The elderly already pay a significant portion of prescription drugs expenditures out of their pockets. Today, many seniors are without any prescription drug coverage.

The traditional ways in which seniors have been covered for prescription drugs—which have included employers who provided those benefits to their retirees through the Medicaid program if they were medically indigent or through Medigap policies if they could afford the often exorbitant costs, and through HMOs which provided prescription drugs as a benefit—are constricting in terms of who they will cover and what they will cover.

So every week, more seniors are placed in the position of either having to cover their entire prescription drug costs or a larger proportion of that cost.

Today, almost one out of three seniors lacks any prescription drug coverage. Over 50 percent of Medicare beneficiaries lack coverage at some point during any given year. For those fortunate enough to have prescription drug coverage, the coverage is diminishing.

Thus, unless seniors are assured of prescription drug coverage through Medicare, many will find that needed medications are unavailable.

If it is true that the lack of prescription drug coverage has reached a crisis level for seniors, then why have we not yet enacted a real, affordable, and comprehensive prescription drug benefit under Medicare?

The answer, I suspect, includes the fact that the pharmaceutical companies may have erected an effective blockade to the enactment of a prescription drug benefit through Medicare.

In fact, the watchdog group, ''Public Citizen,'' reports that drug companies spent $83.6 million in lobbying costs this year alone.

I would suspect from looking at the television ads run by the industry that much of those moneys have been spent on lobbying efforts against the passage of a universal, affordable Medicare prescription drug benefit.

Why do the pharmaceutical companies cringe at a Medicare prescription drug proposal? It is because they know the power of the marketplace. As long as 39 million senior Americans have to deal, one by one, and as long as almost one-third of those have to deal without any assistance from any other source in the purchase of their prescription drugs, the market will not function. There is no effective purchaser-seller relationship.

What we do know is that when there is an effective market, prices can be restrained. We know it through the Veterans' Administration, which is able to purchase the exact same prescription drugs Mrs. Kett has been purchasing, but at substantially lower prices because they are using the power of a large purchaser for the benefit of American veterans. State Medicaid programs know this because they are using the power of their large purchases for the benefit of the million medically indigent within their States. HMOs know the power of the marketplace because they purchase their prescription drugs on a wholesale basis and then share those benefits with HMO beneficiaries.

With or without the support of the pharmaceutical companies, we must seek relief for seniors who are the victims of this crisis. The cost of prescription drugs is skyrocketing. We owe it to our seniors to examine the reasons and then to act.

In 1999, the prices of the 50 prescription drugs most used by older Americans increased 2 to 3 times the rate of overall inflation. In 1 year, the 50 most used prescription drugs by American seniors increased by 2 to 3 times the rate of overall inflation.

The numbers speak for themselves: Lorazepam, used to treat conditions including anxiety, convulsions, and Parkinson's disease, rose by 409 percent, 27 times the rate of inflation, from January 1994 through January 2000. Imdur, a drug used to treat angina, rose eight times the rate of inflation. And Lanoxin, used to treat congestive heart failure, rose at six times the rate of inflation.

Not only are the prices of drugs escalating at a rapid pace in the United States, but prices charged to Americans are also flat out incomprehensible.

We have all heard that prices of prescription drugs in other countries—including our neighbors, Canada and Mexico—are generally substantially lower than prices in the United States. The heartburn medicine Prilosec, the world's best seller, the largest selling prescription drug, costs $3.30 per pill in the United States. What is the price in Canada? One dollar and forty-seven cents. The allergy drug Claritin costs almost $2 a pill in the United States. What does it cost elsewhere? Forty-one cents in Great Britain and 48 cents in Australia. We are talking about exactly the same drug produced by the same manufacturer.

A constituent from Springhill, FL, called my office yesterday demanding to know why drug prices are so much lower in Mexico and Canada than they are in his hometown. I can't answer that question. Frankly, I don't think anyone can answer that question. Pharmaceutical manufacturers have been the top-ranked U.S. industry for profits as a percentage of revenue throughout the past decade. After-tax profits for the pharmaceutical industry average 17 percent of sales. By way of comparison, the average for all industries was 5 percent. The effective tax rate for the pharmaceutical industry is 16 percent. The effective tax rate for all manufacturing companies is 23 percent; 31 percent for wholesale and retail trade, financial services, and insurance and real estate, and an average of 27 percent for all industry.

While millions of seniors are sacrificing their last dollar, as is Mrs. Kett, to pay for medication, the pharmaceutical manufacturers are taking in higher profits than any other industry in the United States of America.

Money does not take precedence over health. Profits cannot be the top priority when public health is compromised. We have that responsibility as the representative of those Americans to take action.

One of the things we ought to do in addition to adding prescription drugs as a part of Medicaid is to assure public access to true drug prices as opposed to the mythic average wholesale price. This would be one step to encourage accountability among drug manufacturers. Rapidly escalating prices and inequitable prices across borders warrant an investigation and consideration of prescription drug costs containment.

