

teachers, and especially the parents, who make many sacrifices to provide their children the education offered in Catholic schools. The outstanding contributions of Catholic schools to our Nation are worthy of celebrating, and I offer heartfelt congratulations to all who participate in the work of Catholic education.

At present Catholic school student enrollment is almost 3 million students. Catholic schools welcome all students whose parents wish their children to attend.

Catholic Schools are proud of the diversity of their student body. Minority students, for example, comprise more than 24 percent of total enrollment, and nonCatholic students are approximately 14 percent of the enrollment nationwide.

Congratulations to the National Catholic Educational Association and the United States Catholic Conference, the national organizations that sponsored the National Appreciation Day event on Capitol Hill. NCEA is the largest private professional education association in the world, representing more than 200,000 educators serving 7.6 million students at all levels of Catholic education.

The United States Catholic Conference is the national public policy organization of bishops in the United States. Congratulations to Catholic Schools, students, teachers, and parents. You are giving this Nation faith for a brighter future.

CONGRATULATIONS TO THE NAACP ON THE CELEBRATION OF ITS 90TH ANNIVERSARY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. LAMPSON) is recognized for 5 minutes.

Mr. LAMPSON. Mr. Speaker, I rise today to extend congratulations to the National Association for the Advancement of Colored People, sometimes known as the NAACP, as it celebrates its 90th anniversary on this Friday.

The NAACP is the oldest, largest, and strongest civil rights organization in the United States. On February 12, 1909, on the 100th anniversary of Abraham Lincoln's birthday, 60 prominent black and white citizens issued the call for a national conference in New York City to renew the struggle for civil and political liberty.

Participants at the conference agreed to work toward the abolition of forced segregation, promotion of equal education and civil rights under the protection of law, and an end to race violence. In 1911 that organization was incorporated as the National Association for the Advancement of Colored People.

Today the NAACP is a network of more than 2,200 branches covering all 50 States, the District of Columbia, Japan, Germany, and its membership exceeds a half million people. Born in response to racial violence, the asso-

ciation's first major campaign was the effort to get the anti-lynching laws on the books in the United States.

In 1919, to awaken the national conscience, the NAACP published an exhaustive review of lynching records. NAACP leaders, at potential risk to their own lives, conducted firsthand investigations of racially motivated violence that were widely publicized. Though bills succeeded in passing through the House of Representatives several times, they were always defeated in the Senate. Nonetheless, NAACP efforts brought an end to the excesses of mob violence through public exposure and the public pressure it mobilized.

The NAACP has always known how to respond to challenges, and is certainly no stranger to struggle. Through political pressure, marches, demonstrations, and effective lobbying, the NAACP has served as an effective voice, as well as a shield for minority Americans. From educational parity to voter registration, housing, and labor, the NAACP has been at the forefront of efforts aimed at securing civil rights and civil liberties. No longer do we see signs that read "white" and "colored." The voters' booth, the schoolhouse door, now swing open for everyone.

It is important for us to all remember how effective the NAACP efforts have been. While much has been accomplished, much more needs to be done. Mr. Speaker, America still needs the NAACP.

I invite my colleagues to join me in congratulating the national organization and all its local chapters as they celebrate their 90th anniversary on February 12. I wish them continued success as they continue to focus on the protection of civil rights and civil liberties of all Americans.

THE PRESCRIPTION DRUG FAIRNESS FOR SENIORS ACT OF 1999

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Arkansas (Mr. BERRY) is recognized for 45 minutes as the designee of the minority leader.

Mr. BERRY. Mr. Speaker, I rise today in support of the Prescription Drug Fairness for Seniors Act of 1999. I want to thank my colleagues, the gentleman from Maine (Mr. ALLEN), the gentleman from Texas (Mr. TURNER), and the gentleman from California (Mr. WAXMAN), for coming up with this great idea to help correct a tremendous injustice in America today.

