

at MIT, but information is still classified "top secret, no form," in some bureaucracy in Washington. The absolute standard operating procedure is to classify something "Top secret" and then send it to the President in the hopes that it will get on his desk if it looks really enormous.

There are endless examples of clippings from Newsweek magazine stamped "Confidential." Just a bureaucratic mode.

The idea that Dr. Lee was imprisoned is hard to understand. Solitary confinement, worse. But leg irons? There were leg irons so one could not run off to Mexico. Obviously, much needs to be explained.

I say also for Dr. Deutch, this is a man of utmost patriotism. What was his offense? I don't think it is a crime at all. He took work home with him. After dinner he would sit down and work. There is a penalty for that, and he accepted it. He has had all his clearances removed, which is a heavy price for a scientist, but he has accepted that. The idea that he has done anything wrong beyond that is to say to people: Don't go near the clandestine services of the United States, don't go near the atomic laboratories.

I have no standing as a scientist, but I was a member of the President's Science Advisory Committee, and I am a fellow of the American Association for the Advancement of Science, and having been a member of the board and vice president at one point, I can say I know a fair number of scientists. Their postdoctorate students don't want anything to do with the Federal laboratories.

If you want to do something to the national security of the United States, keep the best minds out of the weapons labs. That will do it faster than any transfer of information, which has a half-life of nine months before others catch up or they think it up on their own.

I can speak to this. For example, with atomic secrets, we have a wonderful person, a great man, Hans Bethe, who was standing alongside Oppenheimer at Los Alamos. A man of luminous intelligence. There is nothing that he is more skeptical about than the idea of keeping physical science secret. He tells the story that after the atomic bomb was detonated, he and the other physicists involved said: All right, but no hydrogen bomb. No, that is too much.

And there was the further advantage:

And thank God, nobody knew how. It was not possible to make one. It can't be done. The physics just won't work.

And then he said: Stanislaw Ulam and Edward Teller figured out how it could be done.

And we said: Oh, Lord, if Ulam can think of it, Sakharov will think of it. So we had better go through with it.

He and Oppenheimer said:

You have to go through to a hydrogen bomb because science is not in a box that you can put in a closet.

I also want to say on this floor that I have not known a more patriotic man than John Deutch; absolutely committed to this country's security. Provost at MIT, a physical chemist, a man of great science, who made the error of working after supper at home. Nothing was ever transferred to anybody. He was working. What do I do in the morning? That kind of thing. And the very idea we would try to punish him for that is to put, I say, in jeopardy the whole reputation of American classified science and clandestine service. We do that at a great cost, which you will not recognize for half a century, perhaps. But it will come.

I thank the Senator from Texas for what he has said. I appreciate his indulgence in what I have joined him saying.

I see my colleague seeks recognition. I yield the floor.

PRESCRIPTION DRUGS

Mr. FRIST. Mr. President, I rise to speak briefly on an issue which has been talked about on the floor of the Senate this morning, and that is prescription drugs.

We all hear the critical cry—I say "cry" because it is almost that—as we talk to seniors across this country who say: We need some help; these drugs cost too much; they are out of our reach; we need help.

What is interesting is this is not heard from everybody. It is principally from a group of people who don't have access to affordable prescription drugs, and now we are charged as a body to develop a policy to ensure, to guarantee that coverage and getting it as quickly as we can to those people who need it, who are crying out now.

This past year I received over 3,000 letters or e-mails from seniors in Tennessee on this very topic. What did I hear? One elderly couple from Kingsport, TN, wrote:

We are requesting that you do not support any big government drug scheme. Government does not do things better than individuals. Please protect seniors' choice of private coverage. One size does not fit all. We do not want the bureaucrats interfering with our doctor-patient prescription drug choices.

A widow from Tennessee who had a liver transplant writes:

I'm against the big government plan. I have certain medications I must take and want to be able to get whatever medicines I need.

These letters speak volumes. They, first of all, point out the importance of health care security for our seniors that prescription drugs do provide but also the importance of having a right to choose what is best for one's individual needs.

I mention these letters because I do believe this body should respond as government should, in the broader sense, with a health care proposal, prescription drug plan, that gives affordable access to all seniors, making it a part of health care security. The plans

we have heard talked about in the press today are the Bush Medicare plan and the Gore prescription drug plan that have been contrasted on the floor earlier today by a colleague from the other side of the aisle.

