

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

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

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

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

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

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

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

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

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

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

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

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

PRESCRIPTION DRUGS

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

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

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

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

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

PRESCRIPTION DRUGS

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

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

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

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

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