Our senior citizens pay over twice as much as citizens in other countries. They pay over twice as much as the preferred customers of the prescription drug manufacturers in this country, and it is simply not fair.

This chart demonstrates the way that our seniors are overcharged and the amount they are overcharged for their prescription medications. They are forced to make a choice between

food and medicine, between paying their rent and having medicine, between having utilities, having heat, and medicine. This is simply not right.

The First Congressional District of Arkansas, that I am so fortunate to represent, contains the most senior citizens of any Congressional District in this country that live only on social security. The cost of prescription medication is a tremendous burden for them. Yet, we allow them to continue to be overcharged by 40 and 50 and 60 and 70 percent.

They are overcharged by the most profitable companies in the world. These companies should be profitable. We are in favor of them being profitable. But that profit should not come at the expense of our senior citizens being forced to choose between food and the medicine it takes to keep them alive. When that happens, it becomes a moral issue. It becomes an issue that this Congress should address.

Our bill, the Prescription Drug Fairness for Seniors Act of 1999, will reduce the cost of prescription medication for our seniors approximately 40 percent. Our seniors should not be at a disadvantage because they are citizens of the United States.

The average prescription price for Canadians is 72 percent less than it is for Americans. For Mexican citizens, it is 103 percent less than it is for Americans. This simply does not make any sense. If the prescription drug manufacturers that sell product in this country can sell it at other countries at much reduced rates, if they can sell it to our Federal Government at much reduced rates, these same prices should be available to our seniors. That is what this bill does.

One company last year raised the price of one of their medications 4,000 percent in one day. The Federal Trade Commission looked at this. They decided it was unfair and they filed a \$120 million recovery claim against this company. This is an outrageous attempt to make a profit.

The Prescription Drug Fairness for Seniors Act of 1999 will reduce those prices, as I have said, by 40 percent to most of our recipients. It is something we should do. It is the fair and right thing to do. It does not cost the Federal Government any money. This will simply make our seniors part of the largest purchasing pool in the world, and it will give them the ability to be dealt with fairly through their own local pharmacies.

I urge my colleagues to support this bill. It is a good bill, and it is what we should do for our seniors.

Mr. Speaker, I yield to the gentleman from Texas (Ms. SHEILA JACKSON-LEE).

Ms. JACKSON LEE of Texas. Mr. Speaker, I thank my good friend, the gentleman from Arkansas (Mr. BERRY), for his leadership on this issue, and as well, my colleagues, the gentleman from Maine (Mr. TOM ALLEN), the gentleman from Texas (Mr. JIM TURNER),

and the gentleman from California (Mr. WAXMAN) for their leadership on a crucial and devastating fact of life for our seniors in America.

It is important to note that those of us who have worked on this issue believe that this is the Congress to get it through. I am delighted that as an original cosponsor of this legislation for this Congress, I again stand up to be counted, as I did in the 105th Congress. I do that for the many constituents that I represent.

In fact, Mr. Speaker, allow me to share the story of a husband and wife from my district in Houston written to me just a few days ago in January. These individuals retired, having worked in our school system educating our young people, and now in their retirement they are pleading for relief because presently they are spending an average of \$4,792 annually on drugs, paid by a Texas teacher's retirement income and social security. One-fifth of their income is used to pay for prescription drugs.

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I would simply say, Mr. Speaker, this has got to stop. That means that these senior citizens who have worked all of their life, who, in fact, have a commitment to being part of the engine of this economy for many, many years, are now having to sacrifice the meager income that they have and to make choices, as my good colleague indicated, between room and board, and health.

The Prescription Drug Fairness for Seniors Act is not a giveaway. It does not interfere with competitiveness, as my pharmaceutical friends have said. It does not do damage to the marketplace, as they have attacked us so readily.

What it does is it simply tries to emphasize fairness. Pharmacies will now be able to purchase prescription drugs for Medicare beneficiaries at the same low prices available to the Federal Government such as the Federal supply schedule price or the Medicaid price.

