In spite of all the jobs we have attracted to South Carolina, in the last 4 years, there has been a loss of 12,000 jobs. Don't give them the Washington solution of retraining and new skills. We had the Oneida plant. It made just T-shirts. It closed at the beginning of last year. We got it some 35 years ago making these T-shirts. They had 487 employees. The age average was 47 years. They are closed now. But where did the jobs go? They have gone to Mexico. They did not create the jobs for the Oneida workers. They lost the jobs for the Oneida workers.

Now Washington is overly smart here, telling the workers that this is the trend—global competition, engine of the economy, and all that kind of nonsense. Retrain—let's try that on for size.

Let's assume tomorrow morning we have to retrain and have new skills for computer operators. I know the distinguished Chair is an outstanding business leader. He knows business. He knows that business is not going to hire the 47-year-old computer operator. They are going to hire the 21-year old computer operator. Business in competition can't afford to take on the retirement costs of a 47-year-old or the health care costs of a 47-year-old. They are going to take on that 21-year old.

So Andrews, SC, is a ghost town. We have some other industries I helped bring there. But I can tell you, those 487 are not coming back, as the distinguished Chair of the Finance Committee says, by just retraining and new skills.

This is happening with the automobile industry, with the automobile parts industry, with the aircraft industry, Boeing, and now, according to the recent statistics, with the software industry.

This Congress and this Government has a real problem up here. It is not a problem of getting these folks, me included, reelected. It is a real problem that only we can handle, that only we can take care of. Everyone else has their government on their side. When is our Government going to get on our side?

Yes. The Secretary of Labor is not calling over here. It is unfortunate. Do you know who is calling over here? The Secretary of State. The Secretary of State has a European Desk. She has a Japanese Desk. She has a Chinese Desk. She has a Cuban Desk. When are they going to get an American Desk? She is not going to have one. That isn't her responsibility. But she is talking free trade, free trade, so that the striped-pants diplomats can run around and give away even more.

You know how wonderful, fat, rich, and happy we were after World War II. We are going broke. I can prove it. You watch it. You will see it here. It will happen—not totally broke, obviously. The economy is simmering down. Don't worry about it. We are losing that hard industry, hard-core industry in the middle class. That is the strength of the democracy, according to G.K. Chesterton. That is why we have succeeded as a fledgling democracy—the strong middle class. And instead, we are getting rid of it. As Zuckerman says, we are going into two groups of people—the haves and the have-nots. One important industry to our national security is about to bite the dust with this piece of legislation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Thank you, Mr. President.

PRESCRIPTION DRUG COSTS

Mr. WYDEN. Mr. President, this is the eighth time in recent days I have come to the floor to talk about the issue of prescription drugs because, frankly, I think this is a priority for this session of the Congress and one we can tackle in a bipartisan way.

Senator OLYMPIA SNOWE and I have teamed up on a bipartisan bill. We were able to get 54 votes on the floor of the Senate for a concrete funding plan for our approach.

What I have been doing, as folks can see in the poster right next to me, is urging seniors to send in copies of their prescription drug bills. The poster is very clear. We would like seniors to send copies of their prescription drug bills directly to each of us in the Senate so we can emphasize how important it is that this be tackled in a bipartisan way.

Senator SNOWE and I have heard again and again that this is an issue that just has to be put off until after the 2000 election. The Republicans and Democrats are going to just bicker about it and sort of have an ongoing finger-pointing exercise and nothing will get done.

I happen to think there are a lot of Members of the Senate who want to tackle this issue and want to tackle it in this session of Congress.

Since I have come to the floor of the Senate and brought this poster urging seniors to send their prescription drug bills in, I have heard from a number of our colleagues in the Senate. They have said we need bipartisan action. A number of them have asked for copies of the bipartisan Snowe-Wyden bill. They want to know more about it.

