in 1993. But government belt-tightening also led to widespread layoffs. Mr. Toledo's government has been hit hard by protests and popular discontent, much of it fueled by its inability to alleviate poverty. Many have blamed the privatizations, seeing them as a vestige of the corruption-riddled presidency of Mr. Fujimori, who is now in exile in Japan.

Here in Arequipa, where the economy was already limping, when word came that the government was about to sell the two state-owned electric companies, Egasa and Egesur, people recalled that Mr. Toledo had campaigned on a pledge never to sell the companies to private owners. It did not matter that the government promised Arequipa half the sale price, and that the investor, the Brussels-based Tractebel S.A., would invest tens of millions of dollars more to improve services. The promises were not believed. Soon the workers federation, neighborhood organizations and university students organized protests, suspecting that higher electricity costs and layoffs were on the way. "Thanks to our fight, our perseverance, the government backed down," Alejandro Pacheco, a leader in the protests here, told a roomful of supporters this week. "Now we need to do this in the rest of Peru."

[From the Hill, Mar. 20, 2002]

JUST SAY YES TO ATPA

(By John Walters)

It is rare when an easy-to-understand, bipartisan foreign policy initiative that is embraced by all the countries involved and lauded by the Federal Government for its effectiveness is developed and passed into law. It is rarer still when such an initiative is allowed to simply slip away due to legislative indifference or neglect. Yet that could be the fate of one of our most effective South American policy initiatives.

On December 4, 2001 the Andean Trade Preferences Act (ATPA) expired. Although the House has voted to extend ATPA, the Senate has not yet acted. There is a temporary duty deferral in place, but if it is allowed to expire without being reauthorized, thousands of people in the Andean region will suffer—and we will have needlessly lost a valuable tool in our ongoing anti-drug efforts.

ATPA simultaneously furthers two important policy goals: stimulating legitimate economic growth while destabilizing the drug trade. To make progress in the fight against illegal drug production we must provide alternative and expanded job opportunities to support economic growth and democratic institutions in the Andean region. For the past ten years, ATPA has been a powerful trade tool in the fight against illicit drug production and trafficking by successfully helping our Andean allies (Colombia, Bolivia, Ecuador and Peru) develop legitimate commercial exports as alternatives to the illegal drug industry—an industry that supplies Colombia's leading terrorist group, the FARC, with an estimated \$300 million a year.

ATPA's benefits to the region's development are indisputable. In 1991, the last full year before ATPA was implemented, the United States imported \$12.7 billion in total commodities from the Andean nations. In 2000, the U.S. imported \$28.5 billion in total commodities from these nations, a 125 percent increase. One of the great successes tied to ATPA is the Andean region's development of a robust flower industry—an industry that is especially important because of the large number of economically distressed people it employs. There are often as many as ten employees per hectare of flower-producing land involved in cultivating the flowers for export. ATPA has also generated significant

job opportunities in other industries, such as fruits and vegetables, jewelry, and electronics. These new jobs draw workers who otherwise might have been drawn to drug-producing narco-terrorist groups for employment.

Our economy has realized direct benefits from this program as well. Under ATPA, U.S. exports to the Andean region have soared, growing by nearly 65 percent to a total of \$6.3 billion in 1999.

Now that the House has voted, the Senate should act quickly. The passage of ATPA reiterates our commitment to helping the Andean region develop economic alternatives to drug crop production. We know that drug production in this region is tied to our country's demand for these poisonous substances. But as we work to cut the demand for drugs in the United States, we must support our southern neighbors in their efforts to build their economies and promote democracy.

Last week the House also passed H. Res. 358, which expressed the support of Congress for the democratically elected government of Colombia and its efforts to counter terrorism. I applaud their actions and wholeheartedly agree that we must actively support our neighbors in Colombia and the Andean region. ATPA is a direct and tangible way for the United States to demonstrate this support.

Letting ATPA lapse would not just be a missed economic opportunity; it would be a threat to regional stability. Our goal is to help these countries create an economic and social environment in which legitimate industry, rather than narcotics cultivation and trafficking, is the norm. We have the opportunity to help our neighbors build and expand their economies and democratic institutions. Renewing ATPA is a top regional priority and a top anti-drug priority. I urge the Senate to act quickly.

