

something about it. Step back a minute. Is it political posturing to think that the intelligence agencies of this country that should have legislation that should be passed every year not be passed for 3 years?

I am very disappointed. I say this not in a mean or argumentative way. I am terribly disappointed. If the Presiding Officer, other Senators on this floor, if I ever as the leader came to one of you and said: We are not going to let the intelligence bill go forward this year, I think my caucus would tell me what to do with my suggestion. But apparently the White House has more sway than the American people to this group across the aisle. That is really too bad.

The PRESIDING OFFICER. The Senator from Ohio.

MORNING BUSINESS

Mr. BROWN. I ask unanimous consent that there now be a period of morning business with Senators permitted to speak therein for up to 10 minutes each.

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

MEDICARE PRESCRIPTION DRUG BENEFIT

Mr. BROWN. Mr. President, Americans as much as any people on Earth have a sense of fair play. That is why I believe 3 or 4 years ago, when the Medicare law was passed literally in the middle of the night in the House of Representatives, where the Presiding Officer and I served at that time, by one vote—the rollcall vote was kept open for 3 hours, arms were twisted, calls from the President and pleas and all kinds of begging on the House floor, and who knows what else—that is why people were angry with the way the Medicare law passed. They were also angry especially because of the sense of betrayal they felt with the Medicare law that clearly was written by the drug companies and for the drug companies and by the insurance companies and for the insurance companies.

In fact, that Medicare law meant as much as \$200 billion in extra profits for the drug industry and meant as much as \$70 or \$80 billion in directed subsidies for insurance companies to entice—the word our friends used—entice those insurance companies to write standalone Medicare prescription drug coverage.

Americans know the score. Americans understand much about this whole Medicare law. We all understand the major employee groups typically in our system negotiate bulk discounts on prescription drugs. Americans also understand that the VA negotiates bulk discounts on prescription drugs. The VA, which ensures millions of our Nation's veterans, will go to the drug industry, company by company, and negotiate a price that gives the Government paying for these prescription drugs for our

Nation's veterans a discount of about 50 percent on average, the same kind of thing that large insurance companies will do. But under this Medicare law—again, written by the drug companies, written by the insurance companies, pushed through because of the lobbying force and the advertisements and all that the drug industry did and the insurance industry did—Medicare is prohibited under law from negotiating bulk discounts on prescription drugs. That is a prohibition only the drug industry and their friends in Congress—and they number many—could love.

When Medicare has to pay higher prices for medicines, dollars are taken from taxpayers' pockets and placed directly into the pockets of the multinational drug industry. For many years, I have taken bus trips with senior citizens to Canada, when I was in the House of Representatives, from my northern Ohio congressional district. We drove up through Detroit to Windsor to allow senior citizens to buy prescription drugs at a discount of 50, 60, 70 percent because the Canadians have a system where they negotiate drug prices directly with the manufacturer. It is the same drugs, the same manufacturer, the same packaging. The only difference between the medicine sold here and the medicine sold in Canada is the price.

That is the same in country after country after country. We pay two and three and four times more for prescription drugs than people in any other country given the same drug, the same dosage, the same manufacturer. It is a great deal for the drug industry and a bum deal for consumers, especially for senior citizens and for taxpayers in our country.

Medicare is the single largest prescription drug consumer in the country, and jacked-up prices jeopardize Medicare's future.

The legislation we will consider tomorrow ends the prohibition on price negotiations. It takes the handcuffs off Medicare and enables Medicare to negotiate price discounts—the kind of discounts Medicare should receive, given the huge volume of medicines it purchases.

Medicare is a system with more than 40 million Americans in that system. That kind of bulk discount buying will save billions—tens of billions—of dollars for American taxpayers and for senior citizens.

The drug industry, however, has taken to the airwaves, as it always does, and gone to Nation's newspapers to fight this legislation. In the Washington Post today is an example of an outrageous kind of ad the drug industry has written: "89% of Voters Oppose Government Negotiation of Medicare Drug Prices." That is what it says: "89 percent of Voters Oppose Government Negotiation of Medicare Drug Prices." That does not even pass the straight-face test. I hardly know anyone in Ohio—a Democrat, a Republican, an independent—I hardly know anyone

who does not think the Government should use the bulk discount process of negotiating directly with the drug industry on behalf of 40 million Medicare beneficiaries. Yet, they claim, in bold print, in a full-page ad that costs tens of thousands of dollars—not much for the drug industry, to be sure—that "89% of Voters Oppose Government Negotiation of Medicare Drug Prices."

