

more overtime so we could staff these stations through overtime. The Sergeant at Arms of the Senate has made it crystal clear we have to change this situation. I have talked to him. I told him I was going to speak on the floor. He said: Please do so.

I am not going to point my finger and say this particular person or that particular person is at fault. I am just going to say this: We should be able to do better for these Capitol Hill police officers. They do well for us.

We made a commitment that we would not put them in a situation where we did not have real security. We are doing that.

We still have single-person posts. I raised this question back in October before we adjourned. I was told there would be changes. But we still have not put the resources into this. I say to my colleagues if this is an issue of spending and we need to spend more money and we need to have more police officers, then let's do it. If this is some sort of an internal issue where we somehow need to figure out how to use overtime pay to staff up, then let's do it.

I don't know what the policy answer is. I will leave that up to other people. I am not going to be the one to micro-manage. But I will say this as a Senator: Every day I am going to come out on the floor, and every day I am going to say we lost two police officers; that we made a commitment in their memory to make sure we would have security; we made a commitment to make sure that we would not have single-person posts. That was a promise we made. We have still not lived up to that promise. We should do better. We should do better for the Capitol Hill police. We should do better for the general public. The sooner we do, the better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Thank you, Mr. President.

I want to tell the Senator from Minnesota how much I appreciate him speaking up for the Capitol Hill police officers. When we think about the many people in this country who are decent and caring, right up at the top of the list are those folks who serve this country as Capitol Hill police officers. I commend the Senator for his persistence in being willing to speak up for those folks day after day. I will find time to come out and join him.

Mr. WELLSTONE. I thank the Senator from Oregon.

#### PRESCRIPTION DRUG COVERAGE FOR SENIOR CITIZENS

Mr. WYDEN. Mr. President and colleagues, I have made it clear my top priority for this session of Congress is to make sure that we finally add pre-

scription drug coverage for senior citizens to the Medicare program.

Towards that end, I have teamed up for more than a year with Senator OLYMPIA SNOWE of Maine with a proposal we believe can win bipartisan support in this Congress and effectively respond to the enormous need that all of us are seeing as we go home to our communities and visit with older people. The Snowe-Wyden prescription drug legislation is bipartisan. It is marketplace oriented—we use competitive forces as a tool to hold down the prescription drug bills for senior citizens. All of us in the Senate can identify with the approach we are using because the Snowe-Wyden legislation is modeled after the Federal Employee Health Benefit Plan which all of us in the Congress are fortunate to enjoy.

As part of our campaign to get this bipartisan legislation enacted, I have made a commitment to come to this floor again and again and urge senior citizens, as this poster says, to send in copies of their prescription drug bills. We would like seniors to send in copies of their bills to each of us in the Senate, Washington, DC 20510.

As part of the effort to win passage of this legislation or a similar approach to it, I am going to come to the floor of the Senate again and again and again and read from some of the letters I am receiving from older people.

For example, recently I had a chance to hear from an elderly woman who lives in Yoncalla, in southern Oregon. It is a small town. Her closest pharmacy is about 30 miles away. She has diabetes; she has osteoporosis. Her Social Security check, the entire source of her income, is \$567 a month. She is taking eight different medications for her health problems. Her monthly drug costs come to about \$400 a month. That leaves this elderly woman in southern Oregon with less than \$200 a month to live on after she is done paying her prescription drug bill. Think about that, think about what it is like for an older person in this country having just a couple hundred dollars a month to pay for food and heat or other medical expenses.

She told us she has had to basically cut back on buying her drugs on a monthly basis because she knows, unless she juggles all her bills, she is not going to be able to come close to meeting all of her obligations. She has \$567 a month, lives in a small town, Yoncalla, Oregon. The pharmacy is a pretty good distance away; she has diabetes; she has osteoporosis, and when she is done paying her prescription drug bill, she has only about \$200 a month left to live on. That is a disgrace. That is wrong in a country as rich and good and powerful as ours.

Under the Snowe-Wyden bipartisan prescription drug legislation, with a modest copayment that woman would be able to get health insurance to cover

her prescription drug bill. Our legislation would pick up essentially completely the prescription drug portion of her health insurance premium.

