the amendment if it were, in fact, prospective.

The amendment has a complicating factor in addition to that; that is, there is a prohibition against any official contact with any spouse of a Member who is a registered lobbyist under the Lobbying Disclosure Act. That is not any lobbying contact, it is official contact. Now, what is official contact? Does this mean the spouse, if he or she happens to have been a lobbyist for a substantial period of time, cannot attend the Supreme Court dinner which just took place? That could be interpreted as an official contact. Is it an official contact if the individual calls the scheduler of her husband's or his wife's office and asks for some information on the schedule? I am surprised—and I didn't know this—that this amendment has the words ''official contact.'' You can be sure that even if it said: Well, it is not an official contact, that someone will make the argument: Oh yes, it is an official contact if you attend the Supreme Court dinner with your spouse.

Again, I would repeat, this is retroactive legislation. We know it affects people in this body who have worked, helped support their families. I don't recall another time when we have enacted this kind of legislation.

So it concerns me, and it concerns me if it is overly repressive, such as using the words ''official contact.'' I am puzzled as to why, when the majority leader offered that if it had a grandfather clause, we would accept it, it wasn't taken, unless the intent is essentially to sever people from their ability to have anything to do with this body, whether it is simply as a spouse or as a professional.

So I have some concerns about this amendment, and I wanted to take this opportunity to express them, and hopefully the author will respond.

Mr. VITTER. Will the Senator yield?

Mrs. FEINSTEIN. I certainly will.

Mr. VITTER. I thank the distinguished Senator from California for those points and questions. Let me respond to each one.

First, I think what you said, literally at the very beginning of your comments, says it all. You said this would be fine if it didn't affect anyone, but it does. This would be window dressing if it didn't affect anyone, if it did not do anything. But, yes, it does. And it should.

Mrs. FEINSTEIN. Will the Senator yield, please?

Mr. VITTER. I will be happy to, after I finish my comment.

Mrs. FEINSTEIN. Because I said ''presently employed,'' if I may, through the Chair. To clarify that, I said anybody ''presently employed.'' We know it affects people. We know it would affect people in the future. We also know it affects people presently employed.

Mr. VITTER. Reclaiming my time, the point is, yes, it is a great vote as long as it doesn't affect anyone here, as long as it doesn't affect anyone in the body now, as long as it doesn't affect any spouse.

I disagree. If it is a conflict, it is a conflict. If it is a problem, it is a problem. Having done it in the past doesn't cure the conflict, doesn't cure the problem. I think demanding that a grandfather clause be attached to this is the height of cynicism. We are going to reform things as long as it doesn't affect us. I think that is bad policy and I certainly think it is a very negative message to send to the American people—although it may be a rather clear message about what this debate and exercise is all about.

In terms of the question about official contact, I think that is very clear because it is in the context of the lobbyist disclosure law. It is in the context of lobbyist contact. However, if the Senator continues to believe it is not clear and wants to offer any clarifying language, I would look at that and work with the Senator. I will be happy to work on clarifying language. Obviously, no one wants to prohibit spouses from going to the Supreme Court dinner or anything else. I think that is a relatively—I don't think it is a problem. But even if you think it is one, I believe it is an easy problem to solve.

Mrs. FEINSTEIN. If the Senator will yield for a moment.

Mr. VITTER. Certainly.

Mrs. FEINSTEIN. Through the Chair, on line 5, if you substituted ''lobbying'' for ''official,'' I think that would do it.

Mr. VITTER. I will be happy to look at that and respond to that suggestion. Certainly, if there is any ambiguity there, and I don't think there is, I will be eager to clarify it and work on it.

Mrs. FEINSTEIN. I thank the Senator.

Mr. VITTER. Again, I think this goes to the heart of the matter. I think this grandfather clause issue goes to the heart of the matter. Are we going to do something that ''doesn't affect anybody,'' that doesn't matter in terms of people here and now and make a big show of it or are we going to make a difference and stop practices that the huge majority of the American people think are a real problem?

