

I would be satisfied at this time if we were able to accomplish that goal. I would hope that would be a goal we could all embrace. But I know there are two ways to fail in achieving that goal. One would be to give up and to have a precipitous withdrawal of our troops or to cut off funds to support our troops now or to try to micromanage from Washington, DC, how many troops are in the field or under what circumstances, what the rules of engagement might be. The other way is to actually try to see whether the President's proposal demonstrates any improvement or progress in Iraq, which I would think we would all welcome, if, in fact, that happens. But of course, we can't guarantee that. No one knows whether that plan will be successful for sure. I do believe the President has attempted to get advice from the very best military minds available—people such as GEN David Petraeus, who hopefully will be confirmed here shortly to serve as the head of coalition forces in Iraq; people such as Admiral Fallon, who will take over as CENTCOM commander—while continuing to rely on the advice of people such as GEN George Casey and GEN John Abizaid, whom those two gentlemen will be succeeding.

It strikes me as odd to say we are going to give up on this new plan, which many have clamored for months and maybe even years, before we have even had a chance to implement it. Indeed, the fact is we have had as many as 160,000 troops in Iraq at any given time, where now we have approximately 130,000. And even this so-called surge will not bring us up to the maximum number of troops we have had in Iraq at any given period of time.

I think we ought to take a moment and think about what is being proposed here in terms of nonbinding sense-of-the-Senate resolutions, attempts to micromanage the conduct of the war and the battlefield, because I truly believe if we are to allow Iraq to descend into a failed state, that it will, like Afghanistan did after the Soviet Union left, serve as a launching pad for terrorist organizations to train, recruit, and launch terrorist attacks to other parts of the world, including the United States, and that more American civilians will die as a result.

Of course, there is also the issue of a regional conflict. We have already heard from people such as the Saudis that if, in fact, the Iranians take advantage of the Shiites' momentum in Iraq in that there is ethnic cleansing of Sunnis in Iraq, that likely the Saudis will come in in an effort to prevent the ethnic cleansing of Sunnis, and there will certainly be other countries drawn into what will be a regional conflict.

It is not only responsible for the critics of the President's plan to say what they would do differently, but also to explain how they are going to deal with the consequences of a regional conflict in Iraq, should that happen. I do believe that is likely to happen unless we

try to see whether the President's plan, in consultation with bipartisan groups such as the Iraq Study Group and in consultation with the very best military minds in the world, has a chance of success.

I don't know of any American who would not support an effort to win and to stabilize Iraq, to provide a means for it to govern itself and defend itself if, in fact, that is in the best interest of the United States, which I believe it is.

Mr. KERRY. Would the Senator allow me to interrupt for a request and I will ask unanimous consent that the interruption not show in his comments?

Mr. CORNYN. I don't know what the interruption is for.

Mr. KERRY. I want to make request to get into the order, if I could.

Mr. CORNYN. I would prefer if the Senator wait until after I am through talking rather than interrupt my comments. I have no objection if he would like to be added to the end of the current unanimous consent request to be recognized after the Senator from Colorado. I ask unanimous consent that that be the case.

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

PRESCRIPTION DRUGS

Mr. CORNYN. Mr. President, let me mention one other subject while I am up, and that has to do with the comments of the distinguished Senator from Oregon about Medicare prescription drugs and the success of the Part D Medicare prescription drug program. I don't know of many governmental programs that have met with more success than this prescription drug program, in terms of the acceptance of America's seniors and the way it has allowed them to get access to prescription drugs at a reasonable cost that they were never able to access before. But I do have grave concerns about those who would attempt to basically interfere with that successful program by imposing Federal controls on the price for which these pharmaceuticals may be charged under the guise of some negotiation. When the Federal Government negotiates with a private entity, there is no real negotiation; it is a take-it-or-leave-it proposition.

I pose as exhibit A to support that the current VA health care system, which is held out as a model by which this kind of negotiation could go forward. The fact is, the VA system is pointed to as a model by which this Government negotiation could occur, and today that system does not supply nearly the variety of pharmaceuticals to its beneficiaries the Medicare system does.