The reality is, a person such as that older woman in Yoncalla is hit by a double whammy. Medicare does not cover prescription drugs and hasn't since the program began in 1965; and, second, she is in effect subsidizing big buyers, health maintenance organizations, big health plans that go out and negotiate discounts. It is no wonder that very often we see older people in our communities in this situation. This story is representative. I am getting accounts similar to this continuously. In every community in this country there are similar people who are walking an economic tightrope, seniors who, every month, balance their food bill against their fuel costs, and fuel costs against medical expenses. If they have any unexpected expenses at all that month, they fall off the economic tightrope and go further and further into the hole.

Another older couple I heard from recently, this time from my hometown in Portland, told me they spend \$5,264 a year on medications. This older couple gets Social Security benefits. The husband has a veteran's pension. Between the various sources of income they have, they receive just under \$12,000 a year. They have to spend over \$5,000 of it on prescription medicines. I am not going to go into all the details of this, but they sent me an itemized bill of four pages that outlines the prescriptions they are paying for on a regular basis. Mr. President, \$5,000 a year of their \$12,000 income goes to pay for these medicines.

I think we can come up with a bipartisan approach to deal with this issue, one that is marketplace oriented. We have a good model in the Federal Employees Health Plan. Senator SNOWE and I are very proud that when we brought the funding plan for our legislation to the floor of the Senate as part of the budget last session we got 54 votes. A majority of the Senate is now on record in support of ensuring we fund prescription drug coverage for older people.

I was very pleased with how the President handled the prescription drug issue at the State of the Union Address. He made it clear he was not interested in scapegoating anybody or saying Republicans were at fault or somebody else was at fault for not getting this enacted. He made it clear he wanted to work with the U.S. Congress. He said the need is urgent. He left open the opportunity to work with Republicans and Democrats on the particulars. Senator SNOWE and I believe our approach is one that makes sense. We are proud of the fact we got the majority of the Senate on record voting for a funding approach for it.

But our colleagues have lots of other good ideas. We recognize that. Our bill

is called SPICE, the Seniors Prescription Insurance Coverage Equity Act. Other colleagues have other ideas as well. I hope seniors across the country will consider this poster I have up here that says, "Send In Your Prescription Drug Bill," to each of us in the Senate, Washington, DC 20510.

I am going to keep coming to the floor of the Senate, reading from these letters, reading from these accounts. Today you heard about an older person in Yoncalla, an older woman in southern Oregon literally with less than a couple hundred dollars a month left to live on when she is done paying for her prescription drug bill, and an elderly couple in Portland who worked hard all their lives, always played by the rules, who are spending more than half their income on prescription drugs.

I will wrap up with this point. We as a nation are just starting to have the debate about whether we can afford to cover prescription drugs. My view is we cannot afford not to cover prescription drugs. If that older woman in Yoncalla cannot get help with her prescriptions when she has diabetes and osteoporosis and she is taking eight medications, if that couple in Portland cannot afford their medications, all of the gerontological research proves what is going to happen. Those folks are going to get sicker. They are going to land in the hospital where they need much more expensive care under what is called Part A of the Medicare program.

I see my friend from Minnesota. He and I have worked often on these issues. The Presiding Officer of the Senate handled the Social Security issues in the House. We know what needs to be done. We know it needs to be done in a bipartisan way. We can only get important issues addressed in Washington, DC, if we work in a bipartisan way. That is what I have teamed up with Senator SNOWE for more than a year to do.

I hope, as I bring additional cases to the floor of the Senate and talk about the extraordinary suffering we are seeing among our seniors, that we can come together on a bipartisan basis to deal with this issue. I have spoken with Senator DASCHLE and Senator LOTT about it. I know Senator SNOWE is doing so as well. This is an issue to which every single Member of the Senate can point as an achievement if we come together and address it in a bipartisan way.

Towards that end, I intend to keep coming to this floor and describing these cases. I have believed since the days I was codirector of the Oregon Gray Panthers that this was an important issue to address. It becomes even more important by the day as these new drugs are key to keeping seniors well and keeping them from landing in the hospital and incurring greater expenses.