I submit that by having Medicare as a new force in the marketplace, not through regulation or cost control but by using the principles of Adam Smith in a capitalist society, that with an effective purchaser of drugs for our 39 million seniors, we can see a substantial reduction in the price of pharmaceuticals for them, and all Americans will indirectly benefit. As public servants, we have a fundamental responsibility to protect all of our citizens.

We all recognize that millions of seniors in America are struggling to pay for prescription drugs, so it seems clear our goal in the Senate should be to assure that our prescription drug benefit for seniors and people with disabilities is included in Medicare.

Our proposal is that Medicare would utilize an intermediary referred to as a ''pharmacy benefit manager.'' There would be two or more of these managers in each region of the country. They would be the ones responsible for negotiating with the pharmaceutical companies and then passing on those benefits to the ultimate senior user. We cannot achieve these kinds of benefits through the fractured plan that relies upon private insurance. We cannot assure these benefits by a plan which is fractured through 50 States. We can only assure to our seniors the benefits of effective control by the marketplace if we place this plan within the Medicare program.

I appreciate the opportunity to share these remarks and look forward to a further discussion of prescription drug prices that we face in this Nation.

The PRESIDING OFFICER (Mr. HUTCHINSON). The Senator from North Dakota.

PRESCRIPTION DRUGS COST TOO MUCH

Mr. DORGAN. Mr. President, I want to talk today about the issue of prescription drugs. Some of my colleagues have already talked about this issue at some length. Let me add to that.

In January of this year, on a cold, snowy day, a group of North Dakota

senior citizens and I drove from North Dakota to Canada. It was not much of a drive, as a matter of fact, from Pembina, ND, to Emerson, Canada. We went to Canada to allow these senior citizens to purchase prescription drugs in Emerson, because the same drug that is marketed in Canada—in the same bottle, made by the same company—is sold in most cases for a fraction of the price for which it is sold in the United States.

I want to illustrate that, if I may. I ask unanimous consent to use, on the floor of the Senate, two pill bottles. These bottles are for a medicine called Zocor.

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

Mr. DORGAN. The bottles are slightly different, one is bigger than the other, but Zocor is sold both in Canada and the United States. Zocor is one of a number of cholesterol-lowering drugs. In fact, Dan Reeves, coach of the Atlanta Falcons, has an advertisement saying he takes a similar drug to lower his cholesterol following some heart problems he had.

In any event, Zocor is an FDA-approved drug produced by the same company, often in the same FDA-approved plant. Yet, this bottle of Zocor is sold in Winnipeg, Canada, for $1.82 per caplet. But if you are an American who is using Zocor to lower your cholesterol, you pay $3.82 per tablet. Again, if you buy it in Canada, it is $1.82 per tablet. But in the United States, the same tablet, by the same company, is not $1.82, but $3.82.

The Senate just finished yesterday a debate about normal trade relations. This used to be called most-favored-nation status. Do you know what the situation is with respect to prescription drug prices? We have least-favored-customer status for the American consumer. Why do I say this? Because prescription drug prices here are higher than anywhere else in the world. Why should the American consumer pay prices that are 10 times, or 5 times, or triple or double the price paid by everyone else in the world for the same prescription drugs made in the same plants by the same companies?

The answer is that U.S. consumers should not be least favored consumers as they are forced to be by the pharmaceutical drug industry. We can change that. How can we change it? We can change it by allowing our pharmacists and our distributors to be able to access the same FDA-approved prescription drug in Canada or in other countries—sold by the same company and produced in an FDA-inspected plant—at a lower price and pass the savings along to their customers. If we did that, the pharmaceutical industry would be required to reprice their prescription drugs in this country and reduce their prices.

I want to talk about Sylvia Miller. Sylvia Miller is one of the senior citizens who went to Canada with me. She is from Fargo, ND. A columnist in Fargo wrote a piece about Sylvia Miller. Let me just acquaint you with Sylvia Miller by reading from this piece:

> Sylvia Miller isn't one to complain, but few people would blame her if she chose to complain just a little bit. . . . Sylvia knows that life isn't always easy, that people struggle with the lows and look forward to the highs. . . . She's had her share of dark days in her 70 years of life on this earth.
>
> The 1980s were a pretty rough decade for her. She beat breast cancer in 1981, then lung cancer eight years later. She's a tough lady.

This article says she and her husband lived most of their lives in Durbin and then moved to Fargo in 1987, after ''we were flooded out by water coming cross country—the basement filled up nearly to the ceiling.''

Sylvia went with me to Emerson, Canada, 5 miles across the border, because she wanted to buy her prescription drugs at a better price. This article says Sylvia is a pleasant person. I know that because I know Sylvia. It also says she leads a disciplined life. She has to. She has diabetes. She also has asthma, and she has a heart that could be stronger. She tests her blood sugar level several times a day, eats wisely and at the right times, and the article goes on to say she gives herself shots four times a day, mixing three different insulins, uses two different inhalers for lungs which function below normal capacity, and she requires seven different prescription drugs every month. Last year, she received $4,700 from Social Security, and her prescription drug bill was more than $4,900. She says: Things don't quite add up, do they?