I have read in various places that the number ranges from 19 percent—I have heard as high as 30 percent—of the drugs that are available to Medicare beneficiaries are available to veterans under the VA system because of this feature. So when you impose price con-

trols, which is what is being advocated by those who want to change the current successful system of Medicare prescription drugs, basically, what we are going to find is a rationing effect. I would think that would be the last thing any of us would want to do—to ration the prescription drugs available to our seniors under the enormously successful Medicare Part D reform we passed in 2003.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

PRESCRIPTION DRUGS

Ms. STABENOW. Mr. President, I rise today to speak to the Medicare prescription drug benefit. I have a different view, and the Michigan seniors and people with disabilities who are trying to access this program have a different experience and view than my friend from Texas.

As I said yesterday, I think it is incredibly important that we join with the House of Representatives to do the first step, which is to require negotiation for the best price on prescription drugs through Medicare. I also know there is incredible confusion, that seniors have been offered a variety of private choices but not the one that most seniors asked for, which is to be able to go through Medicare and sign up as they do for Part B and the rest of Medicare and get a good price. I also know there is great concern from seniors who find themselves in this gap, somehow being called a doughnut hole, but the gap in coverage where you continue to pay a premium but don't receive any help. There are a number of concerns I hope we are going to address.

Number 1 needs to be to say clearly that we want the Secretary to negotiate the best price for people. Right now, as we know, the law actually prohibits, actually stops the Secretary from using the bargaining power of all of the seniors and the people with disabilities on Medicare to be able to get the best price. Why in the world does that make sense? In fact, it doesn't make sense—particularly for something that is lifesaving; it is the major way we provide health care today from a preventive and maintenance standpoint, as well as in a crisis.

There are huge differences between the way the Veterans' Administration successfully serves our veterans and what is being done through, unfortunately, inflated prices through the Medicare system that not only seniors are paying, disabled are paying, but taxpayers are paying as well.

Yesterday, I talked about a report—and I want to talk to that today—from Families U.S.A. released last week, which looked at 20 prescription drugs commonly used by seniors. The results are startling. The report compares the prices the private Medicare Part D plans charge and the prices obtained by the VA, which negotiates for low drug prices on behalf of America's veterans.

It showed, again, what we have been seeing over the past year: For each of the top 20 drugs prescribed to seniors, the lowest prices charged by any of the top private Part D providers are higher than the price secured by the VA. It is not just a little bit higher, but in many cases it is astoundingly higher.

Let's look at some examples. I am mentioning specific drugs, not to pick on particular drugs, but we talked about the fact in the committee that transparency, the ability to compare price, and the ability for people to know what they are purchasing is very important. This is something we want the Secretary, on behalf of the people of America, to be doing—looking at the differences in these prices, and the particular points where there is a wide disparity, using their negotiating power to be able to step in on behalf of seniors and the disabled.

When we look at Zocor, which I mentioned yesterday—the drug many seniors use to control their cholesterol levels—the lowest VA price for a year is just over \$127. The lowest price under a private plan is \$1,485.96—over a 1,066-percent difference. That is astounding. I argue that you could still continue to work with the Federal Government and partner to do research and bring that price down.

Why should seniors pay \$1,359 more in a year for this particular prescription drug than veterans do? It is exactly the same drug.

Now, I also mentioned Protonix yesterday. It is the same thing. We are looking at \$214.52 for a year, the VA price, negotiating the best price, and \$1,148.40 with the lowest Part D plan, a difference of 435 percent.

It is the same thing as we go through the next one, which is Fosamax, which is a 205-percent difference, and on down.

We are talking about substantial differences in price—some smaller than others. But the reality is negotiation works. All we have to do is look at the fact that, on average, we are seeing a price difference of 58 percent between the Veterans' Administration and what is happening from the lowest possible plan with the top 20 most prescribed drugs for our seniors. In other words, for half of the drugs our seniors need most, the lowest price charged is almost 60 percent higher, and it is not demagoguery to say people are choosing between food and medicine. It is not. It is not an exaggeration to say that right now somebody is sitting down and deciding: am I going to pay the heating bill or get the medicine I need? That is the reality for people. We need to have a sense of urgency about fixing this.