Since drug prices presently paid by the Federal Government are approximately half the retail prices paid by senior citizens, participating pharmacies will be able to pass on large cost savings to senior citizens.

I know that my good friend, the gentleman from Arkansas (Mr. BERRY) has been in his district and has seen the sincerity expressed by seniors who have said they do not want a handout, but after we have given them the option of Medicare why shouldn't Medicare have the same ability to be able to purchase low priced pharmaceuticals, competitively priced equal to that of the HMOs?

Has anyone ever been in the midst of seniors, maybe those who are a little older, in their seventies and eighties, and heard them plead to us for clarity about these HMOs? Who am I to pick? What are they giving me? The confusion abounds and yet now we have pro-

moted these HMOs over Medicare that has been so helpful in providing good health care for our seniors, and we have given HMOs the upper edge by providing these incentives, and yet sometimes seniors are moved from one HMO to the next. It shuts down and they get letters, and it is confusing.

Oh, yes, I believe that HMOs provide a viable service, but those who are on Medicare should not be deprived the ability to get low-priced prescription drugs and to have a fairness process in place.

So I believe that we are, in fact, providing what the Constitution says we should have, and that is equality. And we are doing it for a population that is now suffering. They suffer because of the way pharmacies are doing business, and many Americans whose retirement plans rely in part on private pension plans are also struggling. This is because many of those plans which were designed decades ago do not contain comprehensive medical plans, and even the ones that do include medical insurance typically do not pay for medication.

In fact, I have talked to senior citizens who have said I am going to get that mail order program because I have heard that if you do mail order, that you can get cheap prescription drugs.

So I think it is important, Mr. Speaker, that this legislation not have one moment of a slow process. It should be expedited. It should go through the committees of jurisdiction with flying colors. We should respond to the tragedy of senior citizens having to make choices between what they will buy, whether they will pay for food for the evening meal or which meal they will escape or not be able to have so that they can get the necessary prescriptions.

I will just simply say, as we work together on this legislation, tears have come to my eyes when I have met with senior citizens who, first of all, are grateful for life, gratified for the medical care that many of them have been able to access, but when they give me the list of prescriptions that they have to take every single day, they do not do it in anger, they just simply say we have got to take it but give us a reprieve, help us not to be have to choose one over the other. So I want to thank the gentleman.

As I close, I want to just make a personal note that from my home district, in addition to these prescription drugs, I am gratified for the medical health system, of which we also need to look at with the Patients' Bill of Rights, access to medical care. I am grateful for the system that is in my community, the public hospital system, now under attack by county government. My commitment to the senior citizens of that community, the children of that community, is to say that I am going to fight for this legislation, the Prescription Drug Fairness for Seniors Act, as well as a patients' bill of rights, as well as fighting for Lois Morris, our

health care director in Harris County, and fight against anybody who would move to shut it down or to deprive our citizens of good health care by cutting the budget.

I want to thank my friend, the gentleman from Arkansas (Mr. BERRY). I want to thank my good friends, the gentleman from Maine (Mr. ALLEN), the gentleman from Texas (Mr. TURNER) and the gentleman from California (Mr. WAXMAN), and I see the gentlewoman from California (Mrs. CAPPS) and I know the gentlewoman from Michigan (Ms. STABENOW), and if I begin calling the roll we all can stand up here and be gratified that we are working together for what I know can be bipartisan legislation to see this legislation passed.

I thank the gentleman from Arkansas (Mr. BERRY) for his kindness. Let us roll up our sleeves and get to work.

Thank you Congressmen BERRY, ALLEN and TURNER for giving me the opportunity to speak on this bill, and for allowing me to help you tackle this tremendous problem.

This year, many of us have taken up arms to preserve Social Security and Medicare, so that we can ensure in the future that our Older-Americans have at least the bare minimums needed to live in this society.

However, seeing that Social Security and Medicare, are in some respects, anti-poverty programs, we must supplement the law to protect the interests of senior citizens who rely on them in the later years of their life. One of the ways that we can do that is by guaranteeing that the senior citizens that rely on those programs are subjected to discrimination by the private sector.

