

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

NATIONAL RESTAURANT ASSOCIATION,
Washington, DC, May 11, 2000.

Hon. HARRY REID,
U.S. Senate,
Washington, DC.

DEAR SENATOR REID: On behalf of the National Restaurant Association and the 815,000 restaurants nationwide, we want to thank you for introducing S. 2407, the Date of Registry Act of 2000, and urge the prompt passage of this legislation.

The restaurant industry is the nation's largest private sector employer, providing more than 11 million jobs across the nation. Restaurants have long played an integral role in this country's workforce. Not only does the restaurant industry provide a first step into the workforce for thousands of new workers, for many of them it provides a career. In fact, 90 percent of all restaurant managers and owners got their start in entry-level positions within the industry. Throughout the next century, restaurants will continue to be the industry of opportunity. However, there will be many challenges for the restaurant industry in the face of a growing global economy and a tightening labor market. Addressing the labor shortage is of critical concern.

The restaurant industry is the proud employer of many immigrants and has long supported immigration reforms that unite families and help stabilize the current U.S. workforce. While S. 2407 does not address our key concerns about labor shortages, we believe it will help stabilize the current workforce. Nearly 15 years ago, Congress enacted a legalization program that the INS, through action and regulation, wrongly prohibited many qualified immigrants from using. Furthermore, in 1996 Congress stripped federal courts of their ability to hear those immigrants' cases. S. 2407 would address the problems created by these circumstances. The National Restaurant Association strongly supports passage of S. 2407.

We look forward to working with you long-term to address the labor shortage issue and to passing S. 2407 this year. Thank you for your efforts to reform immigration laws.

Sincerely,

STEVEN C. ANDERSON,
President and Chief
Executive Officer.

LEE CULPEPPER,
Senior Vice President,
Government Affairs
and Public Policy.

Mr. REID. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GRAHAM. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. GRAHAM. Mr. President, I ask unanimous consent to speak for up to 15 minutes as in morning business.

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

VICTIMS OF GUN VIOLENCE

Mr. GRAHAM. 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.

September 25, 1999: Salvatore Bonaventure, 34, Detroit, MI; Darnell Butler, 26, Baltimore, MD; Rodney Campbell, 35, Tulsa, OK; Lewis Crouch, 68, Gary, IN; Roy Dunbar, 31, Chicago, IL; Zachery Gordon, Jr., 25, Baltimore, MD; Gordon Green, 42, Philadelphia, PA; Dominic Hunt, 21, Baltimore, MD; Richard Love, 15, St. Louis, MO; Gerardo R. Martinez, 29, Chicago, IL; Jesus Revron, 32, Philadelphia, PA; Duane Russell, 26, Minneapolis, MN; Fabian Venancio, 41, Tulsa, OK; Unidentified Female, 15, Chicago, IL; Unidentified Male, 46, Long Beach, CA; Unidentified Male, 48, Long Beach, CA; Unidentified Male, 31, San Jose, CA.

One of the victims of gun violence I mentioned, 31-year-old Roy Dunbar of Chicago, was an art teacher who worked at his local boys and girls club. Every day at that club, more than 300 kids participated in athletics and other after-school activities. Known as the "professor" at the club, Roy tried to steer youngsters away from gangs, violence and drugs. One year ago today, Roy was driving home when a gang member he knew from the neighborhood flagged him down. Roy expressed concern for the boy and encouraged him to stop associating with gangs. Evidently, the boy was insulted by Roy's words because the boy pulled a gun and shot at Roy until the gun was out of ammunition.

Another victim, 15-year-old Richard Love of St. Louis, died after he was shot in the abdomen by two of his friends while they were playing with his .22 caliber pistol.

Following are the names of some of the people who were killed by gunfire one year ago Friday, Saturday and Sunday.

September 22, 1999: Telly Butts, 22, Gary, IN; Ray Clay, 40, Detroit, MI; Emmitt Crawford, 54, Oklahoma City, OK; Berneal Fuller, 27, Gary, IN; Ricardo Griffin, 22, Detroit, MI; Benjamin Hall, 45, New Orleans, LA; Desean Knox, 14, Gary, IN; Randy Laturini, 29, Minneapolis, MN; William McClary, 29, Detroit, MI; Yonatan Osorio, 17, Dallas, TX; Victor Richardson, 28, Denver, CO; Marice Simpson, 26, New Orleans, LA.