On our trip to Canada, I stood with Sylvia and the others in this little one-room drugstore in Emerson, Canada. The exact same prescription drugs you can buy in this tiny drugstore are sold 5 miles south, in Pembina, ND, or 120 miles south in Fargo, ND. The difference is not in the pill—it is the same pill, same color, same shape, made in the same plant, marketed by the same company. The difference? Price. Americans are the least favored consumers. They pay the highest prices.

So a group of senior citizens who pay too much for prescription drugs—such as Sylvia, who gets $4,700 on Social Security and has a $4,900 prescription drug bill—are trying to get a better price for the drugs they need to lead a good life by traveling to Canada.

These senior citizens should not have to load up in a van on a cold winter morning and drive to Canada. The Customs Service will allow individuals to bring back from Canada a small amount of prescription drugs for their personal use. But there is a Federal law that says a pharmacist from Grand Forks, ND, or Montana or Vermont, can't go to Canada and access that same drug and come back and pass the savings along to their customers. Federal law says you can't do that. We aim to change that Federal law.

The Senate has already passed our proposal. Senator JEFFORDS, Senator GORTON, Senator WELLSTONE and I, and a range of others have worked to pass this plan in the Senate. Our proposal says: Let's allow U.S. pharmacists and distributors to go to other countries and access the identical prescription drugs, approved by the FDA, at a lower price, bring them back, and pass the savings along to the American consumer. Of course, if we get this plan signed into law, what will happen is that the pharmaceutical industry will be required to reprice these drugs in this country.

Now, guess what. The pharmaceutical industry is spending a fortune to try to defeat this proposal. It is in a conference committee. I am one of the conferees. The conference isn't even meeting. Why isn't it meeting? Because people have heartburn over this proposal, and they want to kill it.

The pharmaceutical industry said the 11 former Food and Drug Administration Commissioners have come out in opposition to the proposal. Well, yesterday, I showed a letter that we received from David Kessler, the former Commissioner of the Food and Drug Administration under Presidents Bush and Clinton. I want to tell my colleagues what he says:

> The Senate bill which allows only the importation of FDA approved drugs, manufactured in approved FDA facilities, and for which the chain of custody has been maintained, addresses my fundamental concerns.

He is not opposing what we are trying to do. This is a former FDA Commissioner.

Dr. Kessler says further:

> I believe the importation of these products could be done without causing a greater health risk to the American consumers than currently exists.

We need to give the FDA some additional resources to make sure we do not have counterfeit drugs imported. The pharmaceutical industry says this is an issue of safety. It is not. Here is an FDA Commissioner who says this can be done safely as long as you have safeguards. The pharmaceutical industry says this debate is about safety. They know better than that. It is about profits. Whose profits? Their profits.

Donna Shalala, who is the Secretary of Health and Human Services, has also written us a letter. She has indicated she believes that the Senate approach is an approach that can work. Secretary Shalala has said: ''With respect to the three amendments now in conference''—one of which is the Jeffords-Dorgan amendment I am talking about that was passed by the Senate—''we believe the Jeffords amendment represents a promising approach'' that can be effective if Congress provides new and efficient resources—which we intend to do—to the FDA.

So the head of the Department of Health and Human Services says this can be done safely as well, as long as we provide additional resources to the FDA.

But, again, today, for those who are trying to kill this proposal, I would like to offer another challenge. Of

course, no one has ever accepted the challenge, but I am interested in finding just one Member of Congress—one man or woman serving in the Senate or in the House out of 535 of us—to stand up on the floor of the Senate or House and say: I believe the American consumer should be treated as the least favored consumer by the pharmaceutical industry. I support that. I believe it, and I think we ought to leave it the way it is.

I want one Member of Congress to stand up and say that. I want one Member of Congress to stand up and say: With respect to Zocor, a prescription drug to lower cholesterol, I believe that Americans ought to have to pay $3.82 per tablet for the same medicine for which the pharmaceutical industry will charge the Canadians only $1.82 per tablet. A similar discount is provided to the Italians, the Germans, and the English, and the Swedes, and the rest of the countries, because the big drug companies are charging Americans the highest prices in the world.

I am not asking for the Moon here. I am only asking for one Member of Congress to stand up and support the pharmaceutical industry's pricing policies. And no one will. Because they want to kill this under the cover of darkness. They want to kill this by not having a conference, and by dropping it during some closed meeting in some crevice of this Capitol Building.

This is not an issue without names and faces and consequences. Sylvia Miller went to Canada with me to purchase prescription drugs at a much lower price, as did other senior citizens. But it ought not have to be that way. There is no reason anybody ought to have to go anywhere else in order to access the same prescription drug for half the price they pay in the United States.