Mr. McCAIN. Renewing the Andean Trade bill is the most immediate action we could take to remind our partners in the region of our commitment to reform and free markets. Unfortunately, Congress' inaction on ATPA is rightly viewed by our friends in the region as a symbol of America's unfortunate disregard for their plight in this difficult time. It is time we paid attention. I urge immediate action from the conferees to the trade bill to separate out and pass ATPA. This issue is critical to American leadership and economic growth in the Andean region, as its leaders will tell anyone who listens. America has too much at stake to turn our back on our Andean partners, who confront threats from terrorists, drugs, and poverty that threaten their governments and their people's future. Our friends in Peru, Colombia, Ecuador, and Bolivia cannot wait much longer.

Madam President, I do not want to hold up the progress of the Senate on this important prescription drug bill. But I think it is generally regarded as factual that we will probably not provide trade promotion authority or trade adjustment authority to the President of the United States before the other body goes out at the end of this week. That would be a terrible mistake.

I will come to the floor on Wednesday or Thursday and ask consent that we move, take up, and pass the Andean Trade Preference Act. I believe that is probably the only way we will get this

done before the Congress goes out for the August recess.

We have a serious situation in our hemisphere from Mexico to the Tierra del Fuego. Argentina, once the fifth largest economy in the world, is facing an economic crisis of incredible proportions. Venezuela is in a chaotic socioeconomic situation. Peru, Bolivia, and Ecuador are all in various stages of extreme difficulties. Colombia is in the midst of a civil war which at least, if they are not losing, they are probably not winning either.

This is a modest proposal. I have been visited by the leaders of these countries, and they say the following: We do not want aid, but we do want trade.

This is a trade agreement that was made by the first Bush administration. It should clearly be passed. It would get 90 votes in this body if it were up by itself. We should address it, move it forward, and do these nations a small favor. We could pay a very heavy penalty in terms of socioeconomic difficulties in our own hemisphere if we do not act quickly on this issue.

Mr. NICKLES. Will the Senator yield?

Mr. McCAIN. I am glad to yield.

Mr. NICKLES. Madam President, I wish to be associated with my friend and colleague from Arizona and thank him for his tenacity in raising this issue. The Senate is being very irresponsible in not passing the Andean Trade Preference Act.

I thank the Senator from Arizona. I will be happy to join him in making that unanimous consent request and ask that our colleagues join us in helping these four allies. I appreciate our friend from Arizona bringing the matter to the attention of the Senate.

Mr. McCAIN. I thank my friend from Oklahoma. I hope we won't have to do it. We owe it to these very great allies of ours in a very difficult time to act before we go out. The other body goes out at the end of this week.

I thank my colleague from Nevada for his indulgence. I thank my colleagues for their indulgence, and I yield the remainder of my time.

Mr. KENNEDY. Madam President, I commend our Senate leadership for moving so promptly to the consideration of the nomination of Dr. Richard Carmona to be Surgeon General of the United States.

Today, the U.S. Senate is in the midst of an historic health care debate. So it is appropriate that we consider at this time a nominee to this position of such crucial importance to the public health.

The Surgeon General is our Nation's doctor. He is our country's principal official on health care and health policy issues. He is the leader of the Public Health Service and the Service's Commissioned Corps, one of the seven uniformed services of the United States.

In fact, almost exactly 204 years ago, the Public Health Service was created on July 16, 1798. President John Adams

signed a law creating what was then called the Merchant Hospital Service for the care of sick or injured merchant seamen. Boston was the site of the first such facility, but the Service soon extended through the Great Lakes, the Gulf of Mexico and to the Pacific.

As our country grew in the 19th century, so did the Service. It was Service physicians who inspected the immigrants who arrived at Ellis Island. Even then, the Surgeon General was at the head of national disease prevention campaigns against cholera, tuberculosis, and smallpox.

When the Service was renamed the Public Health Service in 1912, it was the Surgeon General who was at the forefront in combating the great influenza epidemic of 1918. At a time when modern medicine was in its infancy, this epidemic took more than 600,000 lives, the worst epidemic in American history.

I raise this history to make a simple point. The Surgeon General has been, and continues to be, one of the most important jobs in our National Government. Our Nation has faced extraordinary public health threats in the past, and today, the challenges are just as grave.

Once, the threat was cholera. Today, it is AIDS. Smallpox threatened our cities in the 19th century. Today, it is bioterrorism. It will be the Surgeon General who will continue to promote and protect the health of all Americans.

Over the years, our country has been blessed with courageous and outspoken Surgeons General. They did not allow politics to blunt their work to alert the public to health threats. By speaking the truth about public health, they enabled millions of our fellow citizens to live longer, fuller lives.

We remember Dr. David Satcher's work on mental health and against the tobacco industry, and Dr. C. Everett Koop's historic leadership on AIDS. There is Dr. Julius Richmond's pioneering work on Head Start and, of course, Dr. Luther Terry's landmark report on smoking.

