

talking to know these are real problems. What they want to see is the Senate deal with them in a bipartisan kind of fashion. They want to see us get beyond some of the bickering and the finger pointing.

The Snowe-Wyden legislation is built on that principle. We don't want to see the U.S. Senate duck this issue, have it go out on the campaign trail where Democrats will attack the Republicans and Republicans will attack back. That is really easy. It is easy to take issues like this, using the campaign fodder for advertisements. What is tough is crafting bipartisan legislation.

So I am very hopeful that seniors, as this poster says, will send in copies of their prescription drug bills to us here in the Senate in Washington, DC. Instead of having to come to the floor of the Senate day after day, as I have, I can come to the floor of the Senate and talk about being proud of working with my colleagues on a bipartisan basis to address this issue.

Before I wrap this up for this afternoon, I wanted to mention one other account that came to Tualatin just outside Portland at home in Oregon. This was an elderly couple, they spend about \$300 a month on their prescription drugs. They are taking 11 prescriptions. They report that they are retired but are trying to work to pay for prescriptions. The husband is over 65 and he is trying to work now in order to pay their prescription drug bills of \$300 a month. This is an elderly couple in Tualatin, OR. None of it is covered by health insurance. They report to us that they are cutting down on other essentials that are important to them, but they are going to keep working. The husband is going to keep working simply to pay the couple's prescription drug bills.

Think about that for a moment, the three cases I have read from today: An elderly widow who can't pay her prescription drug bills without great hardship with an income of \$806 a month, with \$150 for prescriptions. She says, "I just do without and pray." Next is an elderly gentlemen from Portland, with a monthly income of \$900 a month, and he is spending about \$170 of it on prescription drugs. He says he hopes to be able to get some coverage so he would be able to afford some clothing—an essential, especially as we move into the cold weather season. And then, finally, is the couple I just mentioned with \$300 a month in prescription drug bills, with the husband not in good health but continuing to work solely to pay for their prescriptions.

I think it is so sad that when we have had a majority in the Senate go on record as voting for a plan to fund this important benefit for the elderly, when I know there are Senators of good will on both sides of the aisle who would like to work on a marketplace solution to covering prescription drugs for seniors, the Senate can't come together and deal with it. The fact is, our senior citizens are getting creamed with re-

spect to their prescription drug bills, and it happens two ways. First, Medicare never covered prescriptions when the program began in 1965. I guess the architects didn't think it would be all that important.

As I have said on the floor of the Senate, it is more important today than it used to be because many of these drugs help to lower bills because they are preventive in nature. In addition to Medicare not covering prescriptions, what is happening today is if you are a senior citizen in Alabama, or in Oregon, and you walk into a drugstore in a small town in Oregon or in the State of the Presiding Officer, that senior citizen who walks into the drugstore, in effect, subsidizes the big buyers of medicine. If you are a health maintenance organization in Oregon, or in any other State, you can go out and negotiate a discount. You can go out and negotiate a good price on your medicine. You have clout in the marketplace. But if you are a senior citizen who just walks into a drugstore, you don't have any bargaining power, you don't have any clout. So, in effect, that senior citizen who walks into a pharmacy is subsidizing the big buyers in the community, the health maintenance organizations that can negotiate a discount. Those seniors are getting creamed twice. Medicare doesn't cover it, and then they have to subsidize the big buyers.

So I intend to keep coming to the floor of the Senate, continuing to bring to light these various kinds of real-life examples from home in Oregon. I hope seniors, as this poster indicates, will send us copies of their prescription drug bills. I want to hear from them. I want folks who are listening to the work of the Senate and are following this to send me and my colleagues copies of your prescription drug bills. Send it to us, each of us here, as the poster says, in Washington, DC.

I want you to do it for just one reason: I think this is the kind of problem that we are sent here to deal with. This is not some trifling, inconsequential matter. This is a question of whether we are going to respond to the more than 20 percent of the Nation's senior citizens who are walking on an economic tightrope every year, spending more than \$1,000 a year out-of-pocket on prescriptions, balancing food costs against fuel costs, and fuel costs against their medical costs. As I have said again and again, they are giving up medicines that are essential to their health.

I mentioned yesterday older people with diabetes who can't afford the Glucophage, an essential diabetes drug. This is not something that is inconsequential; this is something that, for older people, can literally mean the difference between decent health or incurring a very, very serious illness and, often, even death.

Let us not be indifferent to the plight of those older people. They are asking the Senate for action. The bipartisan

Snowe-Wyden legislation is one approach that I happen to favor. But I am sure our colleagues have other ideas. What is unacceptable to me, though, is to just say that this Senate won't take it up, we will save it for the campaign trail of 2000, we will tackle it another day. We ought to tackle it now. This has been an issue and a concern of the Nation's older people since back in the days when I was director of the Gray Panthers at home in Oregon. But it is getting to be an even bigger concern because more and more older people can't afford their medicine, and with more seniors interested in wellness and trying to stay healthy, this is the time for the United States Senate to act.

So I intend to keep coming back again and again to the floor of the Senate, and I hope seniors will send in copies of their prescription drug bills. I am proud there is a bipartisan bill now before the Senate to deal with this issue, the Snowe-Wyden legislation. I hope that seniors will be in contact with us, give us their ideas on whether they think our bill is the way to go, or if they prefer another route. What is unacceptable to me is for the Senate to duck this issue. We have an opportunity to work in a bipartisan fashion on it. I intend to keep coming back to the floor of the Senate again and again until we get that action.

With that, I yield the floor.

ADJOURNMENT UNTIL MONDAY,
NOVEMBER 8, 1999

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned.

Thereupon, the Senate, at 3:48 p.m., adjourned until Monday, November 8, 1999, at 12 noon.

CONFIRMATIONS

Executive nominations confirmed by the Senate November 5, 1999:

DEPARTMENT OF DEFENSE

CORNELIUS P. O'LEARY, OF CONNECTICUT, TO BE A MEMBER OF THE NATIONAL SECURITY EDUCATION BOARD FOR A TERM OF FOUR YEARS.

ALPHONSO MALDON, JR., OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF DEFENSE.

JOHN K. VERONEAU, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF DEFENSE.

THE ABOVE NOMINATIONS WERE APPROVED SUBJECT TO THE NOMINEES' COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

GEN. JOHN P. JUMPER, 0000.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

LT. GEN. GREGORY S. MARTIN, 0000.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. BRUCE A. CARLSON, 0000.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. STEPHEN B. PLUMMER, 0000.

IN THE ARMY

THE FOLLOWING ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. WILLIAM F. SMITH III, 0000.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general, Medical Corps

COL. LESTER MARTINEZ-LOPEZ, 0000.

IN THE AIR FORCE

AIR FORCE NOMINATIONS BEGINNING JOSEPH A. ABBOTT, AND ENDING THOMAS J. ZUZACK, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 27, 1999.

IN THE ARMY

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT TO

THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be colonel

JOEL R. RHOADES, 0000.

IN THE NAVY

NAVY NOMINATIONS BEGINNING GEORGE R. ARNOLD, AND ENDING TODD S. WEEKS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 18, 1999.

IN THE ARMY

ARMY NOMINATIONS BEGINNING CELIA L. ADOLPHI, AND ENDING WILLIAM K. WEDGE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 27, 1999.