That is unfair to the U.S. consumer. We can change it. And we can change it without compromising safety. We can change it, and should, and will.

Let me mention a word about the prescription drug industry. I happen to think we benefit mightily from much of what they do. When they develop a new prescription drug, good for them. But much of the new work in prescription drug development is coming from public investment through the National Institutes of Health and elsewhere. We are making substantial taxpayer-funded investments in research. Much of that research is then taken by the pharmaceutical industry and used to produce new medicines, for which they charge higher prices to the American consumer than anyone else in the world. That is not fair.

I want the pharmaceutical industry to be profitable, but profiting in ways that are unfair to the U.S. consumer should not be allowed.

The pharmaceutical industry has said—and incidentally, they have sent people all around North Dakota to newspapers and TV stations with this message—that if what Senator DORGAN wants to do gets done, there will be less research done on new medicines.

Interesting point. The pharmaceutical industry spends more money for research in Europe than it does in the United States, by just a bit. In other words, more research is done by that industry in Europe than in the United States. They say: If we charge less in the United States, somehow we will do less research. Yet they charge less in Europe and do more research there. And they charge more for prescription drugs in this country than in any country in Europe and do slightly less research. If their argument had any validity at all why is that the case?

To those in the pharmaceutical industry, I understand that you have a responsibility to your stockholders. I understand that. You have the responsibility to earn a decent profit. I understand that. Yet the Wall Street Journal says that the pharmaceutical industry has profits that are ''the envy of the corporate world.''

We am not talking about price controls with the Senate proposal. We are simply saying if the global economy is good for the pharmaceutical industry—and every other industry in this world—then why is the global economy not able to work for Sylvia Miller? Why can't Sylvia Miller's pharmacist go to Winnipeg, Canada, and purchase Zocor, and bring it back and sell it at a price that is much less than is now charged in this country?

The pharmaceutical industry will say: Gee, some of these countries have price controls. That is true. Some of these countries—many of them—say: All you can charge for prescription drugs is your cost plus a profit.

Mr. President, I ask unanimous consent for 3 additional minutes.

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

Mr. DORGAN. Mr. President, one of the inconveniences of the global economy is that you have advantages and disadvantages, and you have to live with both. When you move products around in a global economy—and the pharmaceutical industry certainly does—you get the advantages of importing lower-priced compounds and chemicals with which to make prescription drugs. So the big drug companies benefit from the global economy. But one of the inconveniences of the global economy is that the conditions that exist in the country you are purchasing from comes with that product.

Today, if I were to go up to my colleagues—and I will not—and turn over their necktie, I would find some of them are wearing a necktie made in China. So I say to them: If you are wearing a necktie made in China, governed by a Communist government, no doubt, when you purchased the necktie, you were contributing to the salary of the Communist leader of China. Do you feel comfortable with that necktie?

But, of course, no one set out to give comfort to any government anywhere. They simply bought a necktie. That is why, when the pharmaceutical industry says, ''if you are able to access the lower priced drug in Canada, you are importing some sort of price controls,'' I say nonsense. All you are doing is taking advantage of the global economy, the buying and selling of goods back and forth across borders.

Yes, it is inconvenient that some countries—in fact, many countries—do have price controls. But if pharmacists were able to access products in other countries at a lower price, why should they be prevented from moving them into this country? The Senate plan would allow this with complete safeguards, only for medicines that are approved by the FDA, only those medicines that are manufactured in an FDA-approved plant. Additional resources to the FDA would allow you to make certain you are not moving counterfeit products in and out of this country. With safeguards such as these in place, former FDA Commissioner David Kessler, Health and Human Services Secretary Donna Shalala, and others say it is perfectly appropriate and perfectly acceptable to give consumers, such as Sylvia Miller, the opportunity to have lower priced drugs in this country.

I will finish by asking this: Is there any Member of the House or Senate who believes the U.S. consumer should be the least favored consumer in international trade on prescription drugs? Does anybody stand up in support of this? I fail to see one, in all my time discussing this over the last year and a half, who will stand up and say: Let me be the first to say I support the highest prices for American consumers on prescription drugs. No one will do that because they don't dare do it publicly. They understand how unfair this pricing scheme is.

That is what Senator JEFFORDS and I, and Senators GORTON and WELLSTONE and many others, are intending to change. The Senate has passed our proposal by a wide margin. It is now in conference. Those who have the strings to pull want to dump it and kill it by not having a conference convened. I happen to be a conferee. I intend to be at a conference at some point and fight for this proposal.

I yield the floor.

The PRESIDING OFFICER. The time of the Senator has expired. Under the previous order, the Senator from Illinois is recognized to speak for up to 25 minutes.

Mr. DURBIN. Mr. President, I salute my colleague, the Senator from North Dakota. He has been a leader on the issue of prescription drugs and has challenged all of us to focus on an issue which most American families understand completely.

