much hope after the historic meeting between President Kim Dae Jung and Jong-il in June 2000, that such a gesture would bring about some meaningful change.

As the naval skirmish last month and the continuing problems with the North Korean refugees show, the North Korean issue has simply worsened. It's time for the North Korean regime to immediately allow international monitoring of food aid into the country and to work with the international NGO community to alleviate the suffering of its people. That may at least stem the tide of refugees crossing over into China and being prey to human traffickers and other difficulties faced by refugees. But more fundamentally, the North regime itself must begin to change itself and join the rest of the world in giving hope and freedom to its people.

The U.S. can not afford to give into the slow-walking of reforms in North Korea. For our own security, for the stability of the region and for the sake of basic human rights—North Korea must remain a top policy focus for U.S. foreign policy. We must keep clear and constant pressure on NK and neighboring countries to bring new leadership into being. This is a daunting task, but one that we can not afford to shirk.

We have significant refugee flight taking place out of North Korea. We have had hearings in the Senate Immigration Committee on this particular topic. We have a humanitarian crisis, probably the largest in the world, that is taking place. We estimate that there are between 2 to 3 million people who have died of starvation and persecution in North Korea from 1995 to 1998, in a 3-year time period—2 to 3 million people. Nobody knows for sure because outside observers are not allowed.

This Nation is the most repressive, closed regime in the world today. The world community is feeding those who are left in North Korea. The United States and a number of other donating countries are feeding about half of the population in North Korea. Much of the food aid we are giving North Korea is not getting out to where it is needed. It is still held by the leadership in that country.

We estimate that some 300,000 North Korean refugees are living in China today in a precarious and dangerous lifestyle. They are hiding by day and begging by night, trying to keep from being caught and sent back into North Korea, which is what China does. If they catch people from North Korea, they treat them as economic migrants and ship them back into starvation, refugee camps, persecution, and probably death.

Of the 300,000 refugees in China, only 518 refugees have successfully defected, gotten out of China and into South Korea or into another third country—that is this year, through June of 2002. Many of them have done it by taking refugee status at foreign missions in Beijing and Shenyang, China. They have rushed embassies in those communities, gotten inside, asked for political asylum, it has been granted, and they passed to South Korea, generally through a third country—many times through the Philippines. I say only 518 this year. If you look at the history since the Korean conflict has ended—now 50 years ago—there have been only several thousand who have defected from North Korea into South Korea. Generally, each year, it has been a trickle—maybe in the teens.

The North Korean regime has been able to keep people in a dogmatic system, saying this regime is the best in the world and saying they are being fed by the President and the leadership. Now that trickle is beginning to really move. They believe it may be up to a thousand; there may be a thousand or more defecting this year alone, which is a massive number considering the history.

Mr. President, the issue I want to bring to light is the role of China and the importance of China in allowing these people to live. If China will allow these people to pass through, or if China will allow the U.N. Commission, or the High Commission on Refugees to establish a processing center to determine if these are people who need to be allowed to pass into third countries, thousands if not millions of people will not have to live in North Korea. If China does not, you are going to see thousands, possibly millions more, die of starvation, persecution, and other causes.

China has a choice. They will choose what the status is going to be, whether these people will live or die. They need to be confronted directly and asked to let these people live, to let them pass through. Let them pass through to Mongolia, to South Korea, to other places; but don't send them back. If they don't want to have them stay in China, allow some place for them to go through, such as a refugee center. But, China, make the choice. It is your responsibility and their blood that will be on your call as to what you determine you are going to do in this particular situation.

North Korea is a country that is difficult for us or anybody else in the world to influence. China is the only country in the world that has some influence on North Korea. So it is going to be their choice as to whether these people will live or die.

North Korea needs to change its regime. I don't need to remind Members of the Senate of the other problems we have with North Korea. They are a supplier of weapons. North Korea has become a secondary supplier of missile technology and expertise to several countries in the Middle East, South Asia, and North Africa. The CIA's 2001 report assesses that North Korea is capable of producing and delivering via missile warheads, or other munitions, a variety of chemical agents and possibly some biological agents as well.