These are big shoes to fill. But today, our country needs another such champion of public health. We need a strong and independent Surgeon General who will put public health first, and leave politics and ideology well behind.

In this new century of the life sciences, the Surgeon General must help us take the breakthroughs at the lab bench and ensure they improve the lives of all Americans. He must lead our country in preventing tobacco use by our children and youth, expanding access to health care, ending disparities in health care among our nation's communities, improving childhood immunization rates, preparing for the threat of bioterrorism, and preventing the spread of the AIDS epidemic.

These are heavy responsibilities, and they demand an individual of extraordinary expertise and experience, who has demonstrated a strong commitment to improving the public health.

Dr. Carmona comes to us with an impressive background. He has taken on many important responsibilities. He is a trauma surgeon, a decorated police officer, a former health care administrator, and a former Green Beret. He is a father of four children. In addition to his heroic service in the Army and as a law enforcement officer, Dr. Carmona made his professional mark in the fields of trauma care and bioterrorism preparedness.

The Committee carefully considered Dr. Carmona's nomination. In both his oral testimony and in response to written questions from the Committee, he satisfactorily addressed all the tough questions that would be expected for someone nominated to this important position.

Dr. Carmona impressed us with his commitment to preventive health, and made particularly clear his intention to aggressively oppose tobacco use by our children and youth and to combat the HIV/AIDS epidemic.

Dr. Carmona is a trauma surgeon and nurse by training. But he has assured us that he will also listen to, and learn from, the greater public health community. There is an army of health professionals and educators in our country eager to help him do his job. There is an army waiting to be led in the campaign for better health.

I would close by noting that Dr. Carmona is endorsed by the National Safe Kids Campaign, the National Alliance for the Mentally Ill, the American Medical Association, the American Dental Association, and the National Hispanic Medical Association.

For these reasons, I support Dr. Carmona to be Surgeon General of the United States, and encourage my colleagues to vote in favor of his nomination.

Mr. KYL. Madam President, I rise in support of the nomination of Dr. Richard Carmona to be Surgeon General. He is clearly the person we need at this critical time for this position.

Dr. Carmona is exceptionally qualified for this important position. The President has announced that the new Surgeon General will address a number of important health issues, among them, helping America prepare to respond to major public health emergencies, such as bioterrorism.

Dr. Carmona's education and extensive career in public service have prepared him to lead ably on all health issues facing Americans today. He received his medical education from the University of California at San Francisco and a Masters of Public Health at the University of Arizona. He is currently a Clinical Professor of Surgery, Public Health, and Family and Community Medicine at the University of Arizona, as well as Chairman of the State of Arizona Southern Regional Emergency Medical System. Dr. Carmona has published numerous scholarly articles on such varied subjects as emergency care, trauma care and responses to terrorism.

He is also currently a Deputy Sheriff in the Pima County Sheriff's Department SWAT team and the National Association of Police Organizations named him the Nation's Top Cop in 2000.

Dr. Carmona has also been an administrator of a community hospital. Additionally, he was a Special Forces Medic and served in Vietnam, where he received the Bronze Star, two Purple Hearts, and a Combat Medical Badge.

As you can tell, Dr. Carmona not only has the medical experience to be Surgeon General, but also other expertise that will be necessary for the Surgeon General position at this crucial time. Unfortunately, one of the key areas Dr. Carmona will be involved in is bioterrorism. He will provide valuable leadership in helping to prepare the United States for possible future attacks. It is very important for America to be able to turn to trusted leaders if such a terrible event should occur and Dr. Carmona has the experience and skills necessary to respond to such events.

I have no doubt that Dr. Carmona will be an excellent Surgeon General and help our nation deal not only with bioterrorism, but other pressing issues such as alcohol and drug abuse, and overcrowding in hospital emergency rooms. Dr. Carmona will also be able to bring guidance in these other critical areas. His experience in trauma care will help guide him in dealing with the multitude of problems that are affecting hospital emergency rooms. I urge every Senator to support his confirmation.

Mr. DOMENICI. Madam President, I rise today in support of Dr. Richard Carmona, the President's nominee to be the Surgeon General of the United States.

The job of Surgeon General is a challenging and evolving one. The traditional requirements of disease prevention and health promotion continue to be vitally important. We must have a Surgeon General who is qualified and prepared to address these issues.

However, in this post-September 11 world, being the chief Public Health Officer also involves addressing the very real threat of bioterrorism. Therefore, it is imperative that our Surgeon General have the background and ability to deal with this new threat.

