

few are more deserving of Congress' attention.

We live at a time when we can clearly discern remarkable benefits from all manner of drugs. It is nothing short of miraculous when we consider the relative ease and success of today's treatment of common disorders, as compared with that of only two or three generations ago.

When World War II began, for example, penicillin and other similar antibiotics were known only to a small number of scientists. At the conclusion of the War in 1945, penicillin was widely available, used not only for battle wounds but for infectious diseases in the general public as well. Patients with high blood pressure or high cholesterol levels were, at best, only partially and inadequately treated in the 1940s and 1950s. Now success is the rule, rather than the exception. Calvin Coolidge's son died in 1924 as a result of a blister and a skin infection after playing tennis at the White House. An infection such as that today would be treated as simple, outpatient therapy.

While these examples are noteworthy and provide us with a valuable perspective of times gone by, the hard, cold fact is that many of these modern miracles are still out of the reach of too many American citizens. They simply cannot afford the drugs that might so often prove lifesaving, because of either no insurance or lack of drug coverage within their insurance.

Recent studies indicate that if you go to virtually any other industrialized democracy, the cost of prescription drugs is about half what it is in the United States. We pay about double what anybody else in the industrialized world pays. That to me is so utterly unacceptable and unfair.

When Medicare was created 35 years ago, its benefits were based on private sector coverage, which rarely included prescription drugs. Now, however, virtually all private sector plans include coverage for prescription drugs, while Medicare does not. As a result, many millions of Americans, both Medicare age and younger have either inadequate or no prescription drug insurance at all. A byproduct of no coverage is that these patients wind up paying the highest rates of anyone—an average of 15 percent more than those with insurance. Many of these uninsureds, including the seniors often called "The Greatest Generation" are not filling prescriptions because of their cost, choosing between food and medicine. Or they split pills in half to make them go farther. This is shameful. These are very real every day problems that beg for help.

I strongly believe that all Medicare beneficiaries deserve affordable coverage and financial protection as prescription drugs costs grow at double-digit rates. Astronomical drug prices have come hand-in-hand with the great improvements in drug therapy. Spending for prescription drugs in the United States doubled between 1990 and 1998.

In each of the 5 years between 1993 and 1998, prescription drug spending increased by an average of 12.4 percent. In 1999, the drug spending increase was 19 percent and just last year we saw another double digit increase. My office recently completed a three-year statewide survey of prescription drug prices in South Dakota, using a sample of the most heavily prescribed drugs for seniors. I was astonished to find that over 60 percent of the drugs' prices grew at a pace that exceeded the cost-of-living adjustment provided by Social Security, which many Medicare beneficiaries rely on to meet their daily financial needs. In fact, 30 percent of the drugs increased at a pace that was double that of the COLA.

In response to evidence such as this, along with having heard from thousands of concerned South Dakotans affected by skyrocketing drug prices, I have recommitted myself to finding a solution for the prescription drug needs of all Medicare beneficiaries. As such, I have reintroduced two bills that comprise the main pillars of my prescription drug plan: the Prescription Drug Fairness for Seniors Act of 2001, and the Generic Pharmaceutical Access and Choice for Consumers Act of 2001. I don't proclaim these proposals to be the magic bullet that solves all of our nation's prescription drug concerns but they are sensible, financially reasonable approaches that should be a part of an overall prescription drug plan for Medicare beneficiaries. The Fairness bill would provide Medicare beneficiaries access to prescription drugs at the same low prices that drug manufacturers offer their most favored customers. As well, I strongly believe we cannot develop a financially feasible prescription drug benefit without maximizing the utilization of generic drugs. My proposal would increase access and choice in Federal programs by encouraging greater usage of generic pharmaceuticals as a safe, less costly alternative to an often expensive brand-name pharmaceutical. Generic pharmaceutical drugs have been shown to save consumers between 25 percent and 60 percent on their average prescription drug and this plan would greatly benefit many of the most vulnerable members of society.

I do believe Congress needs to create a universal, voluntary drug benefit in the Medicare program, one that provides all Medicare beneficiaries with affordable coverage for drug costs. Perhaps most importantly for South Dakota's Medicare beneficiaries, the plan must ensure access for beneficiaries in rural and hard-to-serve areas including incentives to rural pharmacies and the private entity serving those areas to ensure rapid delivery of prescription drugs.

I believe that these efforts are both comprehensive and achievable in the 107th Congress, and I will work closely with my colleagues to accomplish my personal goal of ensuring access to affordable prescription drugs for all

Medicare beneficiaries both in South Dakota and around the Nation.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Monday, March 19, 2001, the Federal debt stood at \$5,729,611,586,294.55, five trillion, seven hundred twenty-nine billion, six hundred eleven million, five hundred eighty-six thousand, two hundred ninety-four dollars and fifty-five cents.

Five years ago, March 19, 1996, the Federal debt stood at \$5,058,839,000,000, Five trillion, fifty-eight billion, eight hundred thirty-nine million.

Ten years ago, March 19, 1991, the Federal debt stood at \$3,447,165,000,000, three trillion, four hundred forty-seven billion, one hundred sixty-five million.

Fifteen years ago, March 19, 1986, the Federal debt stood at \$1,982,540,000,000, one trillion, nine hundred eighty-two billion, five hundred forty million.

Twenty-five years ago, March 19, 1976, the Federal debt stood at \$599,190,000,000, five hundred ninety-nine billion, one hundred ninety million, which reflects a debt increase of more than \$5 trillion—\$5,130,421,586,294.55, five trillion, one hundred thirty billion, four hundred twenty-one million, five hundred eighty-six thousand, two hundred ninety-four dollars and fifty-five cents, during the past 25 years.

ADDITIONAL STATEMENTS

A TRIBUTE TO GRACE COLE

• Mrs. MURRAY. Mr. President, I'm sad to inform my colleagues that on Saturday, March 17th, Washington State lost a great advocate for families, and I lost both a good friend and mentor, with the passing of Grace Cole.

At this difficult time, my heart goes out to her family including her two brothers, four sons, four daughters in law, and six grandchildren. I want them to know what the rest of us have known for years: Grace Cole made a difference. We are proud of her and grateful for all she did. And even though she's no longer with us, her activism and her passion live on in the men and women she led into public service.

Well-known and well-loved in Shoreline, in Olympia, and among families and educators throughout our State, Grace Cole set a new standard for public service with strong words and a soft heart. She led the way for advocates like me to follow her from the local school board to the Washington State legislature. And most important, she made a difference for thousands of families throughout our state by standing up for education, the environment and social justice.

Mr. President, today moms and dads who serve their communities in Washington State know they can go on to serve at the State and Federal level.