Mr. President, I draw this to the attention of my colleagues because we need to allow refugees to pass and come into the United States as well. We will be bringing this issue up again in front of this body. I hope we will put pressure on China, which doesn't have a good human rights record, so that they can act to save people's lives—if they will only allow these people to pass through.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

PRESCRIPTION DRUG COVERAGE FOR SENIORS

Mr. WYDEN. Mr. President, I am very hopeful the Senate will be able to get on the issue of prescription drug coverage very soon. This is an urgent issue for seniors and the people of this country. I want to spend a few minutes tonight talking about why this is so important and what I think the real challenge is to the Senate in the next couple of weeks.

Mr. President, for the last quarter of the 20th century, the standard Government line on prescription drugs for older people was a little bit like the marquee of the big, old-fashioned theaters you would see downtown. The marquee sign was all lit up and it always read: ''Coming soon.'' But, for seniors, that ''soon'' just never seems to arrive.

Years ago, when I was director of the Oregon Gray Panthers—I had the honor to be co-director for about 7 years before I was elected to the House—I got many of the questions then that all of us in the Senate get now. Seniors asked then, just as they do now at our town meetings, if anybody in Washington is ever going to provide some real help in paying for prescription medicines.

I am very pleased that Senator DASCHLE has made this a priority issue for the Senate. He has made it very clear to me that he is willing to work with anybody in the Senate to finally get this job done and to get it done right.

I think we know what this issue is all about for seniors, and that is the cost of medicine and coverage for medicine. In effect, cost and coverage really go hand in hand because if you are able to get seniors coverage, but you have not held down the cost, then you are not getting a whole lot for the Government's money. Of course, if you take steps to control costs, but many seniors still don't have the ability to meet even those costs, we will continue to have more and more older people fall between the cracks.

So it is important that the Senate addresses both of these issues and addresses them right. I want to talk for a few minutes about what I think some of the key components are first of holding costs down. First, I think it is important that it be done with bargaining power in the private sector. In discussing this—and we will do this over

the next couple of weeks—I want to describe what I was involved in back in the 1970s when I was co-director of the Oregon Gray Panthers.

I remember one rainy night standing with a swarm of seniors around a labor union pharmacy that was barely bigger than a pill box. We were kicking off a program that night where seniors, through labor unions and others in the community, had been able to bargain with pharmaceutical concerns, and seniors were able to get their drugs at cost, plus a small monthly fee. It worked for the company, it worked for the seniors.

The community pulled together, and in this little pharmacy, which I have said was really no bigger than a pill box, we saw that you could set up bargaining power right in the private sector. I think tonight, how many more older people in this country need the benefits of bargaining power today? So I am very hopeful that on this question of cost containment we focus on bargaining power.

Senator DASCHLE made it clear that it is a priority to him. He will work with all our colleagues to make sure that is in a final bill and that we remember that across this country, and that what happened in Eugene, OR, more than 25 years ago has been duplicated elsewhere, and that what happened there is all about making sure people could have bargaining power in the private sector so that senior citizens can afford their medicine.

The underlying legislation that is going to give all Americans—not just seniors, but all Americans—quicker access to generic drugs is another step toward private sector cost containment. I commend my colleagues—Senator SCHUMER, Senator MCCAIN, and others—who have worked so hard on this legislation.

After I had the honor of serving as codirector of the Gray Panthers, I served on the Health Subcommittee in the House of Representatives, and we had a chance to work on what I thought was historic legislation. It was drafted by our distinguished colleague, the senior Senator from Utah, ORRIN HATCH, and Congressman WAXMAN. It struck a good balance between holding down costs for seniors by making it easier to get access to generic medicine, while at the same time promoting innovation and research in the breakthrough products that are so important to seniors in this country.

I believed the Congress got it right in that Hatch-Waxman legislation and that the legislation we will be considering over the next couple of weeks is going to continue that kind of balance. We may try to refine it, and I am certainly open to that, but I think it will continue that crucial balance that was put together in the historic Hatch-Waxman legislation of helping to contain the costs for seniors and others through access to generic medicine, while at the same time promoting the new cures, the new research, the exciting breakthrough products that are so important.