Fortunately, the President selected a candidate for this position who is uniquely qualified to address all of these requirements of the job. I won't attempt to recite all of his numerous accomplishments and qualifications, but I would like to briefly touch on a few, simply to illustrate why I believe this is the right man at the right time for this job.

Dr. Carmona's educational background, with a medical degree and a Masters in Public Health, provides a solid foundation. It is his experience, however, that solidifies his qualification for this position.

Dr. Carmona has a tremendous amount of hands-on experience as a

trauma surgeon, professor, and medical director of the Arizona Department of Public Safety Air Rescue Unit. His experience as a professor at the University of Arizona has given him the opportunity to teach about public health, surgery, and family and community medicine. As a result, he has spent a great deal of time dealing with those more traditional aspects of the job.

As for the more recent responsibilities that come with being named Surgeon General, Dr. Carmona has been working on the issue of bioterrorism since the mid-1990's. He has worked to develop seminars on bioterrorism for medical students. Furthermore, he recognizes the importance of coordinating the schools of public health with other local agencies to prevent and respond to potential threats.

While I could spend much more time touting the qualifications of Dr. Carmona, I will instead end by saying I am thankful that this remarkable American has answered the President's call to serve.

As a New Mexican, I am pleased to extend a neighborly welcome to someone else from the great Southwest. As a U.S. Senator, I am proud to cast my vote to confirm him as the Surgeon General of the United States.

Mr. MCCAIN. Madam President, I rise in strong support of the nomination of Dr. Richard Carmona to be Surgeon General of the United States.

Dr. Carmona's inspiring story is the living embodiment of the American dream. A high school dropout, Richard Carmona first served our nation with the Special Forces in Vietnam, where he became a decorated Green Beret. Upon his return, he obtained his high school equivalency and became the first member of his family to graduate from college. He went on to become a nurse and later enrolled in medical school, specializing in trauma surgery.

When he graduated, Dr. Carmona relocated in Tucson, Arizona, and established southern Arizona's first trauma center. Later he continued his education, obtaining a master's degree in public health from the University of Arizona, where he now serves as a member of the faculty. As a professor, Dr. Carmona shares his knowledge and experience in clinical surgery, public health and community medicine with our nation's future doctors.

Always in pursuit of more challenges, in 1986, Dr. Carmona joined the Pima County Sheriff's Department as a surgeon and a part-time SWAT team leader. Today, Dr. Carmona is a celebrated Deputy Sheriff. In fact, he has received the honor of "Top Cop" from the National Association of Police Organizations, and is one of the most decorated policemen in Arizona.

In addition to his service, Dr. Carmona is a motivating community leader. He has stressed the importance of local preparedness, and warned of the dangers of a biological assault long before September 11. After the terrorist attacks, Dr. Carmona recognized the

psychological impact of the events on Tucson residents, and coordinated a team of mental health experts to assist them in dealing with the associated trauma. Due to his bioterrorism experience, he was also put in charge of implementing southern Arizona's bioterror and emergency preparedness plans.

Although Arizona will surely miss this phenomenal man, and I know he will miss Arizona, in Richard Carmona, our nation will gain an invaluable leader. With his military and law enforcement background, coupled with his demonstrated commitment to public health and community preparedness, Dr. Carmona is extraordinarily, perhaps uniquely qualified to address the needs of our nation as Surgeon General.

I urge all of my colleagues to favorably support this outstanding nominee.

The PRESIDING OFFICER. Is there further debate on the nomination? If not, without objection, the nomination is confirmed.

The nomination was confirmed.

Mr. KENNEDY. I ask unanimous consent that the motion to reconsider the vote by which the nomination was confirmed be laid upon the table, and the President be immediately notified of the action.

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

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now return to legislative session.

The Senator from Oklahoma.

PRESCRIPTION DRUGS

Mr. NICKLES. Madam President, how much time remains on both sides on this issue?

The PRESIDING OFFICER. Forty-six minutes.

Mr. NICKLES. Does that include 46 minutes prior to the lunch break? Is it 23 minutes a side?

The PRESIDING OFFICER. It is evenly divided.

A PRESCRIPTION DRUG BENEFIT

Mr. NICKLES. I will be brief and yield myself 5 minutes.

Madam President, I hope this week the Senate will be able to pass a positive prescription drug proposal. It may be mission impossible. I wish that was not the case.

If we would have done it the ordinary way, the regular way, the way we have handled almost all Medicare bills in the last 20-some years, every single one except for one, it would have gone through the Finance Committee and been reported out with bipartisan support. Frankly, that bill would have been the basis, the foundation for reporting a bill that would eventually become law.