I hope we are going to do the latter. I hope we are going to be real and substantive and not go through a PR exercise, and I think the American people are watching to find out. I think this, among other votes, will be a clarifying moment.

I thank the Senator for her questions and I look forward to continuing the discussion.

I yield the floor.

Mrs. FEINSTEIN. Madam President, if I may, I thank the Senator. Perhaps our staffs can get together directly and take a look at this. I appreciate it.

RECESS

The PRESIDING OFFICER. Under the previous order, the hour of 12:30 p.m. having arrived, the Senate will stand in recess until 2:15 p.m.

Thereupon, the Senate, at 12:34 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mrs. CLINTON).

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KERRY. Madam President, I ask unanimous consent I be permitted to proceed as in morning business.

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

TRIBUTE TO NANCY STETSON

Mr. KERRY. Madam President, one of the best things about the Senate and the character of this place and the opportunity it provides all of us is we are privileged to work with people as our experts on our committees and our aides who, even more than many of us, dedicate decades to this institution and to the causes that bring them to public service.

They do it selflessly, never seeking the headlines but always trying to shape those headlines, making contributions that are most often left in the unwritten history of this institution and of the country.

The fact is, though, as my colleagues know, it is these individuals and their commitment that really writes that history and makes an unbelievable contribution to the country as a whole.

One such person I have had the privilege of working with for the entire time I have been here, for 22-plus years. No one is a more dedicated, harder working, more idealistic, passionate, and effective example of that special kind of public service than Dr. Nancy Stetson of the Senate Foreign Relations Committee, who is retiring this year after over 25 years of remarkable service—groundbreaking service, really—to the Senate.

As a young and idealistic doctoral student, Nancy first came to Washington to work on her thesis and to ask the question whether a single legislator could make a difference in the shaping of American foreign policy. Her subject was Senator ''Scoop'' Jackson and the long record that he amassed in the Cold War through the legislation that to this day bears his name, the Jackson-Vanik waiver.

Nancy found that on Capitol Hill, despite the Historians' fixation on the rise and fall of the imperial Presidency, one Senator can make a lasting impact on America's role in the world. But it has really been for her role to the Senate Foreign Relations Committee and to me personally that I want to pay her tribute today.

She began working for Senator Pell from her beloved home State of Rhode Island and, then, of course, for Chairman BIDEN. I really inherited her in a sense from Senator Pell because when we came into the majority in 1986, Senator Pell was a chairman who believed in delegating responsibility. I was then the chairman of one of the subcommittees that had jurisdiction over the

State Department budget and a number of issues that sort of brought Nancy to me.

So there she was, one Senate staffer with a lot more knowledge on how the committee and the Senate worked than I had. She was committed, dogged, and determined to make this kind of impact or to affect the life of a Senator life who was trying to make that impact.

So I ask my colleagues to consider the legacy of this remarkable staff person. Among her many proud accomplishments as a senior aide on the Senate Foreign Relations Committee was the South Africa sanctions bill and the normalization of relations between America and Vietnam that culminated in the signing of the United States-Vietnam trade agreement in the last Congress.

I am also particularly proud of Nancy's work as the principal architect of the Vietnam Education Foundation and the Vietnam Fulbright Program. These are two programs that we worked on during the 1990s together, but it was really her sense of the possible and her willingness to do a lot of the detail work that helped to bring them to maturity.

Working with a very close friend of mine, a Vietnam veteran from Massachusetts, we helped to shape, and she helped to shape, what is now the largest Fulbright program of the U.S. Government, the program with Vietnam. We have students from Vietnam studying at Harvard in Massachusetts and likewise professors and others going from Harvard to Vietnam to help train their new technicians and leaders of the future.

