ludicrous to the extreme and inconceivably inhumane not to have anesthesiology as a core part of a health care system. I suggest that in a few years people will look back on this debate with the same shock and surprise that we thought there was any debate over the question of whether pharmaceuticals should be part of an appropriate humane health care system as we begin the 21st century.

Medicare beneficiaries should not have to choose between bankrupting themselves and their families or succumbing to a preventable disease. The key to modernizing Medicare is turning it from a sickness program to a wellness program. Prescription drug coverage is a crucial component of that change.

Let me give another example. A senior with gastrointestinal problems is most likely to be prescribed a drug known as Prilosec. Based on 1998 data from the Pennsylvania Pharmaceutical Assistance Contract for the Elderly program, which is the largest outpatient prescription drug program in the country, Prilosec is the second highest selling drug prescribed for seniors. The annual cost is $1,455. For a senior who, for instance, is at 200 percent of the poverty level, $16,700 per year, Prilosec will consume $1 out of every $11 of that senior's income. This price is very high for that senior. But the price the senior would pay if he or she did not take Prilosec is even higher. They would sacrifice an active, pain free life for one riddled with chronic pain.

This body should recognize that prescription drugs are an integral part of a preventive care strategy for the Medicare program. As one of the primary guardians and trustees of the Medicare program, the Senate has the responsibility to reform and modernize Medicare so that it focuses on health promotion and disease prevention for all of our Medicare beneficiaries. It can improve the quality of life for older citizens through making this conversion from a sickness to a wellness program.

The Medicare program can also slow the cost to the taxpayers by making this transition. The cost of one senior, typically an older woman who falls and, because of her shallow bone mass, injures her hip and requires hospitalization, often surgery, and always a long and painful recovery period, the cost of that to the taxpayers is much greater than the cost of one of the preventive measures which is now being recommended but which is yet to be covered by Medicare; that is, effective hormone management techniques which will contribute to maintaining strong bone conditions and reducing the vulnerability to that kind of a serious mishap.

It has been proven time and time again that a combination of preventive services and appropriate medication can reduce the incidence of stroke, diabetes, heart disease, and other potentially fatal conditions.

Detailed programmatic changes—changes based upon the realization that prescription drugs and preventive services go hand in hand—are necessary to convert the current Medicare system into one that best serves our citizens by keeping them well as long as possible.

Mr. President, we are very fortunate to be living in an era of unprecedented prosperity. This period gives to us, the trustees of the Medicare system, an even greater responsibility and opportunity. We can use this period of prosperity to reform the Medicare program, to assure that our seniors will be able to live longer, healthier lives through preventive care and the treatments that are available to us today. To capitalize upon this opportunity we must provide a prescription benefit which is affordable and comprehensive for our Medicare beneficiary citizens.

I implore each of us to take advantage of this opportunity and use the funds that are available to us now to implement change that will benefit our seniors today, our children and grandchildren tomorrow.

We have discussed the need to reform the Medicare program to shift its focus from the treatment of illness to the maintenance of good health. We have discussed the critical role that prescription medications play in ensuring a successful preventive care strategy for Medicare. If we agree on these issues—and I believe there is broad consensus—the next question we must answer is: How should a prescription drug benefit be made available for our Medicare beneficiaries?

Next week, I will discuss the critical question of whether a prescription drug benefit should be part of the big tent of Medicare program, or if it should be placed as a sideshow act outside of Medicare. I look forward to discussing this with my colleagues next week.

BUSH HITS GORE ON DRUGS AND TAXES

Mr. GRAHAM. Mr. President, I want to close with a comment about an article that appeared in today's Washington Post under the headline, ''Bush Hits Gore on Drugs and Taxes.''

I ask unanimous consent that this article be printed in the RECORD immediately after my remarks.

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

(See Exhibit 1.)

Mr. GRAHAM. Mr. President, according to this article, there is a new 30-second ad being run that is entitled ''Drugs and Taxes.'' According to the Washington Post article, the audio of this tape begins as follows:

> Al Gore's prescription plan forces seniors into a government-run HMO. Governor Bush gives seniors a choice.

The Post, in its analysis of this statement, makes the following comment:

> In a classic contrast ad furthering the theme that Gore is untrustworthy, Bush misrepresents the vice president's drug plan. First, it isn't mandatory; seniors can opt for drug coverage or not. Second, Medicare recipients could remain in traditional choose-your-own-doctor plans. Drug payments would be administered through private cost-control groups—such as those now employed by the insurance industry—that are not ''government-run'' or health maintenance organizations. In fact, many analysts say Bush's plan, while providing choices, would encourage more seniors to join cost-conscious HMOs.