This bill does just that, by allowing pharmacies to purchase prescription drugs for Medicare beneficiaries at low prices. The bill uses naturally-occurring market forces to consolidate the purchasing power of our Medicare recipients. And by doing so, it, in affect, puts senior citizens on the same footing as the federal government when it purchases medication—which makes sense, because in a way, the government is paying for these drugs in an indirect manner.

This bill also aims to stop the price discrimination that affects Older-Americans that are unable to purchase their prescription medication through HMOs or other health care providers. As the studies underlying this bill demonstrate, it is a fact that our Medicare recipients' dollars are being used to subsidize the low drug prices that group health care participants are privy to in our current economy. I believe that most of you will agree with me when I say, that is not what our precious few Medicare dollars should be used for!

I would like to add that Medicare recipients are not the only ones who suffer because of the way pharmacies are forced to do business today. Many Americans whose retirement plans rely in part on private pension plans, are also struggling. This is because many of those plans, which were designed decades ago, do not contain comprehensive medical plans. Even the ones that do include medical insurance typically do not pay for medication. That means that most must still stretch their finances to pay for the medication that is required for their continued good health.

This is illustrated by a letter I recently received from a constituent in my district, in support of this bill, that reads: "My wife and myself have supplemental insurance which does not include prescription drug reimbursement. Presently, we are spending an average of \$4,792 annually on drugs . . . (which is) one-fifth of our income." One-fifth of their income is a staggering amount. Undoubtedly, something must be done to alleviate their problem, and the least we could do is protect them from price discrimination.

This bill is tremendous because it relies on tried and true principles of capitalism, purchasing power and competition, to craft a remedy that will save the federal government, and my constituents from inflated prices—and I will be glad to support it as it makes its way through the House of Representatives.

Mr. BERRY. I thank the gentlewoman from Texas (Ms. JACKSON-LEE) for her comments.

Mr. Speaker, I yield to the gentleman from Maine (Mr. ALLEN), the author of this bill.

Mr. ALLEN. Mr. Speaker, I thank the gentleman from Arkansas (Mr. BERRY) for yielding.

We should all know that the gentleman from Arkansas (Mr. BERRY) is a registered pharmacist. He is, with the gentleman from Texas (Mr. TURNER) and myself, a co-chair of our prescription drug task force. Really, no one has done more than he has to bring these issues out so the American people can understand that we in Congress are trying to do something about it.

I thought what I would do is take a little time and talk first about our seniors, then review the current status of some of the pharmaceutical companies and then talk about H.R. 664, the Prescription Drug Fairness for Seniors Act that I introduced yesterday with 66 cosponsors.

Let us talk first about our seniors. All across this country, as we speak, seniors are not following their doctors' orders. Some of them have been given prescriptions which they cannot afford to fill. Others have filled prescriptions which they cannot afford to take as directed.

What happens is, because they cannot pay the rent, pay the electrical bills, buy food and take very expensive prescription drugs, they are out there taking one pill out of three, mixing and matching. They are doing things that in the long run really are detrimental to their health.

I know for the gentleman from Arkansas (Mr. BERRY), the gentleman from Texas (Mr. TURNER) and others, we get letters in our Congressional offices, and I want to share some of those letters.

I received a letter last July, and I have had others like this since then, from a woman who said here is a list of the prescription drugs that my husband and I are expected to take, and when you added up the cost it came to \$600 a month. Then she said, here is a copy of our two Social Security statements, and when you added up their two Social Security statements, which

is all they had on a monthly basis, it was \$1,350.

One cannot get there from here. The math does not work. There is no way that couple could afford to take the prescription drugs that their doctors tell them they have to take.

Perhaps the most poignant letters come to me from people who write and say, I do not want my husband to know but I am not taking my drug medication because we cannot afford both his and mine and it is more important that he take his medication than I take mine. So we have women out there, or men, not taking their own drugs so that their spouse can take his or hers. It is not right in this country and it should not continue.