I think Nancy and I both believed for the years we spent in a war that became so controversial and tore this country apart—which set out as our goal to transform a country, Vietnam—that this was the best way to complete that task; that the war in a sense had not ended, and there was a way to try to ultimately make peace with Vietnam, with ourselves, and build a new future for that country and for ours.

This Vietnam Education Foundation and this Fulbright program have been instrumental in helping us to do that. And today, Vietnam is simply a transformed, extraordinarily different country. It was an innovative policy, and it was a master stroke of public diplomacy for which Nancy deserves enormous credit. Without her vision and her perseverance, we would not be able to talk today, in foreign policy, in terms that say that Vietnam is not just a war but a country. It became a country because of this kind of effort and this kind of outreach in the consciousness of Americans.

We have a relationship today that we could have never imagined when so many of us were in uniform so many years ago. It is no exaggeration to say that entire effort of normalization also was part of Nancy's craftsmanship. And I will talk about that in a moment.

In addition to the normalization with Vietnam, Nancy contributed enormously to global health issues and to some of the most significant policies of any industrialized country against diseases of poverty. Her work on malaria, TB, and AIDS, where she fought to significantly increase the U.S. contribution to the Global AIDS Fund, were among her proudest accomplishments. People across the world today literally owe their lives to Nancy's work.

I remember when we began that effort, Senator Helms was then chairman, and a lot of people said: You are never going to get anything through this committee. Well, with slow and steady work, we not only got it through the committee, we got Senator Helms, to his credit, to be one of the principal cosponsors of this effort.

Together with Senator Frist, we drafted the first original comprehensive plan on AIDS that passed the Senate and which became the centerpiece of how we are approaching particularly Sub-Sahara and Africa today, but really our global efforts to try to deal with this scourge that is growing, I might say notwithstanding those efforts, for lack of global initiative and effort to focus on it.

Over the last 22 years in the Senate, Nancy Stetson and I traveled to many parts of the world. We went to Latin America, to Central America, to East Asia, to the Middle East, to dozens of countries on more trips than I can count. And I will tell you something. Nancy has the ability to win the ''Amazing Race,'' for those of you who have ever seen it. She secured meetings with heads of state, Nobel Prize winners, and unsung health advocates in some of the poorest countries of the world.

She pulled me and other staffs through the wilds of Myanmar, negotiated travel to remote areas of Vietnam, handled the logistical complexities of visiting Indonesia, Cuba. She gave up weekends, holidays, and vacations. And on trips she would stay up into the night, preparing for a press conference or a speech or a policy statement, and convincing the hotel business centers to open at 2 a.m. in Hanoi or Bangkok.

She gave up her 50th birthday. We celebrated it in New Delhi. It is hard to overstate the long hours, the incredible effort, the passion, and the personal sacrifice that Nancy has put into working for me and for her country.

She was indefatigable, and I am incredibly grateful. I might add that on occasion there were some very tricky moments in Vietnam when we were trying to open prisons and open the history centers in order to resolve the issue of POW–MIA, and it required some delicate negotiations. For American soldiers to be reentering Vietnamese prisons and communities by helicopter was an emotional leap for the Vietnamese to make. Nancy built wonderful relationships with leaders, with those people who could make those doors open. And, indeed, they did. I am grateful to her for that.

She was incredibly loyal, brilliant, blunt, honest, absolutely smart as a tack, and wiley. She always asked the questions that needed to be asked of me. Time and time again, when I failed to ask the right question before a witness at our committee, I could always expect that tap on the shoulder and the passing of a note, a reminder from Nancy of what really should have been said or really should have been asked.

Part prosecutor, part conscience, part intellectual, on matters of foreign policy, I was proud to think of her as an alter ego. And I hope that in some of my better moments, if there were a few, she thought the same of me.