If you read the small print, it says:

Majorities of Democratic, Republican and Independent voters do not want the government negotiating prescription drug prices under Medicare. In fact, 89 percent oppose government negotiation if it could limit access to new prescription medications.

Well, no kidding, if it limits access, then they say they do not like it. But, of course, they do not. And, of course, because of high drug company prices, we are seeing limited access to prescription drugs.

How many times, I say to the Presiding Officer, in New Jersey or in Ohio or in Nevada or in Iowa do we hear stories from our constituents who have decided, because they cannot quite afford the drugs, they are going to cut a pill in half so their prescription will last twice as long, or they are only going to take a tablet every other day, even though they are prescribed to take it every day, so their prescription lasts longer? How often do we have to hear that?

That is the issue of access, that too many seniors, too many middle-class Americans, too many low-income Americans simply cannot afford to pay for their prescription drugs because the price is so high because of the drug companies, with their billions of dollars in advertising, with their hundreds of millions of dollars they spend on 600 lobbyists in this institution. There are, at last count, over 600 people paid by the drug industry to lobby this Congress. There are only 535 of us here in Congress; 100 in the Senate, 435 in the House. They have more than 600 lobbyists to talk to us. These most recent ads are particularly offensive.

Allowing Medicare to negotiate lower priced medicines will not reduce access to medicines, it will increase access. If we get lower priced drugs, more people who have these prescriptions will be able to fully fill their prescriptions so, in fact, they will get access to drugs. That is why lower prices for Medicare mean lower copayments for seniors, and that means increased access to medicines.

That is why AARP supports allowing price negotiations. That is why the Alliance for Retired Americans supports allowing price negotiations. That is why the Committee to Preserve Social Security and Medicare supports allowing price negotiations.

The drug industry, again, stooped pretty low with this misleading poll, and then with this very expensive—tens of thousands of dollars for this one ad in one newspaper in the country. I wonder if there is any line the drug industry would not cross when it comes

to preserving the sweetheart deal they have in this country, where they have far too many politicians in the Senate and in the House, far too many of our colleagues, who simply, again, over and over and over, do the drug companies' bidding.

Every other developed country in the world, as I said earlier, gets better priced prescription drugs than we do. Every other developed country in the world gets better prices than we do. That is because these countries do not put up with the grossly inflated drug prices our Nation does. It is because their drug company lobbyists or their drug company media campaigns simply may not be as effective in France and Canada and Germany and Israel and Japan and Mexico, and all over the world, where drug prices are a half or a third or a fourth of what they are here.

We will put up with most anything, it seems, if an industry has deep enough pockets and an army of lobbyists. Prohibiting the Government from negotiating volume discounts on prescription drugs simply makes no sense. The Government negotiates the price of everything else it buys.

When the Architect of the Capitol buys carpeting for the Senate floor—as we look around at this very nice blue carpet here—they do not take the manufacturer's word that a fair price would impair fiber research. We do not say whatever the carpet makers want, we will pay because it costs a lot to do this research to make these rugs beautiful and make this carpet last, when so many feet walk over it.

When the Park Service buys ranger uniforms, it does not take the first bid that comes in. It gets good quality at the lowest price possible.

But with drugs, the President and his allies here in Congress—and we know how much money the drug industry gave to President Bush; and we know the kinds of effective lobbying the drug industry employs in the Senate—the President and his allies here in Congress say the Government must pay any price the drug industry wants to charge.

That policy is more than a mistake; it is a joke on the American people. It is a betrayal of our constituents. The drug companies are laughing all the way to the bank.

We need to pass this legislation tomorrow and let Medicare bargain for the prices that Medicare beneficiaries deserve.

REMEMBERING FELIX WILLIAM RIVERA

Mr. REID. Mr. President, I rise today to honor the memory of a great Nevada educator and coach, Felix William Rivera. Felix, a physical and health education teacher in the Clark County School District in Las Vegas, NV, was involved in a fatal car accident on February 8, 2007.