September 23, 1999: Domingo Alvarez, 63, Miami, FL; William Belle, 70, Miami, FL; James Bonds, 43, Baltimore, MD; Peter A. Cary, 50, Seattle, WA; Jean Paul Henderson, 20, New Orleans, LA; Alfred Hunter, 26, Detroit, MI; Kenneth Ponder, Sr., 27, Louisville, KY; Jason L. Ward, 28, Oklahoma City, OK; Eric D. Williams, 24, Chicago, IL.

September 24, 1999: Dudley R. Becker, 52, Seattle, WA; Sher Bolter, 57, Louis-

ville, KY; Barry Bell, 27, Oakland, CA; Alexander Brown, 33, Philadelphia, PA; Arletha Brown, 32, Toledo, OH; Ryan V. Coleman, 29, Chicago, IL; Teddy Garvin, 17, Washington, DC; James Hojnacki, 34, Toledo, OH; Michael Irish, 55, Denver, CO; Dianne Jefferson-Nicolas, 53, Chicago, IL; Odel Norris, 20, Philadelphia, PA; Eric Leron Martin, San Francisco, CA; Paul Rexrode, 34, Baltimore, MD; Aaron Walker, 18, Washington, DC; Unidentified Male, 14, Chicago, IL.

We cannot sit back and allow this senseless gun violence to continue. The deaths of these people are a reminder to all of us that we need to enact sensible gun legislation now.

PRESCRIPTION DRUG BENEFIT

Mr. GRAHAM. Mr. President, for the past 2 weeks, my colleagues have heard me speak regarding the need to add a prescription medication benefit to Medicare. I indicated that in my judgment the most fundamental reform for Medicare is to shift it from a program which, since its inception, has focused on illness and accident—that is, providing services after one becomes sick enough, generally, to go into the hospital or has suffered an accident that requires treatment and hospitalization—and move to a system that also emphasizes prevention; that is, to maintain the highest state of good health and not wait until the state of good health has been destroyed.

If we are to adopt that fundamental shift, it will necessitate that Medicare provide a prescription drug benefit. Why? Because virtually every regimen that is prescribed to stabilize a condition or reverse a condition involves prescription drugs. So a fundamental component of reforming Medicare is to provide prescription drugs.

I have also spoken about the skyrocketing drug prices which are now affecting virtually all of our older citizens.

Today, in my fifth and final statement in this series, I want our colleagues to hear from real people, the people who are affected by the decisions we are about to make. These stories remind us that we have little time to waste.

Unfortunately, some of the voices I am going to present are probably going to be too far gone in their need for prescription drugs and in their personal circumstances to benefit by a program which, under the most optimistic timetable, would not commence until October 1, 2002 and, under other proposals, would be even 2 years beyond that in terms of being available through the Medicare program as a universal benefit.

While we are arguing as to whether to put a prescription medication benefit into effect and start the clock running towards the time when it will actually be available, people are breaking bones. They are going blind. While we are debating which party would benefit

from the passage of a prescription drug program this year, people are in pain.

This is not a hyperbole. This is not rhetoric. This is reality for hundreds of thousands of seniors from every State and from every political persuasion. This is a 911 call. If we fail to pass a prescription drug benefit this session, if we fail to start the clock running towards the time when this benefit will be available to all Medicare beneficiaries, we will have ignored their pleas for help.

I appreciate being provided with a few moments to share some of these voices of pain. I am also painfully aware that the stories I am going to tell are not unique. They are common. They have become near clichés here in Washington. I would wager that every one of us has a constituent who has written us about splitting pills to make prescriptions last longer. My guess is that every Member of this Chamber has heard from someone who has to make that difficult choice between food or prescription drugs. And we hear from doctors handing out free samples of medicine whenever they can get them and begging for help on behalf of their patients.

We get letters describing situations as "desperate" and from numerous people who tell us they are at wits' end. The tragedy is that we have been telling these stories for so long they are beginning to sound like nothing more than 30-second TV clips. The fault is ours for failing to act. These are not 30-second sound bits. These are real stories of our friends, our neighbors, in many cases our parents and grandparents. Someday they could be all of us.

These are people such as Nancy Francis of Daytona Beach, FL. Ms. Francis used to be able to get the medication she needs through Medicaid as a medically indigent older person. Then the Government did her a great favor. It raised her monthly Social Security check. Because of that raise, she is now too rich by all of \$6.78 a month, to qualify for Medicaid. This \$6.78 leaves her fully dependent upon Medicare for health care financing.

Medicare is a good system with a gaping hole. It does not cover prescription drugs. Medicaid, the program for the medically indigent, paid for nine prescriptions Ms. Francis takes in order to stay active and well. Medicare pays for none. Ms. Francis can put every penny of that \$6.78 a month towards her prescriptions and it won't make a dent. So for some months, Ms. Francis just doesn't buy any prescription drugs. Then she waits and hopes she will be able to stay alive long enough for help to arrive.