I am going to continue tonight to read from some of these letters, particularly from folks I am hearing from in Oregon. But I want to take a few minutes tonight to talk about some important issues relating to this question of prescription drug coverage for senior citizens and particularly ask about this issue of whether we can afford, as a nation, to cover prescription medicine.

Mr. President and colleagues, I believe America cannot afford to not cover prescription drugs. The reason that is the case is that drugs in the 21st century are going to be preventive. They are going to allow for patients to be treated on an outpatient basis and it will make part A of Medicare, the hospitalization part of Medicare, less expensive.

I mentioned a drug the other night, an important anticoagulant that helps to prevent strokes. It is a drug that would cost perhaps $1,000 a year to assist seniors. If we can prevent those strokes through the anticoagulant drugs, we can save $100,000 that might be incurred as a result of expenses associated with a disability.

There is one bipartisan bill before the Senate dealing with this prescription drug issue. It is the Snowe-Wyden legislation. My view is we can't afford to continue to pass up the opportunity to address these health care issues in a preventive way rather than incurring the extraordinary expenses for more institutional care.

I will mention a few of the drugs that will be particularly important to older people. One is Neupogen, which helps cancer patients and others with compromised immune systems boost their white blood cell counts and avoid hospital stays. Another is Glucophage, which is now being used to help those at risk for diabetes from getting that disease which causes so many other serious health problems.

My mom has had diabetes for a long time. I have seen the costs of these medicines. To think there is an opportunity with a particular drug to cover these seniors with their prescription drug bills seems to me to be an option as a nation we cannot afford to pass up.

Another drug is Vasotec, which treats high blood pressure and helps to stave off strokes and heart disease and other major problems.

These are all important medications. They do cost money, but the bottom line is we can use these medicines. When seniors receive these medicines, they are in a position to stave off much more serious and much more expensive problems. It is sensible, in my view, to make sure seniors who need these medications—that are preventive in nature—can get them. Under the bipartisan Snowe-Wyden bill, that would be done.

As far as I am concerned, in my reading of history, there is pretty much nothing that can get accomplished in the Senate that is truly important that isn't bipartisan. Our proposal gives each senior a chance at affordable prescription medicine. It ought to be recognizable to Members of Congress because a version of this model is what ensures good health for the families of Members of this body and the Congress.

Since my days with the Gray Panthers—I have been working on this prescription drug issue for many years now—I have seen how many seniors have to walk an economic tightrope, balancing their food against their fuel costs and their fuel costs against their medical bills. We have now more than 20 percent of the Nation's older people paying more than $1,000 per year for prescription drugs. The typical senior is using 18 prescriptions a year.

One constituent from Medford, OR, wrote that from a modest income he spent more than $1,230 so far this year on prescription medicines.

The typical senior is taking 18 different prescriptions. I hope, as a result of this effort to collect these drug bills from seniors, we can actually get some relief for people in this country who are facing such serious and urgent health care needs.

Some have said we ought to wait until after the next election, we ought to wait for comprehensive Medicare reform. I know the Presiding Officer believes strongly in this. There are a lot of Members who want to see broader, more comprehensive Medicare reform. Under the Snowe-Wyden prescription drug proposal, we are using the kind of principles that make sense for Medicare in the 21st century. It is choice-oriented. It gives a lot of options to older people. We use marketplace forces to contain costs.

It has worked for Members of Congress and their families. I think it can work for my constituents at home in Oregon. I think it can work for the older people of this country. I am hopeful in the days ahead we can make the case for why it is important the Senate Act in this session.

The question of prescription drugs and will Congress tackle it now—all of the political prognosticators have said this is an issue the Congress is going to punt on. They have said this is an issue that is going to have to be put off. I don't see how, when seniors are sending copies of their prescription drug bills, a Member of this body, a Member of this Congress, can say we ought to put this issue off when there is a model that 54 Members of the Senate have voted for, that has strong bipartisan support, that uses marketplace forces as a model. Let's not say this is something that ought to be put off.