I want to comment on those. It is useful for this body because, in essence, Governor Bush's proposal looks at two bills on this floor. One is Chairman ROTH's bill, which gives an immediate helping hand to those seniors who need it today, working predominantly through the States; the second component of the Bush proposal is modeled on the same concept as Breaux-Frist, the bipartisan plan that is based on the way we get our health care as Senators today.

On the Gore side—and that is why this contrast is useful—is the Clinton-Gore proposal, which is also on this floor in terms of prescription drugs. Although we use Governor Bush and Vice President GORE, they both represent bills that are currently on the floor of the Senate.

Looking at Governor Bush's Medicare plan, it has two parts. One is overall modernization, long-term strengthening of the overall Medicare plan, the health care plan for our seniors and individuals with disabilities. The second part offers immediately, right now, the help that seniors are crying out for today. You simply cannot ignore those low-income and middle-income individuals who can't afford the drugs, who really are choosing between putting food on the table and buying those prescription drugs.

The two-part plan has its overall goal to strengthen Medicare and to get that prescription drug coverage to all seniors. It is based on this bipartisan plan, this Breaux-Frist type principle.

The primary focus of Governor Bush's proposal is a universal prescription drug proposal that includes this comprehensive modernization. It does several things. No. 1, it lets seniors choose. Beneficiaries can stay in traditional Medicare, what they have today, or they can choose a plan such as Senator BILL FRIST or Senator ROTH or President Clinton has, a model called the Federal Employees Health Benefits Plan. Under Governor Bush's proposal and under the Breaux-Frist proposal, all current Medicare benefits are preserved.

The real advantage is that seniors for the first time are given a real option to choose among plans that might better be able to meet their individual needs. One plan might have more preventive care. Another plan might have vision care—not in Medicare today. Another plan might have dental care—not in Medicare today.

No. 2, Governor Bush's proposal, and the Breaux-Frist proposal in the Senate, provides all seniors some prescription drug coverage access. Yes, there is a 25-percent subsidy of the cost of those premiums for everybody with a 100-percent subsidy for those people under 150 percent of poverty.

All seniors under Governor Bush's proposal have a limit, a cap on how much is spent out of pocket, not only for prescription drugs but for all health care—visits to the physician, visits to the hospital, prescription drug coverage. Once your out-of-pocket expenditures get above \$6,000, it is covered by the Government.

Fourth, this proposal is based on the Federal Employees Health Benefits Plan. I think that is very important because seniors understand if that care is really good enough for President Clinton or Senator FRIST, health care will be good enough for me.

No. 5, Governor Bush has said yes, this is going to take more money. It is going to take about \$110 billion in more money. Why? Because that modernization in bringing things up to date, that better coordination of services, is going to require an investment. That is in real contrast to the Clinton-Gore proposal which, when we first heard about it, was going to cost \$167 billion; that is when it was introduced last year. Right now, the figure touted by the Gore campaign is \$250 billion. The Congressional Budget Office says no, it is not \$167, it is not \$250 billion, but in truth it is about a \$337 billion plan.

So, taxpayers, watch out. Seniors, watch out. This plan has already doubled in size, in how much it costs, in the last 12 months, the plan of the Clinton-Gore team. No. 6, and most important, I think, in the short term, is seniors deserve this coverage now, not 2 years from now, not under the Clinton-Gore plan which phases in over another 8 years—actually they don't fully implement it until the year 2010. Our seniors need health care now.

I would like to briefly turn at this point to S. 3016 and S. 3017, introduced by Senator ROTH. What this bill says—which complements, supplements, and parallels very much what Governor Bush has said, and Governor Bush did it through his helping hand—since we have a problem now, let's reach out right now and get the money to the neediest people, the low- and moderate-income people who need it right now; not to be phased in later.

What this Roth bill does is it makes grants immediately available to those people who need it the most. It will extend prescription drug coverage immediately, recognizing it is a transition program, until we modernize Medicare through the Breaux-Frist or Governor Bush approach. It immediately extends prescription drug coverage to about 85 percent of Medicare beneficiaries.

It serves as a bridge to overall Medicare modernization, overall reform.

This is not the answer. This is the short-term answer to plug that hole that everybody agrees is there, whether Democrat or Republican. That hole is created because true modernization is going to take 12 months or 24 months or 36 months. So let's start that modernization program now, but, in the meantime, let's get help to the people who need it, who are out there making

that choice between putting food on the table, buying those groceries, or buying prescription drugs. Let's help them in 6 months, not 10 years from now, not 5 years from now. That is where the Roth bill moves right in.