I only add to that analysis of this ad that it is interesting to me that the word ''HMO'' is inserted in the ad of Governor Bush as a pejorative. This Senate has been trying for the better part of the last 2 years to pass a Patients' Bill of Rights in order to lay out some basic standards of protection as they relate to the beneficiaries of HMOs, the citizens who look to the HMO to finance their health care, the providers—doctors and hospitals—who are the source of that health care, and the HMO which has received the premium dollars from the patients and is now called upon to pay the providers for the cost of services delivered to the beneficiaries.

It has been my position—and I believe today a majority of the Senate's, as well as a very strong majority in the House of Representatives—that it is a Federal responsibility to establish some basic standards of that relationship so that there will be a comfort level that people know what will be expected. They will know how they would be treated, whether it is in the emergency room, whether it is in access to a specialist physician, whether it is a woman's right to use her gynecologist as her primary care physician; all of those very intimate issues will have a known, federally established standard.

Yet in spite of that majority support in both Houses of the Congress, we have gone month after month after month unable to even have the conference committee report out a bill that we can debate and decide whether it meets the appropriate standards of providing those standards of treatment for patients, providers, and the HMO itself.

It is surprising to me, therefore, in that context that now Governor Bush apparently has concluded that the HMOs are sufficient pejorative that he can use them as the target of his attack of what we don't want in our health care system. I hope this ad might serve the probably unintended purpose of galvanizing an even broader coalition within the Congress behind the necessity for HMO reform and for the establishment of a basic set of patients' rights.

If Presidential candidate Governor Bush has seen the HMO as such a pejorative figure that he is now attacking it in his ads, that might send a signal as to what the American people want us to do in terms of beginning to rectify that negative image by providing some effective nationwide standards of Patients' Bill of Rights for HMOs.

So I will conclude with that side comment. I do hope that on this important issue of the provision of prescription drug benefits, we will deescalate the misrepresentation of both parties' plans. I happen to have my own strong preference as to which plan I think will best serve the needs of the American people, and particularly our 39 million Medicare beneficiaries, but I think we ought to treat both plans with the respect they deserve, have a full and serious debate on those plans, use the election of November 7 as a national referendum as to how we wish to proceed, and then if, unfortunately, we have failed to act on prescription drugs during the remaining weeks of this session, we would reconvene in January of 2001 with a President who has a mandate from the people for a clear direction, and we will respond to that mandate by effective action.

If we achieve that goal, then to the extent of this very critical issue, the democratic process is alive, healthy, and performing one of its fundamental functions of converting public aspirations into policy that will benefit their lives.

EXHIBIT 1

BUSH HITS GORE ON DRUGS, TAXES

(By Howard Kurtz)

Candidate: George W. Bush.

Markets: Michigan, Ohio, Pennsylvania, Florida and 14 other states.

Producer: Maverick Media.

Time: 30 seconds.

Audio: ''Al Gore's prescription plan forces seniors into a government-run HMO. Governor Bush gives seniors a choice. Gore says he's for school accountability, but requires no real testing. Governor Bush requires tests and holds schools accountable for results. Gore's targeted tax cuts leave out 50 million people—half of all taxpayers. Under Bush, every taxpayer gets a tax cut and no family pays more than a third of their income to Washington. Governor Bush has real plans that work for real people.''

Analysis: In a classic contrast ad furthering his theme that Gore is untrustworthy, Bush misrepresents the vice president's drug plan. First, it isn't mandatory; seniors can opt for drug coverage or not. Second, Medicare recipients could remain in traditional choose-your-own doctor plans. Drug payments would be administered through private cost-control groups—such as those now employed by the insurance industry—that are not ''government-run'' or health maintenance organizations. In fact, many analysts say Bush's plan, while providing choices, would encourage more seniors to join cost-conscious HMOs. Bush's education plan does place more emphasis than Gore's on holding schools accountable, though the Texas governor would spend less. Bush's $1.6 trillion tax cut would reach far more Americans than Gore's $500 billion cut, which would be tied to specific behavior, and the Gore camp essentially concedes the point by saying that 40 million taxpayers, not 50 million, would get no benefit.

NATIONAL POW/MIA RECOGNITION DAY

Mr. LUGAR. Mr. President, today is National POW/MIA Recognition Day. As a Nation we remember and honor all those who were prisoners of war and those who are still MIA. It is altogether fitting that they have this special day where we express gratitude for their service, for their sacrifices, and for the sacrifices of their families. We also take this day to assure the many families who still await the return of a loved one that we have not forgotten.