I hope seniors will take heed of this poster and send copies of their pre-

scription drug bills to their Senators in Washington, DC 20510.

I will keep coming to the floor of this body again and again urging bipartisan support on this issue. It is my top priority for this session, and it ought to be a top priority for every Senator.

I look forward to working with my colleagues to have this issue addressed in this session of Congress and give our older people meaningful relief from their prescription drugs bills.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

#### DAIRY

Mr. GRAMS. Mr. President, I take this opportunity to address concerns about the direction our country is taking in agriculture policy for our Nation. It has been very frustrating to me that our Federal dairy policy has been driven by what I can only describe as urban myths about the supposed benefits of dairy compacts in our country. These myths, just like stories on the street, have been repeated so many times in Congress that they are assumed to be true, despite their total lack of a factual basis.

I would today like to discuss the myth that dairy compacts are necessary to provide an adequate supply of fresh, locally produced milk to consumers. As I have said before, I believe this assertion is a deliberate attempt to mislead consumers into believing that if we do not have compacts, there may not be milk in the dairy case the next time they go to the grocery store. Perhaps the statement is not a total deception because it says that the dairy compact is designed to guarantee fresh, locally produced milk. But as we enter the 21st century, we as consumers know that a product in the grocery store does not have to be produced locally to be "fresh." If it is produced locally, all the better, but we regularly go to the grocery store and buy fresh, perishable food that comes from all over the United States, including fruits, vegetables, meats, poultry, and any of a number of other foods. Similarly, fresh milk and dairy products can now be safely and rapidly shipped all over the country in refrigerated trucks—there is no need to restrict interstate trade in our country to guarantee fresh milk to our consumers.

One of the reasons that America thrives economically is because we allow individuals to produce what they are most skilled at producing. And this principle extends to geographic regions of the country. As an example, Americans buy most of their citrus products from Florida and California, cotton and rice from the South, and potatoes from the West. Economists call this "comparative advantage"—regions produce and sell whatever they are most efficient at producing, and everyone bene-

fits because trade and efficiency is maximized. Lower price; better products to the consumer. It all seems very simple, but it is not allowed to work that way in our dairy industry.

The upper Midwest, due in part to its climate, low feed prices, and an abundant water supply happens to have a comparative advantage in milk and dairy products. However, unlike the rest of the country, it is not permitted to freely sell the product that it so efficiently produces. Instead, Congress has chosen to protect entire regions of the milk industry against competition from the upper Midwest through dairy compacts and/or outdated milk marketing orders.

Basically, in dairy, the Government is picking winners and losers, not who can produce the best, not who can be competitive, what area of the country it is. But under a Government program, the Government is saying who is a winner and who is a loser when it comes to the dairy industry.

Dairy compacts require that processors pay a minimum price for the milk they sell for fluid consumption. Compact proponents will claim that producers outside the compact region are not prevented from selling into the region, but for all practical purposes, this is exactly what it does. If you have a floor price, it eliminates the ability of lower cost producers to sell in that region. There is no incentive for processors to buy from producers outside the region because the price they pay is already set. So they are not able to buy at the lower price or more competitive supply, but because of the compact setting the price, that is where they buy it.

It is interesting that the argument that compacts are necessary to guarantee a supply of fresh milk to a region was also made to justify the unreasonably high support prices in the 1980s that resulted as you will remember, in massive government purchases of surplus dairy products. The Federal Government spent \$2.6 billion on surplus purchases in 1983 alone, more than 12 percent of U.S. milk production. Congress consequently had to begin a dairy termination program which paid dairy farmers not to produce milk for 5 years.

Congress today is perpetuating the same myths as in past years, with the same predictable results of producer surpluses and higher milk prices to consumers. Upper Midwest producers could sell cheaper milk to consumers almost nationwide, but instead, not only can they not compete for markets outside the region, but their prices in cheese markets are depressed by the oversupply of production in the compact region that flood into the Midwest.

Finally, it appears that not only are dairy compacts not necessary to guarantee a fresh supply of milk to consumers, but they seem to only offer