She could step in as a surrogate Senator at the drop of a hat, and I mean that literally. When a massive fire took the lives of six of our firefighters in Worcester, MA, immediately—I was in Asia at the time in Myanmar and about to meet with Aung San Suu Kyi—and I immediately canceled all my meetings and flew back to be in Worcester. But Nancy stayed there and soldiered on and went to my meetings for me. In Burma, meeting with dissident Aung San Suu Kyi, she was herself living out her own commitment on the diplomatic stage with poise and with courage and with intelligence that I think is a credit to the Senate.

Nancy's first love was Africa. She started her career focusing on it. Many years later, she returned to work on the devastating health issues plaguing the continent now. She had a knack for seeing reality quicker than most. She was never swept up by the headlines or the political sales pitch.

She was prescient in seeing the disastrous path that has played out in Iraq for what it is and for helping me to devise a policy going forward. She has never been afraid to act on her conscience.

Nancy is headed now to Massachusetts to become the vice president for health policy at the New England Health Care Institute. Her Senate family will miss her more than we can ever properly express. Even as we wish her good luck and much happiness in her new endeavor, I hope she knows she is not going to escape my badgering e-mails or 3 a.m. phone call from Baghdad or Amman to mine her thoughts.

I have worked with Nancy longer and probably more closely than I have worked with just about anyone in my time in the Senate. As I mentioned, we traveled the world together. Although she may not realize it—I may not have said it in so many words in those long flights to Asia or back, or during the many long hours and late nights here in the Senate—I know in my heart I could not have done it without her energy, without her drive, her grit, her tough-mindedness, and her loyalty.

She has worked long and hard without ever getting the credit she rightly

deserves for the amazing things she accomplished in her time in the Senate. So I just want to say thank you to this special woman for her contributions to this institution and to our country.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Madam President, I ask unanimous consent to speak as in morning business.

Mr. BENNETT. Madam President, may I inquire as to how long this presentation will be?

Ms. STABENOW. No more than 10 minutes.

Mr. BENNETT. I have no objection.

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

The Senator from Michigan.

Ms. STABENOW. I say thank you very much to my distinguished colleague from Utah managing the floor.

PRESCRIPTION DRUGS

Ms. STABENOW. Madam President, I felt it was important today to come to the floor and speak about the efforts of the House of Representatives to lower the cost of prescription drugs for our seniors. There has been a measure passed that will require that the Secretary of Health and Human Services negotiate prices. It sounds like something that is pretty straightforward and common sense: to negotiate the very best price for our seniors and people with disabilities.

I know my distinguished colleague and friend, the now-ranking member of the Finance Committee, has spoken about his objection to that approach. I think it is important that we also have voices speaking out about why we believe this makes sense for Medicare, for taxpayers, for our seniors, and for the disabled.

The facts really bear out that this makes sense. We are not talking about whether we do research and development on new breakthrough drugs versus being able to get prices that are affordable for our seniors. There is an ample way to be able to do both. In fact, we, as taxpayers, provide a tremendous amount of the money that is currently being spent on R&D, and it is important we know we can afford the medicine that we are helping to pay to have developed.

A report by Families USA, released last week, looked at the prices of prescription drugs most commonly used by our seniors. The conclusion could not have been more clear. The report compared the prices the private Medicare Part D plans charge now and the prices charged by the Department of Veterans Affairs, the VA, which negotiates, as we all know, for the best price on behalf of America's veterans. The report showed, again, what we have been seeing over the past year. The lowest drug prices charged by the private Part D plans are significantly higher than the prices obtained by the VA.

Among the top 20 most used drugs, the median difference between the lowest Part D plan and the lowest VA plan is 58 percent; 58 percent difference between what the VA is able to do for veterans and taxpayers versus what is happening under the Medicare Part D plan. In other words, for half of the drugs our seniors need most, the highest price charged by the private drug plans is almost 60 percent higher. That makes no sense. I hope we will act to change that.