Then there is Mary Skidmore of New Port Richey, FL. Mrs. Skidmore worked for 20 years renting fishing boats. Her late husband worked on the railroad. Now she thinks she may have to get another job. Mrs. Skidmore is 87 years old. She has two artificial knees. No one, she says, will hire her. She

needs a job to pay for a new hearing aid. Without a hearing aid, she cannot hear sermons at her church on Sunday. But with \$300 a month in prescription medication bills, a hearing aid is a luxury that Mrs. Skidmore cannot afford.

She takes medication for her heart, cholesterol, bones, and blood pressure. Giving up this medicine is not an option. It is, in her words, "what keeps me going."

Mrs. Skidmore's medication bills have even kept her from marrying her boyfriend. He has enough to pay for the utilities in the home they share, but not much else. If she marries him, she will lose her former husband's railroad pension—a pension that she counts on to survive.

Marsaille Gilmore of Williston, FL, is a little bit luckier. Between Social Security and a little bit of income from investments, she and her husband can usually pay for the \$300 to \$400 per month she spends on prescription medication. Sometimes they even have a little left over to go out to dinner—but not to the movies. Mrs. Gilmore says the movies are too expensive.

Some months, the Gilmores are not so lucky. Recently, their truck broke down. It is now in the shop, and things are stretched pretty tight. Sometimes things are so tight that the Gilmores think about going to Mexico to stock up for half the price on the very same medications they now buy in Williston.

Remember Elaine Kett? I told her story last week. Elaine is 77 years old. She spends nearly half her income on medication. This chart indicates the number of prescription drugs which Mrs. Kett fills every month. The total is \$837.78 a month or \$10,053.36 a year. That figure is almost exactly half of Mrs. Kett's total annual income. Her prescriptions are helping to keep her alive. How ironic then that in her plea for help she writes that the cost of medication is "killing her." It is the very thing she depends upon for life; it is the source of her quality of life.

Dorothy Bokish is in a similar trap. She pays \$188 in rent each month and \$162 for her prescription drugs. That leaves her with \$238 a month for food, heat, air-conditioning, and gas. It doesn't leave much for her to buy gifts for her grandchildren or to take herself to an occasional show. I shudder to think what would happen should something go wrong—or, if I may say, more wrong—for Mrs. Bokish.

What would she have to give up if her water heater broke or a storm knocked out a window in her home? What does she have left to give up? What some seniors are considering giving up is unconscionable.

A central Florida man told his family, which is helping to buy his medication so his wife can afford to continue to take hers, he is considering giving up his medication so that his wife can live. If he does so, he will certainly die.

Another Florida senior has gone through two grueling heart surgeries and has been prescribed medication to

stave off a third. But he can't afford to fill the prescription. He says he thinks sometimes he would rather die than go through surgery again. He says that sometimes the struggle to survive is just too much.

I am profoundly embarrassed when I tell these stories. I am embarrassed that in these times of unprecedented prosperity as a nation, we have not come together to find some way to ease this pain. These seniors and countless others wait and wait and wait. There are those who now say we have to wait until another election to even begin the process of providing meaningful prescription drug coverage. Many of them won't be able to wait until the next month, much less until another extended period of indecision here.

The time to act is now. This is quite literally a matter of life and death. It is also quite literally a challenge to our Nation's basic sense of decency and values. It is my hope that before this session of the Congress concludes, we will have responded to the highest values of our American tradition.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DOMENICI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. KYL). Without objection, it is so ordered.

Mr. DOMENICI. Mr. President, parliamentary inquiry: How much time do I have?

The PRESIDING OFFICER. The Senate is in morning business. Under the previous order, this hour is under the control of the Senator from Wyoming, Mr. THOMAS.

Mr. DOMENICI. I thank the Chair.

ENERGY

Mr. DOMENICI. Mr. President, I would like to talk about two things today. The first is energy policy—or America without an energy policy.

Let me say with as much certainty as I can muster that we have no energy policy because the Interior Department of the United States, the Environmental Protection Agency of the United States, and the Energy Department all have priorities, and they are ideological priorities that put the production of energy for the American people last. There is some other objective, motive, or goal that is superior to the production of oil and gas and the development of an energy policy that uses coal.

Do you think Americans know today that we have not built a coal-burning powerplant in America in 12 years? Do you think Americans know that the only thing we are doing to increase our electric capacity so they can have light, electricity, and everything else in their homes is to build a powerplant