Felix proudly lived in the Las Vegas metropolitan area all of his life. He

graduated from Basic High School in 1991 and the University of Nevada, Las Vegas in 1996 with degrees in secondary education and sports medicine and certification in athletic training. As a student teacher, Felix was selected as a Distinguished Student Teacher of the Year Award. He began his teaching career at Swainston Middle School in 1997, and thereafter served as a Physical Education Coach and Athletic Trainer at Western High School and Health Teacher and Athletic Trainer at Desert Pines High School.

Felix went above and beyond his job responsibilities in order to provide students with the opportunity to learn and succeed. He spent countless hours treating students who had limited access to health care. Oftentimes, he would arrive early to school in order to provide treatments, limited therapy, or counseling to students who simply needed a listening ear. Felix had outstanding listening skills and frequently utilized his networking base to connect students with the proper resources. As one of his former students noted, "Not only did Mr. Rivera teach health, he also taught us about life and steps we needed to take in order to become successful." A fellow teacher at Desert Pines High School described him as a "role model for students who took great pride in every lesson that he taught." A teacher and friend further commented on his congenial personality, "He was the kind of person who had an innate ability to get right to the point, an ear-to-ear smile that was contagious and a well-known sense of humor."

It is clear that Felix was a dedicated educator, a role model, and a mentor who left a lasting impression on his students. On April 18, 2007, family, friends, students, and colleagues will honor his legacy by dedicating a mural with the words "hard as steel with a heart of gold" in the training room at Desert Pines High School, where he spent much of his time counseling students. I join in honoring Felix and extend my deepest sympathies to his family and friends, especially his wife and high school sweetheart, Alice "Cookie" Masterson and children, Anthony and Felicia. He is deeply missed and his service and dedication to the students of Clark County will always be greatly appreciated.

ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL ACHIEVEMENTS

Mr. AKAKA. Mr. President, when I began my chairmanship of the Veterans' Affairs committee this January, I assured my colleagues that we would renew our focus on the need for cooperation and collaboration between the Department of Defense and the Department of Veterans Affairs. As we look at the way these two entities work together, it is important that we highlight the good work and progress being made. One example of progress

and excellence in collaboration can be found at the Army Medical Department Center and School, located at Fort Sam Houston, which trains Army, Air Force, and VA nurses.

This year, U.S. News and World Report ranked the Army Medical Department Center and School second in the Nation for their anesthesia nursing program. They missed first place by just a tenth of one point, and have improved their score from 3.8 out of 5.0 in 2003, to 4.0 out of 5.0 in 2007. This notable achievement brings added credibility to their already prestigious program.

Since 2004, VA and DOD have partnered to train VA nurse anaesthetists to work in the VA health care system, the largest health care system in the country. The first class of VA nurse anesthetists recently graduated from the Army Medical Department Center and School. Their graduation represents what I hope will be a steady flow of highly qualified VA nurse anesthetists using their skills and knowledge to give veterans the high-quality health care they have earned through service.

I realize that, with the private sector offering six-figure salaries for nurse anesthetists, those who chose to work within the military and VA do so not for personal gain. They stay to respond to the higher calling of caring for servicemembers and veterans in their times of need, and are to be commended for their dedication and their work. In that spirit, I say 'e ho'omaika'i ia'oukou, or congratulations, to the graduates, students, faculty, staff, and others who have worked to make the Army Medical Department Center and School the success that it is today.

RECOGNITION OF CANUTE DALMASSE

Mr. LEAHY. Mr. President, today I honor Canute Dalmasse of Stowe, VT, who is retiring after 36 years of dedicated service to the State of Vermont, working to conserve, protect, and enhance our State's natural resources. His extraordinary contribution to the stewardship of Vermont's natural environment calls for special recognition.

Canute retires as the deputy secretary of the Vermont Agency of Natural Resources, overseeing fish, wildlife, forests, parks, recreation, and environmental conservation programs and recently served with distinction as acting secretary. His career began in 1971 as one of the first district coordinators implementing Vermont's landmark Act 250 environmental law that uses a holistic approach looking at environmental, visual, and social criteria to assess potential development impacts. A proven leader and innovator, he has served as director of the Office of Water Resources and commissioner of the Department of Environmental Conservation.

Canute is an avid boater and angler on Lake Champlain and an unflinching