I also want to speak to the fact that we have heard a lot about the VA. Unfortunately, we have heard things that are not true, according to information from the Veterans' Administration. Yesterday, I was asked if I knew there were well over 1 million veterans who moved to Medicare Part D. The asser-

tion was made that veterans were leaving the VA because the VA could not give them the drugs they wanted. I knew there were veterans who were adding Medicare Part D coverage. We went back to look and see what that was all about after I received that question. In fact, approximately 280,000 veterans have signed up for Medicare. They are not leaving the VA. In fact, it is not even clear that they are getting any drugs through Medicare at this point. They may have done it to add extra coverage. We are not sure what that mix is, but we are not talking about a million veterans or more running to leave VA because it is such a bad program.

Moreover, according to both the Government Accountability Office and the Institute of Medicine, the VA system is working well. According to the GAO, an overwhelming majority of VA physicians report that the formulary, the grouping of drugs that are available, allows them to prescribe drugs that meet their patients' needs.

The Institute of Medicine has reported that veterans believe their needs are being met. Access to drugs is an issue in less than one-half of 1 percent of the complaints about the VA health system. One-half of 1 percent relate an inability to be able to get the medicine they need.

I also need to point out that at our Finance Committee hearing last week it was mentioned that there are fewer drugs available to our veterans. In fact, we have heard it today on the floor. That is exactly the opposite of what is true. The VA actually has more drugs on its formulary, its list of available drugs. I have not heard anybody say, first of all, that we should take the VA system and impose it on Medicare. But there is a lot of misinformation about what is happening in the VA and what is happening for our veterans, and there is a lot we need to do to focus on the reality and the facts of the huge disparities, an average of 58 percent, and the highest is over 1,000 percent.

I find it very interesting that, on the one hand, we hear two different kinds of arguments occurring. One is that negotiation will make no difference in price. On the other hand, we hear we will lose lifesaving research because of negotiation. Those two arguments don't fit together, even though they are being made by the same people. We don't have to worry about research and development if, in fact, negotiation doesn't lower prices. I argue—and I think common sense dictates—that when you are looking at a 1,000-percent difference in price, at the fact that the American taxpayer is contributing, on average, at least as many dollars for research as the brandname industry is—overall, at least contributing that, because we want the lifesaving drugs—when you look at all of the facts, it doesn't add up; it doesn't add up for anybody but the industry itself to be able to argue that they want to keep the prices this high. I appreciate that.

Any industry that has such a significant advantage certainly wants to fight to keep it. But I am very hopeful we will join with the House in saying this is lifesaving medicine, it is not an optional product, and we have to get the best price for our seniors and for the disabled in America.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Colorado is recognized under a unanimous consent agreement for 10 minutes.

ENERGY DEPENDENCE

Mr. SALAZAR. Mr. President, I rise today because our dependence on foreign oil is dangerously out of control and it is putting our Nation at risk. It is weakening our defenses and undermining our power around the world.

From my point of view, as I look at the defining issues of the 21st century, there is no doubt in my mind that our energy security is at the very top of those issues which we must address. We must address it because of national security implications, because of our economic security, and because of the environmental security of the United States of America.

First, with respect to the national security of our country, it is incredible to me that in this year, 2007, we are importing 60 percent of our oil from foreign countries, and 22 percent of the world's oil reserves are official sponsors of terrorism that are under some kind of U.N. sanction. When we look at the conflict underway in the Middle East, when we look at the tensions with Venezuela, we in the United States of America are putting our very national security at risk simply because of our overdependence on foreign oil.

Second, the economic security of the United States of America is very much at risk as well. We need to have a new energy economy that will produce jobs in the United States of America and give us stability with respect to the costs that go into our energy economy.

Third, the environmental security of our Nation is also very much at risk.

As we move forward to try to address issues such as global warming, it is important for us to address this issue from a national security point of view, an economic security point of view, and environmental security point of view. Therefore, I believe the Congress and President Bush, Secretary Bodman, and others who are involved in this effort have to get very serious about our energy security. It is time for us to put rhetoric behind us.

As we heard last week in the Senate Energy Committee, we have a pre-9/11 energy policy that is failing us in a post-9/11 world. We have an energy policy which is still a pre-9/11 energy policy, and it is failing us in this post-9/11 world. We must take dramatic steps to reduce our dependence on fossil fuels,