They know what it costs to go to the pharmacy, if you are not lucky enough to have good insurance. They know what it means when you go into your local pharmacy and they tell you how much a drug costs and you almost faint.

They say: Wait a minute; don't you have some insurance coverage?

Well, yes, I think I do.

This happened to me recently in Springfield, IL. It ended up costing me a fraction of what it would have cost. It was a prescription where I had to think twice about whether I wanted to spend that kind of money on it, if the insurance didn't cover it. But that was an option for me; I am in pretty healthy shape. Imagine a person who is really struggling to just survive, to stay healthy and strong, and the choices they have to make when they have limited income.

What I am talking about is not an outrageous situation or an outlandish idea. It happens every single day. It happens across America. People, families across America, keep looking to Washington and saying: Do you get it? Do you understand this? Do you care?

I have a quote one of my staff came up with that I thought was apropos. It is very old. It goes back to 1913. President Woodrow Wilson wrote it to a friend. He was venting his frustration because several Democrats on the Senate Finance Committee were blocking something he considered to be a high priority. He wrote:

> Why should public men, Senators of the United States, have to be led and stimulated to what all the country knows to be their duty? Why should they see less clearly, apparently, than anyone else, what the straight path to service is? To whom are they listening? Certainly not to the voice of the people when they quibble and twist and hesitate.

That is what this debate gets down to. Are the men and women elected to the Senate and the House of Representatives really listening to the people back home? If we were, would we be wasting a minute and not dealing with the prescription drug benefits people need to survive?

Yet when we take a look at what has been proposed, they are dramatically different, the two major proposals coming from the two major candidates for President. The one that comes from AL GORE and JOE LIEBERMAN on the Democratic side suggests to treat the prescription drug benefit as a Medicare benefit; to say, yes, it is available to every American. It is universal. It is an option which every American can take, and we will protect you under Medicare. You will know that there is a limit to your out-of-pocket expenses. It is simple. It is straightforward. It is consistent with the Medicare program that has been around for over 40 years.

Frankly, there are some people who don't care for it. The drug companies don't care for it. They are making very generous profits every single year, and they know if all of the people under Medicare came together and bargained with them on drug prices and drug costs, their profits may go down. That is why they resist it. That is why this special interest group has been so good at stopping this Congress from doing what the American people want done. Their profits come first, unfortunately, in the Senate—not the people in this country, not the families struggling to pay the bills.

On the other side, they make a proposal which sounds good but just will not work. Under Governor Bush's proposal on prescription drugs, he asserts, for 4 years we will let the States handle it. There are fewer than 20 States that have any drug benefits. Illinois is one of them, I might add. His home State of Texas has none. But he says: Let the States handle it for 4 years; let them work it out.

In my home State of Illinois, I am glad we have it. But it certainly isn't a system that one would recommend for the country. Our system of helping to pay for prescription drugs for seniors applies to certain illnesses and certain drugs. If you happen to be an unfortunate person without that kind of coverage and protection, you are on your own. That is hardly a system for America.

It is far better to take the approach which has been suggested by Mr. GORE and Mr. LIEBERMAN, to have a universal plan that applies to everyone. Let's not say that a person's health and survival depends on the luck of the zip code, where you happen to live, whether your State is generous or not. I don't think that makes sense in America. I think we are better than that.

We proved it with Medicare. We didn't say under Medicare: We will let every single State come up with a health insurance plan for seniors. We said: We will have an American plan, a national plan, and every single American—Hawaii, Alaska, and the lower 48—everyone who can benefit from it gets the same shot at quality health care. And it worked. The critics said, in the 1960s; that is big government; that is socialism, Medicare will be the end of health care as we know it in America. ''Socialized medicine,'' they called it.

Wrong, completely wrong. Ask the people in the hospitals and the doctors today what Medicare has meant. It has meant they are able to give the elderly in America quality health care. Just take a look at the raw statistics. Seniors are living longer today than they did in the 1960s. They are healthier. A lot of good things have come from Medicare.

We believe the same standard should be applied when it comes to prescription drugs. Let us base this on the Medicare system. If you doubt for a moment that this is a serious problem, I wish you would go to your local pharmacy and ask your pharmacist. When I held hearings across Illinois, I brought in doctors and pharmacists and seniors to talk about this issue. The people who were the most adamant about the need for reform were the pharmacists, the men and women in the white coats behind the counter who get the prescriptions from the doctor and try to fill them for the patient and have to face the reality of the cost. Those are the men and women who know every single day that there are seniors who are not filling prescriptions, taking half of what they are supposed to, ignoring the request and, frankly, the best advice of their doctors because they cannot afford otherwise.