I think we know what needs to be done. I think we can do it in a cost-effective fashion. Our bill doesn't involve price controls. Some seem to think that is the way to go. What troubles me about plans to deal with prescription drug costs that involve price controls, we will have massive cost-shifting. If we have Medicare acting as the buyer for all the medicine, it may be possible for the Government to negotiate a discount. I have always said that might be possible. What troubles me about that approach is we will have the cost passed on to someone else who might be 26 or 27—maybe a divorced mom who has a couple of kids—working as hard as they can, and all of a sudden they find out their prescription drug bill shoots up because Congress adopted an approach in this area that doesn't use marketplace forces.

Under the bipartisan Snowe-Wyden plan, the only bipartisan prescription drug bill now before the Senate, we reject those cost controls. We don't advocate a one-size-fits-all Federal approach. We use marketplace forces, the kind of forces that help deliver decent and affordable care to Members of this body and our families.

I want to read briefly from a couple of the other letters I have received from Oregon. I will keep coming back to the floor of the Senate again and again until we get bipartisan action on this prescription drug issue. I think the question of prescription drugs is the kind of issue that can leave a legacy for this session. It is the kind of important question that will help folks and help families at a time when a lot have fallen between the cracks. We know the economy is strong. We know a lot of people are doing well. If they happen to be in the stock market, most of the time they are doing very well. But there are a lot of folks who don't have the stocks in the technology companies, a lot of folks are on modest incomes. A lot of the seniors I have worked with since my days with the Gray Panthers are telling me and telling other Members of the Senate they just can't afford their prescriptions. That is what this is about. They can't afford their prescriptions.

There is a right way and a wrong way to deal with that issue. The wrong way, in my view, is to have a price control regime and produce cost-shifting with intervention by Government. I don't think that will work. I think a lot of people will end up getting hurt by that approach. I think there would be a lot of unintended consequences.

The right kind of approach, the one advocated in the bipartisan Snowe-Wyden prescription drug bill, uses marketplace forces. It gives seniors the kind of bargaining power that health maintenance organizations would have. Those big organizations, the health maintenance organizations, can go out and negotiate deep discounts. They use their bargaining power in the marketplace to get discounts. What happens is seniors get shellacked twice. They get hit once because Medicare doesn't cover prescription drugs.

Medicare started out as half a loaf back in 1965. It did not cover prescriptions and eyeglasses and hearing aids and a variety of needs older people have. But as a result of the escalating costs of health care, a lot of seniors are paying more proportionately out of pocket today than when Medicare began in 1965.

So seniors are not able to afford their prescriptions, and that senior purchaser, a low-income elderly widow, in effect has to subsidize the big purchasers, the health maintenance organizations that can negotiate discounts.

There is a right way and a wrong way to deal with the issue of affordable medication. The wrong way is to create a one-size-fits-all Federal regime and put the Government in the business of trying to orchestrate this entire program. The other is to use a model that we know works. Under our proposal—we call it SPICE, the Senior Prescription Insurance Coverage Equity Act—Senator SNOWE and I, we reject this Government model. We use an approach that has private sector options and choices and gives seniors bargaining power.

We hope more older people will send us copies of their prescription drug bills. This poster really says it all to seniors and their families:

Send us copies of your prescription drug bills.

Send them to your Senator. Write to:

Your Senator, U.S. Senate, Washington, D.C.

I am going to wrap up tonight—because I know several of our colleagues would like to discuss matters important to them—with just a couple of other letters.

From the Oregon coast in the last few days, I received a particularly poignant letter. It is from an individual with an income of about $1,000 per month. She has to take prescription medicine, a number of prescriptions. Over the last few months, out of her $1,000-a-month income, she has had to spend almost $700. That is just over the last few months, from somebody who is on a very modest income.