Let me point out that 22 States already have taken action. Remember, all 50 States right now are administering prescription drug programs. That mechanism is there right now. It is not in HCFA, it is not in the Federal Government now, and that is why, under Chairman ROTH's leadership, we can get that aid to the people who need it most.

I will talk more about the Clinton-Gore plan later, but let me just close by saying all I said sharply contrasts it.

No. 1, the Gore plan forces seniors to wait 10 years before it is fully implemented. It doesn't even start offering any drugs or drug coverage for at least 2 years.

No. 2, it doesn't give seniors any choice. They can choose one time, at 64½ years. They choose one time, and that is it. Contrast that with the Breaux-Frist plan or Governor Bush's plan, which allows choice at any point in time.

No. 3, the Clinton-Gore plan does nothing to strengthen Medicare. It is a 50-percent copayments for drugs. It does nothing to modernize or strengthen Medicare long term.

No. 4, it does nothing to benefit, to improve that underlying benefit package in terms of preventive drugs, preventive care, in terms of vision care, in terms of dental care. The flexibility is simply not there in the Gore plan.

I close by saying our debate about the various plans is an exciting one for me. Our goal must be health care security for seniors. Governor Bush and our plans, through Breaux-Frist and the Roth proposal, do just that.

I reserve the remainder of my time.

VICTIMS OF GUN VIOLENCE

Ms. MIKULSKI. Mr. President, it has been more than a year since the Columbine tragedy, but still this Republican Congress refuses to act on sensible gun legislation.

Since Columbine, thousands of Americans have been killed by gunfire. Until we act, Democrats in the Senate will read the names of some of those who have lost their lives to gun violence in the past year, and we will continue to do so every day that the Senate is in session.

In the name of those who died, we will continue this fight. Following are the names of some of the people who were killed by gunfire one year ago today.

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Charles Caldwell, 18, Minneapolis, MN; Penny Calhoun, 32, Salt Lake City, UT; Henry J. Calhoun, 32, Salt Lake City, UT; Jovan Coleman, 19, Chicago, IL; Orlando Cortezq, 24, Dallas, TX; Israel Cuervas, 26, Dallas, TX;

Charlie D. Duff, 18, Chicago, IL; Alfredo Fernandez, 50, Houston, TX; Toi Goodnight, 41, Pittsburgh, PA; Stevie Gray, 33, Washington, DC; Jessie Harper, 39, Houston, TX; Michael L. Harris, 41, Chicago, IL; Lee Sun Heung, 43, Baltimore, MD; John Homilton, 82, Oakland, CA; Stephen Hornbaker, 35, Pittsburgh, PA; Kerne Lerouge, 43, Boston, MA; Nigel D. Reese, 17, Chicago, IL; Herman Ridley, 24, Baltimore, MD; Frank Rizzo, Houston, TX; Charles Waldon, 62, Houston, TX.

One of the victims of gun violence I mentioned, 41-year-old Toi Goodnight of Pittsburgh, was shot and killed one year ago today in a carjacking incident. The man who killed Toi shot her in the mouth and left her on the highway as he drove away in her car.

We cannot sit back and allow such senseless gun violence to continue. The deaths of Toi Goodnight and the others I named are a reminder to all of us that we need to enact sensible gun legislation now.

OLYMPIC AMBUSH MARKETING

Mr. STEVENS. Mr. President, at the end of this week the men and women of the United States Olympic Team will march into the Olympic Stadium in Sydney, Australia for the XXVII Olympic games. These athletes who inspire all of us to set high goals and reach those goals deserve our congratulations and support. The American people also deserve praise and thanks for their individual contributions to our athletes and to the United States Olympic Committee. Without those contributions, most of our athletes would never have the chance to compete.

American companies have also financially supported the United States Olympic Committee and the Olympic games through official sponsorships. Unfortunately, Mr. President, that Olympic sponsorship is being eroded by an insidious practice known as "ambush marketing"—advertising that falsely implies an official association with a particular event or organization. In no context is ambush marketing more prevalent or more damaging than with the Olympic games which, because of the reliance on private and corporate funding, are increasingly threatened by a decline in sponsorship interest.

Internationally, it is fair to say that corporate sponsorship saved the Olympic movement. In 1976, Montreal was left with a debt of nearly one billion dollars following the summer Olympic games in that city. Los Angeles, however, managed to capitalize on corporate sponsorship, turning a profit and revitalizing international interest in the games.

American companies have long been proud to be official sponsors of the Olympic games because of the humanitarian and inspirational values the games present. These companies also recognize the valuable marketing potential of the Olympics, enhancing