Here we stand in the Senate, 7 weeks away from a national election, an election where the American people say a prescription drug benefit is the highest health care priority, and we are not prepared to do anything. Is it any wonder that people looking at the Congress of the United States wonder whether we are paying attention to the reality of life for families across this country? When people can go across the border into Canada and buy the same exact drug sold in the United States, made in the same laboratory, subject to the same FDA inspection, for a fraction of the cost, how in the world can we stand here and say there is nothing we can do about it? There is something we can do about it. There is something we must do about it.

This election is a referendum on whether this Congress has the will to respond to families in need. A lady in Chicago, IL, received a double lung transplant. What a miracle.

Years ago, that was unthinkable. Now it is possible. It works. She stood before me and looked good several years after it occurred. But she said:

> Senator, it cost me $2,500 a month for the immunosuppressive drugs to stay alive. I cannot afford it. So what I have done, frankly, is to give up everything I have on earth and move into my son's home, where I live in the basement. I asked for Medicaid at the Department of Public Aid in Illinois and for the money to pay for my prescription drugs each month. I fill out the forms every month to try to make sure I qualify for the drugs.

She said:

> Senator, one month I missed it. I didn't get the paperwork back in time. For one month, I didn't take the drugs and I was worried sick. I went back to the doctor after that month and he said, ''Don't ever let that happen again. You had irreversible lung damage that occurred during that one-month period of time.''

Think about the burden on that poor lady's shoulders. How many of us dream of being dependent on our children in our elderly and late years? None of us wants that. Many times my mother has said to me, ''I don't want to be a burden.''

That woman is living in the basement of her kid's home. She has no place to turn and is wondering if she can get the paperwork in on time to qualify for Medicaid. Missing that opportunity, she could lose the chance for the miracle of two new lungs that gave her new life, losing the chance for that miracle to continue.

That is the reality of what is happening. Hers is the most extreme case, and I remember it because of that. But as I went across my State, people said: Senator, I get $800 a month from Social Security and it costs me $400 a month for prescription drugs. I don't have any insurance to cover that.

A third of the seniors in this country have no insurance protection whatsoever; a third have poor protection, and

a third are lucky because they worked in the right place and had the right retirement. They are covered and protected. When you hear stories and you come back to Washington, you think: Why are we here? The men and women here are supposed to be here to respond to the real needs of America's families. Yet in this case, and in so many others, this Congress has come up empty. Missed opportunity after missed opportunity.

Let me suggest another thing to you. One thing I have noticed as I visited families in my State of Illinois is that they talk about their children. They will brag about how good they are at playing soccer or playing the piano or getting good grades. But then there will be a pause, a hesitation, and they say: I wonder how we are ever going to pay for that college education. I hear that over and over. New parents with a little baby might say: He looks like his dad and he is sleeping all night, but how in the world are we going to pay for this kid's college?

That is a real concern. The people know the cost of a college education has gone up dramatically. We did a survey in Illinois of community colleges, private colleges, and public universities. Over a 20-year period of time, when a child might consider being in college 20 years later, what happened to the cost of tuition and fees at universities and colleges in my home State of Illinois? They have gone up over 250 percent and, in some cases, over 400 percent. So even if you think you are putting enough money away today to cover what is already a high cost of education, quadruple that cost and you are dealing with the reality of what that could cost in years to come.

So families say to me as a Senator and to those of us serving in Congress: Do you hear us? Do you understand it? You tell us that education is good for our kids and for our country. What are you doing in Washington to help us out, to give us a helping hand?

The honest answer is: Absolutely nothing. There is something we can do. Senator CHUCK SCHUMER, my deskmate here from the State of New York, and Senator JOE BIDEN of Delaware, have been pushing for a plan that I think makes a lot of sense. It is a plan the Democrats are proposing as part of this Presidential campaign. It is very simple and straightforward. It says that you can take the cost of college tuition and fees and deduct them from your income. What it means is that up to $12,000 of tuition and fees can be deducted. For a family, that means they are going to have a helping hand of around $3,000 each year to pay for it. I wish it were more, but it is certainly a helping hand.

When I went to Rockford College in Rockford, IL, I said: What did the average student graduate with in terms of debt? They said it was about $20,000. That is a lot of money when you are first out of college. Yet if the deductibility of college expenses were part of the law in America, that student would be walking out with a debt of $5,000 or $6,000 instead of $20,000.

Wouldn't that be good for this country and for that family? Doesn't it give that young man or woman the right opportunity to make a choice of a job or a graduate education? I can't tell you how many young people I ran into who said: Because of my college debts, I had to take the best-paying job. I really want to be a teacher, but they don't pay enough. I got a chance to go with a dot-com and make a zillion, so I had to do that.

We lost something there. We lost a potential teacher, someone who wanted to put his or her life into teaching others, but decided, because of the finances, to postpone it or never do it. That is reality.