Unfortunately, we were not allowed to do that in this case. This particular bill happens to be probably the most important and the most expensive expansion in Medicare history, more expensive than any other changes and amendments we have made to Medicare since its creation in 1965. Yet we haven't had a hearing in committee on this proposal or the other proposals. We haven't had a markup. We had some bipartisan meetings, but we didn't have a chance to have a bipartisan markup. Maybe it is because it was likely that the product to be reported wouldn't have been what the majority leader wanted. It would have been a majority of the members of the Finance Committee.

I am very troubled by what we see in the Senate time and time again. If we have a committee that may not report something that the majority leader wants, we don't let the committee work. That happened earlier this year when we had a very extensive, expensive energy bill. Twenty-one members of the Energy Committee didn't get to offer an amendment. Now we have 19 members of the Finance Committee who have not reviewed this product or didn't have a markup on this product.

We are going to be voting at 2:45 on a bill that was introduced by Senator GRAHAM and Senator KENNEDY and Senator DASCHLE and others. It is 107 pages. The committee has not reviewed this. We didn't have a hearing on it.

I guess we now have somewhat of a scoring by the Congressional Budget Office, and they say it is \$594 billion over the next 10 years. We find out it doesn't go 10 years. This is a benefit that is started but stopped. It doesn't start until the year 2005, but it stops in the year 2010. So we are going to pay part of your prescription drugs, but we are going to stop after a few years.

I find that to be very hypothetical at best. In fact, it wouldn't happen. Once you start an entitlement program, you never stop it, especially one that would be as popular as this.

But what are we starting? Some of us were estimating that the Democrat proposal, as originally outlined—I say “the Democrat proposal”; Senator GRAHAM and some Democrats are supporting other proposals, but the Graham-Kennedy-Daschle proposal was going to be a lot more expensive than \$600 billion.

Keep in mind the budget we passed with bipartisan support last year called for \$300 billion. Keep in mind the President requested \$190 billion. Yet now we find one at \$600. I thought it would be more expensive. The reason why it is not is because they decided to ration prescription drugs.

If our colleagues would look on page 62, it says:

The eligible entity [health plan] shall . . . include . . . at least 1 but no more than 2 brand name covered outpatient drugs from each therapeutic class as a preferred brand name drug in the formulary.

In other words, you can come up with one, maybe two drugs in each therapeutic class. For arthritis there must be a dozen drugs. For blood pressure there must be at least eight or nine or ten brand name drugs. Only one or two are going to get payment. The rest of it, you are on your own. If you are not the Government-chosen drug, I am sorry patients, you don't get any help from the Federal Government. You don't get any help from this new drug benefit. You are out of luck. You are on your own.

The beneficiary is responsible for the negotiated price of the nonformulary drug:

In the case of a covered outpatient drug that is dispensed to an eligible beneficiary, that is not included in the formulary established by the eligible entity for the plan, the beneficiary shall be responsible for the negotiated price for the drug.

In other words, beneficiary, you pay 100 percent. You choose or take the Government-selected drug, which would be a very small percent. Maybe that would cover about 10 percent of eligible drugs in the entire population. If you don't get that drug, you are out of luck. You are responsible for 100 percent.

I could go on and on. We are limited on time. I have several speakers on our side who wish to address this. This is one of many serious mistakes that are in this bill. It is one of the mistakes we made by following the process of not marking it up in committee. I am sure if it had been discussed in the Finance Committee, we would have modified it. Unfortunately, we didn't have that chance.

If I thought this were going to pass, we would be talking about it a lot more because it has several fatal flaws that would be very injurious to America's health. It would mean rationing of prescription drugs; certainly something that we don't want to do.

I urge my colleagues to vote no on the Graham-Daschle-Kennedy amendment at 2:45.

I yield the floor.

GREATER ACCESS TO AFFORDABLE PHARMACEUTICALS ACT OF 2001—Resumed

The PRESIDING OFFICER. The clerk will report the bill.

The assistant legislative clerk read as follows:

A bill (S. 812) to amend the Federal Food, Drug and Cosmetic Act to provide greater access to affordable pharmaceuticals.

Pending:

Reid (for Dorgan) Amendment No. 4299, to permit commercial importation of prescription drugs from Canada.

Graham Amendment No. 4309, to amend title XVIII of the Social Security Act to provide coverage of outpatient prescription drugs under the medicare program.

Hatch (for Grassley) Amendment No. 4310, to amend title XVIII of the Social Security