It can be a lot worse, however. When we look at half of the top 20 drugs, the highest price charged by a private plan is twice as high as the average price through VA for the lowest priced drugs. Seniors and people with disabilities who get their drugs through Medicare are forced to pay more because the law actually prohibits the Secretary of Health and Human Services from negotiating the best price. It is not only that they are trying and are not able to do it; the law that was passed prohibits them from doing that. That does not make sense.

We have all heard from seniors, from families, from people with disabilities across the country trying to wade through all of the private plans and the complexities and dealing with the doughnut hole, and so on. We know that, in fact, one of the reasons that there is that gap in coverage is that we are not using the purchasing power of the Federal Government through Medicare to get the best price so that our dollars and the dollars of the people on Medicare are stretched as far as possible to help people get the medicines they need.

Mr. BENNETT. Will the Senator yield for a question?

Ms. STABENOW. I am happy to.

Mr. BENNETT. Is the Senator aware of the fact that there are well over 1 million veterans who have moved to Medicare Part D rather than the veterans plan because they find that the restricted formulary in the veterans plan has made it impossible for them to get the drugs they want? And one of the reasons the VA plan is cheaper is because they are rationing drugs? Is the Senator aware of the fact that many veterans have, in fact, moved to Medicare Part D for that reason?

Ms. STABENOW. Yes, reclaiming my time, I am aware that, in fact, there are veterans who have moved to the Medicare system. One of the reasons the House bill that passed did not include a national formulary was because of those kinds of concerns. We are not talking about that. We are talking about the ability to negotiate to get the best price. I would also say, though, from the VA's standpoint, that there are millions of veterans who are getting much better prices as a result of the fact that they can negotiate the best price for veterans. We are working to find that balance to provide a choice so that you can get the specific prescription drug that you need but at the same time be able to get the best price. I don't know why we wouldn't want to do that. It makes absolutely no sense not to do that.

We are seeing huge differences on prescription drugs that are commonly used by our seniors. Let me give an example. Zocor, which is a drug many seniors use for keeping their cholesterol levels under control, the lowest VA price is about $127 a month. But people under Medicare are paying $1,486. We are talking about a difference of over 1,000 percent. If you account for an aggressive R&D budget, if you account for differences, there is a lot of wiggle room when you are talking about a 1,000-percent difference in price between someone going through the VA and someone going through Medicare. I don't understand why we would not say to the Secretary of Health and Human Services: We want you to negotiate a better price for Zocor.

There were 7.5 million veterans enrolled in the VA health system in 2005. The administration estimated that over 29 million seniors were enrolled in private plans last year. So there are four times more seniors enrolled in Medicare than there are people under the VA system. And I do not understand—to me it defies logic—why we would not give them the same negotiating power.

I would also like to give the Secretary a chance to negotiate a better price for Protonix, a drug that is commonly used to treat heartburn. The lowest VA price for Protonix for a year is $214.52. Seniors paying the lowest private Part D price have to pay $934 more to get their heartburn treated. Again, that makes no sense. Older Americans are forced to pay 435 percent more for Protonix because the Secretary is forbidden from negotiating prices on behalf of our seniors. When we look at what is happening, the claim that private plans could actually negotiate a better price under Medicare but also under Medicaid has not borne truth.

The Wall Street Journal, the New York Times, and expert testimony before the Finance Committee last week all indicated that, in fact, drug prices are now higher for these individuals, those who were before on Medicaid and now on Medicare. These are our poorest seniors and people with disabilities. Our seniors are being charged more than veterans for the same drugs and our poorest seniors are not getting the price break we had anticipated. It doesn't make sense to me why we would be paying more and why prices would have gone up once Medicare came into place for prescription drugs, why prices have gone up rather than down.

There are two arguments that I am hearing all the time. One is that we can't possibly rigorously negotiate for lower prices for seniors and people with disabilities because we will see prices go down so much that the companies will not be able to conduct research and development on breakthrough drugs. At the same time, we hear also that negotiating would not make a difference; it would not lower prices. It is