If we look at that reality, the question is, What does Congress do to respond? Instead of coming up with tax relief for middle-income families to pay for college education expenses, the only tax relief bills we have come up with is for the wealthiest people—the so-called elimination of the death tax and the elimination of the marriage penalty tax. When you lift the lid and look inside, it ends up giving over 40 percent of the benefits to people making over $300,000 a year. Excuse me, but if I am making $25,000 a month in income, how much of a tax break do I need? My life is pretty good, thank you. And thank you, America, for giving me the opportunity to have it. I don't need a tax break from this Congress.

But the families struggling to pay for college education expenses deserve a tax break. If we really believe that the 21st century should be the American century, we need to invest not only in helping families put their kids through college, but in helping workers who realize that additional skills give them greater earning potential, the chance to get that training and education. Sometimes that costs money. If it is going to cost money and tuition and fees, they, too, should be able to deduct it. Lifetime learning, lifelong learning is a reality today if you want to be successful. You can't step back.

When I went into my Senate office representing Illinois 4 years ago and put the computer on my desk, believe me, I am not of an age where I am a computer wizard, but I am learning. I realize I have to learn to keep up with this technology because it makes me more effective and efficient. Everybody is learning that lesson, whether you are in a classroom or a workplace, and the people who want to prosper from that experience and want to make their lives better sometimes need additional training. So when we talk about the deductibility of these expenses for lifelong learning and for college education, we are talking about people setting out to improve themselves. It is not a handout. These people are asking for an opportunity to be educated and trained and skilled.

One of the bills we are going to debate this week is the H–1B visa. You may not know what the term means, but basically it is a question as to how many people we will allow to immigrate into the U.S. to take highly paid, unfilled jobs—jobs that require skills America's employers say they can't find in the American workforce. Well, it is a real problem. I think we need to have an expansion of the H–1B visa to allow people to come in from overseas to fill these jobs so American companies will stay in America, so that they will continue to prosper, pay their taxes, profit by their ventures, and I think we can help them.

But what a commentary on our workforce and our education system that we continue to have to look overseas not for what used to be the brute force of labor coming to build railroads and towns, but now they are the most skilled people in the world. So if we say we are going to allow more people to come into this country to fill the highly skilled jobs, don't we have a similar responsibility to the people and families of this country to explain how, the next time around, there will be Americans skilled to fill these jobs? I think that is part of the debate. Yet you won't hear much about it on the floor of this Senate. We don't talk about education much here.

Some of my colleagues want to dismiss it as a State and local issue, that the Federal Government has little or nothing to do with that. I disagree. We should be giving tax relief to families to pay for higher education and even more. When you look at the schools in America, there are genuine needs. I think everybody who has raised a family, as my wife and I have, appreciates that the more kids you have in the room, the tougher it is to manage it. A teacher with 30 kids in a classroom has her hands full. We have to talk about lower class sizes, smaller classes with more individual attention.

On the Democratic side, we have proposed 100,000 new teachers who will go into classrooms. Schools are growing and the population is getting larger, and 100,000 teachers will cut back on the number of kids in a classroom and give a teacher a better chance to teach.

A teacher came up to me at O'Hare Airport in Chicago and said: I teach on the south side of Chicago. We qualified for the Federal program to have smaller classrooms. Thank you, Senator. It is working. Those kids are getting a better education.

I don't deserve the credit. It wasn't my idea. But I happen to support it. We should support more of it. We are not even discussing education on the floor of the Senate. We are talking about H–1B visas to bring in more skilled employees from overseas. And we are not talking about educating and training our kids in the next generation to fill those jobs. We have lost it in this debate. Somehow we are consumed with things that other people think are much more important. I can't think of

anything more important than education. Health care for prescription drugs and education so kids have a better chance for their future makes all the sense in the world.

While we are talking about a better future, let me also address the 10 million Americans who got up to go to work and went to work this morning, and who go to work every single morning, not looking for a government check but for a paycheck at the end of the week where they are paid $5.15 an hour. That is the minimum wage in this country, and it has been stuck there for over 2 years. Why? Because this Congress refuses to give some of the hardest working people in America an increase in the minimum wage. These are people who get up and go to work every day, who are waiting on tables in the restaurants, and who make the beds in the hotels. They are the day-care workers to whom we entrust our children, they are people working in nursing homes watching our parents and grandparents, and we refuse to give them an increase in the minimum wage.

For decades in this Capitol, this was not a partisan issue. From the time Franklin Roosevelt created the minimum wage until the election of Ronald Reagan, it was a bipartisan undertaking. We raise this wage periodically so people can keep up with the cost of living in this country. But, sadly, it has become a partisan issue.

While we fight on the Democratic side to give 10 million Americans an increase in the minimum wage, we are resisted on the other side of the aisle. They don't want to see these increases. Sadly, it means that people who are struggling to get by with $10,000 or $11,000 a year—and, frankly, have to turn to the Government for food stamps and look to other sources and more jobs—many of those people are single parents raising their kids, working at jobs with limited pay and limited requirements for skills, trying to do their level best. We have refused time and time again to increase the minimum wage in this country. That is a sad commentary on this Congress.