Picture any one of us, or our relatives, trying to get by on an income of $1,000 a month and having to spend a significant portion of it, around $700 just in recent days, on prescriptions. We know they would not be able to do it. But that is the reality of what seniors on the Oregon coast are facing. That is the reality of what seniors all over this country are facing. That is what the bipartisan Snowe-Wyden prescription drug bill seeks to deal with. We want that person to get some real relief. We think it is time for the Senate to act on a bipartisan basis.

One other letter I received from the Willamette Valley, not far from my hometown, I thought was also particularly poignant. This was from a senior who sent me, really, all of his prescriptions. Just as we said in our poster, send us copies of your prescription drug bills, I think a lot of the seniors are doing it in a pretty detailed fashion. This is just an example of what I received from one older person in the Willamette Valley. She reports, on a very modest income, she is spending $236 a month on her prescription drugs. As she reports, that is without the over-the-counter medication she also has to take. She is 78 years old. She is concerned about whether or not the Senate is going to act. She is pretty skeptical, just the way a lot of other seniors are in our country. What we need to show is this Senate is willing to tackle these issues and do it on a bipartisan basis.

The time for finger pointing and scapegoating on this issue is over. We cannot wait for another year, another full year, for action on this matter. We ought to move now. There is one bipartisan bill before the Senate, one which I believe can bring Democrats and Republicans together. I am going to keep coming back to the floor of the Senate to talk about the SPICE Program, the

Senior Prescription Insurance Coverage Equity Act. It is voluntary in nature. Nobody is required to change anything. No senior, no family, would be required to change anything in their buying practices should they choose to continue doing exactly what they are doing. But for millions of older people, the SPICE Program, the Senior Prescription Insurance Coverage Equity Act, will be a bargain. It will be a winner because it will give seniors the kind of bargaining power the big health maintenance organizations have had.

It is not right, in my view, to give those buyers significant power in the marketplace and just say seniors and families do not matter. In effect, that is what we are doing. We are telling them: You go on out and do your best, walk into a pharmacy, and even though you are subsidizing the big buyers, this Senate will not do anything about it.

I believe it is time for bipartisan action on this. I believe it is time to create an approach to cover prescription drugs under Medicare that uses the forces of the marketplace, that is bipartisan, and that helps hold costs down. I believe a lot of seniors cannot afford their prescriptions. There is a right way and a wrong way to deal with it. The bipartisan Snowe-Wyden legislation is what we think is the appropriate way to go. We are going to continue to come to this floor and talk about the need for action on it.

As this poster says, what will help is if seniors send in copies of their prescription drug bills. We urge seniors to send them to us and send them to their Senator here in the U.S. Senate, Washington, DC 20510, because that will help Members of the Senate to see how urgent is this need.

The need was great years ago, but it is getting even greater. Too many older people every week are having to make a choice between their food costs and their fuel costs and their fuel costs and their medical bills. Let us show we can deliver on this important issue. There is a bipartisan bill now before the Senate. We hope seniors, as this poster says, will be in touch with us to let us know their feelings on this important matter.

I intend to keep coming back to the floor of the Senate until we get action on this issue.

I yield the floor.

The PRESIDING OFFICER (Mr. SESSIONS). The majority leader.

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent there now be a period for the transaction of morning business with Senators permitted to speak for up to 10 minutes each.

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

NURSING RELIEF FOR DISADVANTAGED AREAS ACT OF 1999

Mr. HATCH. Mr. President, on October 22, the Senate passed by unanimous consent the Nursing Relief for Disadvantaged Areas Act of 1999. The Senate agreed, also by unanimous consent, to an amendment of mine added to that legislation. My amendment made a technical clarification to the L visa program. Unfortunately, an ''Interpretation of Technical Amendment'' at the end of my remarks on my amendment was inadvertently left out of the CONGRESSIONAL RECORD. I ask unanimous consent it be printed in the RECORD.