What I have tried to contribute to the Senate on prescription drugs has been an effort to come up with solutions that are going to work in the real world for Americans trying to navigate our health care system. In the past two sessions of the Congress, Senator SNOWE and I have introduced bipartisan legislation. Tonight for just a few minutes, I want to express my appreciation to Senator DASCHLE and others in the leadership because the bill they will try to offer when we get to the question of Medicare coverage for seniors has been a genuine effort to address each of the concerns Senator SNOWE and I have focused on in our legislation.

When we get to that question, we are sure to have Members say this country cannot afford such coverage. They are going to say that the costs have already accelerated today; that we are having a demographic tsunami coming in just a few years, with millions of more older people in 2009, 2010, and 2011 retiring, and they are going to say the country cannot afford for the Congress to cover prescription drugs for older people.

I want to make it clear that, in my opinion, the Congress cannot afford not to cover senior citizens, and I want to give a short example of why this is so urgently needed.

Not long ago, a physician in Hillsboro, OR, in the metropolitan area surrounding Portland, wrote to me that he put a senior citizen in a hospital for a 6-week course of antibiotics because it was the only way the patient could afford the treatment.

Of course, when the senior goes into the hospital, Medicare Part A, which covers institutional services, picks up the bill, no questions asked. The check gets written by the program to cover the costs in the hospital. Of course, that same condition could have been treated under Medicare Part B, the outpatient portion of Medicare. Our assessment is that to spend 6 weeks in an Oregon hospital probably cost the Medicare Program $40,000, $50,000, $60,000, to pick up those huge costs for an individual who had to be hospitalized to get the benefit, whereas it probably would have cost a few hundred dollars to have treated that person on an outpatient basis under Part B of the Medicare Program.

When we hear in this Chamber and elsewhere that America cannot afford to cover prescription drugs for seniors, I am going to do my best to remind people about what I heard from that physician in Hillsboro, OR, and it has been repeated all over this country, because I think it is clear we cannot afford not to have this important program.

We know what needs to be done in the next few weeks. We ought to promote easier access to generics. It is one of the key parts of the equation of doing this right. We ought to make sure that seniors have bargaining power in the private sector.

The model that will be used in the legislation Senator GRAHAM and Senator MILLER have drafted incorporated much of what I and Senator SNOWE have been concerned about, and that is to make sure that bargaining power is structured in the private sector so that costs are not shifted to millions of other Americans. There is no Senator who wants, in the effort to come up with a prescription drug proposal for seniors, to end up shifting costs on to their children and their grandchildren. That is why private sector bargaining power, something about which I and Senator SNOWE have felt strongly, and Senator DASCHLE has graciously worked with us on, is included in what the Senate is going to have a chance to vote for.

Those are some of the key questions. I will wrap up by way of saying that as we move into this discussion over the next couple of weeks, we have one principal challenge as we try to pass a comprehensive bill and then have it go to discussions with our colleagues in the House, and that is to make it clear to the country that this is a real effort to help, and not just an exercise in election-year rhetoric. The seniors who have come to us at our meetings have watched this Congress and other Congresses debate this topic and come back to it sporadically from time to time. They want to know: Is this on the level? Is this a real effort now to do the job right? I believe it is. I believe the commitment is there now and that this is not just an election-year exercise.

There are key principles. We have an opportunity to address the questions of cost and coverage in a way that can win the support of colleagues on both sides of the aisle. The question of private sector bargaining power, ensuring that the program is voluntary so that any senior who is comfortable with their existing coverage can continue it if they choose to do otherwise—these are principles that are going to be in the Graham-Miller proposal that can win the support of colleagues on both sides of the aisle.

These are principles that can bring the Senate together. Let us make sure that at the end of this 2-week period, when we have had the opportunity to help seniors and help all Americans with respect to the cost of medicine, we do not let this opportunity slip away once again.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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