I also want to comment on the reality that we will be increasing congressional pay this year, as we have with some frequency, to reflect the cost-of-living adjustment. I think that is fair. But doesn't fairness require that we give the same consideration to people who are working for $5.15 an hour? I hope my colleagues, Senate Democrats and Republicans alike, will share my belief that this is something that absolutely needs to be done.

Whether we are talking about health care or prescription drugs and fairness in paying people for what they work for, there is an agenda that has gone unfilled in this Congress. It is an agenda which has been ignored and about which the American people have a right to ask us to do something.

I can tell you that as we talk about the future of this country and its economy, we are all applauding the fact that we have had the longest period of economic expansion in our history. We have had 22 million new jobs created during the Clinton-Gore administration. There is more home ownership than anytime in our history. There are more small businesses being created, particularly women-owned small businesses, across America. We have seen our welfare rolls going down. The incidence of violent crime is going down. We have seen an expansion of opportunity in this country that has been unparalleled. But if we sit back and want to rest on our accomplishments and our laurels, the American people have a right to throw all of us out of office. Our responsibility is to look ahead and say we can do better to improve this country and make it better for our children and grandchildren.

This Congress has refused to look ahead. It has refused to say how we can expand health care so that over 40 million Americans without any health insurance will have a chance to get the basic quality health care on which all of us insist for ourselves and our family.

This Congress has refused to address the prescription drug needs of families across America at a time of unparalleled prosperity in these United States.

This Congress has refused to look to the need of education when we know full well that the benefits of our economy can only accrue to those who are prepared to use them and who are prepared to compete in a global economy.

Yesterday, by an overwhelming vote, we voted for permanent normal trade relations with China. I voted for that. It was 83–15. It was a substantially bipartisan rollcall. We said that country, which represents one-fifth of the world's population, is a market we need. I hope when the President signs the bill we will begin to see an opening of that market for our farmers and our businesses. But we will only be as good in the global economy as we are in terms of the skill and education of America's workers.

We know full well that there will always be some country in the world—if not China, some other country—that will pay a worker 5 cents an hour and they will take it. We also know that those workers have limited education and limited skills, perhaps doing a manual labor job. And those jobs are always going to be cheaper overseas; that is a fact of life.

But if we are going to prosper in America from a global economy, we have to bring our workforce beyond manual labor, beyond basic skills, and that means investing in our people. It is important to have the very best technology, but it is even more important to have the very best skilled people working in the workplace. We happen to think if we are going to keep this economy moving forward, we need to make certain we don't do anything that is going to derail the economy.

We have seen some suggestions—for example, Governor Bush and some of his Republican friends in the Senate who have suggested over a $1 trillion tax cut that they want to see over the next 10 years. They have suggested we change the Social Security system.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. DURBIN. I yield the floor.

MEASURES PLACED ON THE CALENDAR—S. 3068 AND H.R. 5173

Mr. CRAIG. Mr. President, I understand there are two bills at the desk due for their second reading.

The PRESIDING OFFICER. The Senator is correct.

Mr. CRAIG. I ask unanimous consent that they be read by title at this time.

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

The clerk will report.

The legislative clerk read as follows:

A bill (S. 3068) to amend the Immigration and Nationality Act to remove certain limitations on the eligibility of aliens residing in the United States to obtain lawful permanent resident status.

A bill (H.R. 5173) to provide for reconciliation pursuant to sections 103(b)(2) and 213(b)(2)(C) of the concurrent resolution on the budget for fiscal year 2001 to reduce the public debt and to decrease the statutory limit on the public debt.

Mr. CRAIG. Mr. President, I object to further proceedings on the bills at this time.

The PRESIDING OFFICER. The bills will be placed on the calendar.

The PRESIDING OFFICER. The Senator from North Dakota.

JUDGE RONALD DAVIES

Mr. DORGAN. Mr. President, the legislation we will vote on after lunch contains a provision that will name a Federal courthouse in Grand Forks, ND. A Federal building in Grand Forks, ND, will be named the Judge Ronald N. Davies Federal Building. I want to describe to my colleagues something about Judge Ronald Davies.

Some of my colleagues may have had the opportunity to visit the Norman Rockwell exhibit at the Corcoran Gallery of Art in downtown Washington, DC. Among the many examples of Americana in the Gallery is a famous painting of a little African American girl, hair in pigtails, head held high, being escorted into a school by U.S. marshals. It was the result of a ruling by an unassuming Federal judge, a son of North Dakota, that allowed this Nation to take one large step forward in expanding America's dream for all Americans.

Forty-three years ago this month, on September 7, 1957, a Federal judge from North Dakota was asked to go to Arkansas to sit as a Federal judge and render a decision on a case involving civil rights. Surrounded by security guards because of threats on his life, Judge Ronald Davies carefully weighed the facts and the law and then issued an order that the New York Times