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

INTERPRETATION OF TECHNICAL AMENDMENT

''Collective'' and ''collectively'' refer to a relationship between the accounting and management consulting firms or the elected members (partners, shareholders, members, employees) of the various accounting and management consulting firms, inclusive of both accounting service firms and management consulting service firms or the elected members (partners, shareholders, members, employees) thereof.

An entity shall be considered to be ''marketing its services under the same internationally recognized name directly or indirectly under an agreement'' if it engages in a trade or business and markets its trade or business under the same internationally recognized name and one of the following direct or indirect relationships apply to the entity:

(a) It has an agreement with the worldwide coordinating organization, or

(b) It is a parent, branch, subsidiary or affiliate relationship to an entity which has an agreement with a qualifying worldwide coordinating organization, or

(c) It is majority owned by members of such entity with an agreement and/or the members of its parent, subsidiary or affiliate entities, or

(d) It is indirectly party to one or more agreements connecting it to the worldwide coordinating organization, as shown by facts and circumstances.

This provision is intended to provide the basis of continued L visa program eligibility for those worldwide coordinating organizations which may in the future divide or spin-off parallel business units which may independently plan to associate with a non-collective worldwide coordinating organization.

CLOTURE VOTE ON H.R. 434

Mr. KENNEDY. Mr. President, I regret that because of a long-standing commitment, I will not be here for tomorrow's vote on cloture on H.R. 434, The Sub-Saharan Africa Free Trade Act. If I could be here, I would vote against cloture.

I strongly oppose the majority leader's decision to fill the amendment tree to prevent us from offering amendments on some of the most important issues facing working families in this country, especially the minimum wage.

Federal Reserve Board Chairman Alan Greenspan has said numerous times that increased trade has raised the standards of living and the quality of life for almost all countries involved in trade, and especially the quality of life in our own country. Chairman Greenspan believes that the number one benefit of trade is not simply jobs, but enhanced standards of living.

I can think of no more important enhancement to the standard of living of America's hardest pressed working families than to increase the minimum wage. Surely, it is appropriate to send the message on this legislation that increased trade must definitely mean a better quality of life for the working poor.

I had hoped to offer an amendment to raise the minimum wage to this bill, but the majority leader's actions prevent me from doing that. This trade bill has been offered to enhance the standards of living for workers in Africa and the Caribbean. I am certainly in favor of that, but there are honest disagreements as to whether the proposal before us effectively does so. But, while we express our concern for workers in these nations, we cannot forget about the workers in our own country.

I commend President Clinton for making trade with Africa a priority for his administration. His leadership is the driving force behind this entire debate. As the Senate debates trade with Sub-Saharan Africa and the Caribbean region, we must ensure that we take the right approach to building these vital partnerships. Clearly, we must strengthen our economic ties with these nations, but I am not convinced the proposal before us is the best way to do so.

Unfortunately, the majority leader's actions have also prevented anyone on this side of the aisle from offering germane amendments that will help us to build lasting partnerships between African and American businesses, provide strong protections for workers rights, and preserve the environment. We clearly had an opportunity to enact a bill that would make trade with Africa and the Caribbean Basin countries a win-win for all of the nations involved, but the majority leader's actions have made that impossible.

Any bill on Africa that comes before the Senate should address both trade and the other important issues facing Africa today. It must deal with the AIDS crisis. It must offer substantial debt relief. And it must restore foreign aid. Yet the proposal currently before the Senate is silent on these fundamental issues facing Africa. I am pleased that Senator FEINGOLD, Senator DURBIN, and other Senators are prepared to offer amendments that address all of these concerns, and I strongly support them.

I am also very concerned about the impact of the pending bill on our textile and apparel industries, which are often hardest hit by imports. These industries remain a critical source of employment for many American workers. In Massachusetts, many textile and apparel employees live in the Merrimack Valley and in Southeastern Massachusetts. They work hard, and they have made a lasting impact on our state's history and culture.