As a former Navy officer, I feel strongly that the United States Government must fulfill its commitments to the men and women who serve in the armed forces. One of these commitments is using every available means to ensure the return of POWs and MIAs at the end of hostilities. We must continue to support the vigorous pursuit of this commitment through on-site investigations being undertaken in Indochina and through a fuller examination of records in the United States, Russia and Asia. I would like us to renew our promise to the families and to the Nation to tirelessly fight for the fullest possible disclosure of information about the many Americans missing or unaccounted for from World War I, World War II, the Korean War, in Southeast Asia, and from the Cold War.

As we renew that promise, we can also count some accomplishments. In the past year, the remains of 49 Americans were returned from the war in Southeast Asia; however, 2005 Americans remain unaccounted for from that war—1,511 in Vietnam alone.

All year, veterans in Indiana and around the country have been holding commemorative events marking the 50th anniversary of the Korean War. This year has also seen progress in negotiations with the North Korean Government. In June, we witnessed a historic summit between North and South Korea, which could lead to further breakthroughs. Within the past three months, joint United States-North Korean remains recovery operations have returned the remains of 28 Americans. Since 1996, teams from the U.S. Army Central Identification Laboratory in Hawaii have conducted 15 such operations and recovered remains believed to be 68 soldiers. Though many of these MIA files were dormant for years because we had no diplomatic ties with the North Koreans, advances in DNA identification procedures create the hope that all of these remains will be identified.

This is a team effort and requires the firm commitments of the Congress, the Administration, the Departments of Defense and State, the Joint Chiefs of Staff and the National Security Agency. I am hopeful that all of us, through continued humanitarian support and dedicated diplomatic endeavors, will gain further information about the servicemen still missing to honor their sacrifice and provide peace of mind to their loved ones.

Mr. GRAMS. Mr. President, I rise to remind my colleagues that today is National POW/MIA Recognition Day. On this occasion, we should remember and pay tribute to the 2,005 soldiers, sailors, marines, and airmen who are still missing and unaccounted for, and we stand in solidarity with their loved ones and families. I am humbled by, and grateful for their love of country and sense of duty and honor.

It is difficult not to feel uneasy amidst the mixture of somber thoughts and feelings of gratitude and pride that this day brings. Uneasy, because, while we are a nation at peace and the wars in which these men fought are long over, they have not all returned home.

These Americans swore an oath to support and defend the Constitution, and with great personal sacrifice, carried through on that promise to their nation. Undoubtedly, many endured years in starved, tortured, isolated misery. Their integrity and heroism are examples of the core values on which this nation was founded.

Today, I want to pay special tribute to the dedication and service of the soldiers from my home State of Minnesota who are or were POW/MIAs from the Vietnam war and the Korean war.

These great Americans and their families have the gratitude of this free Nation. Yet, we must not rest until all American POW/MIAs are returned and accounted for, and the many questions that have overwhelmed their families are answered. I urge the Senate, the administration, the Departments of Defense and State, the Joint Chiefs of Staff, and the National Security Agency to redouble their efforts to bring our soldiers home as quickly as possible. Let us all take heart from the POW/MIA flag, which is displayed every day in the Capitol rotunda and which I display proudly in my offices. ''You Are Not Forgotten.''

I ask unanimous consent to have printed in the RECORD a list of Minnesota's POW/MIAs from the Vietnam and Korean Wars.

There being no objection, the list was ordered to be printed in the RECORD, as follows:

MINNESOTA'S COLD WAR CONFLICT POW/MIAS

Eddie R. Berg, Air Force, Staff Sergeant.

Warren J. Sanderson, Air Force, Captain.

MINNESOTA'S VIETNAM CONFLICT POW/MIAS

Howard L. Algaard, Army, Warrant Officer.

Richard C. Anshus, Army, Lieutenant Colonel.

John F. Bailey, Air Force, Major.

Charles J. Bebus, Air Force, Airman First Class.

Cole Black, Navy, Lieutenant Commander.

Richard F. Bolstad, Air Force, Colonel.

Paul V. Carlson, Navy, Lieutenant Junior Grade.

Keith A. Christophersen, Navy, Lieutenant Junior Grade.

William R. Cook, Air Force, Lieutenant Colonel.

William J. Crockett, Air Force, First Lieutenant.

Benjamin F. Danielson, Air Force, Captain.

Gale A. Despiegler, Air Force, Major.

David W. Erickson, Marine Corps, Private First Class.

David Everson, Air Force, Lieutenant Colonel.

Allen E. Fellows, Air Force, Major.

Robert H. Flynn, Navy, Lieutenant Commander.

William S. Forman, Navy, Lieutenant.