The reason is, the study that we did in my district in Maine, back in July of 1998, which has since been replicated in 19 districts across the country, including the gentleman from Arkansas (Mr. BERRY), the gentleman from Texas (Mr. TURNER) and a variety of other people, and the findings are always the same. The findings show that seniors who have no coverage for prescription drugs walk into their local pharmacy and pay a price for their drugs that is, on average, twice what the drug companies' best customers are paying.

The best customers are big HMOs, the Federal Government, and others, who can buy in bulk and control market share.

It is not right. This degree of cost shifting has a result. This price structure in the pharmaceutical industry right now means that the pharmaceutical industry, in effect, is charging its highest prices to those who are least able to pay; and those least able to pay are a big group. They are 37 percent of all seniors in this country.

When Medicare was created in 1965, there was no prescription drug benefit because, frankly, it was not a big deal then. The drug companies have made enormous progress in developing new drugs. They have helped millions of Americans, old and young, live more productive lives. What we have got now is a degree of cost shifting in the industry that is imposing the highest costs on those seniors who do not have any coverage for their prescription drugs.

Medicare does not cover prescription drugs. Most medigap policies, when they cover prescription drugs, and often they do cover only a portion of the cost, and the result is that, as I said, 37 percent of all seniors have no coverage and others are uninsured.

The drug industry, pharmaceutical industry, is the single most profitable industry in the country. Last year, Fortune Magazine indicated they had the highest return on equity, the highest return on assets of any industry in the country. They are making their profits on the back of uninsured seniors who simply cannot take all the medications that their doctors tell them they have to take.

If I can talk about the bill just for a moment and then defer to others, the

bill we introduced yesterday, H.R. 664, the Prescription Drug Fairness for Seniors Act, is probably one of the simplest pieces of legislation we could possibly introduce in this area. We are not creating a big new government program. We are making a suggestion that would involve very little expense to the Federal Government. All we are saying is that the Federal Government should, in effect, be the negotiating agent for Medicare beneficiaries so that they can get the best price that is given to the Federal Government through the Veterans Administration, off the Federal Supply Schedule or through medicaid. That is all we are saying.

They ought to have advantage, those people, Medicare beneficiaries, all of whom are now on a Federal health care program, Medicare, which is saying they ought to be able to get the best price from the drug companies that the Federal Government gets now, and the way that would work is through the Department of Health and Human Services. Participating pharmacists would be able to buy drugs for resale to Medicare beneficiaries at the best price the Federal Government buys those drugs. Simple bill, very simple, as close to a free market solution as you can get. The pharmaceutical industry objects.

I would thank the gentleman from Arkansas (Mr. BERRY) for yielding me this time and would ask to come back later, after others have spoken, to address a few of the arguments that I expect we will see as this debate moves along.

Mr. BERRY. I thank the gentleman from Maine (Mr. ALLEN) and again appreciate his leadership in this effort.

Mr. Speaker, I now yield to the gentlewoman from Michigan (Ms. STABENOW).

Ms. STABENOW. Mr. Speaker, I thank the gentleman from Arkansas (Mr. BERRY) for yielding.

I want first to thank the gentleman from Arkansas (Mr. BERRY) for his leadership in the last Congress and as we begin this Congress; also the gentleman from Maine (Mr. ALLEN), the gentleman from Texas (Mr. TURNER), who has also worked so hard, and the gentlewoman from California (Mrs. CAPPS), who is here today.

This is such an important issue for all of us, and as we make a commitment, and I know on our side of the aisle we have made a commitment, that the majority of the surplus that we have been reaping as a result of a strong, vibrant economy, will go back into paying off the Social Security Trust Fund and keeping Medicare strong, an important part of that is this bill that we are talking about today, the Prescription Drug Fairness for Seniors Act.

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I think of my own family, where I have had my aunt, who is having back problems and finding herself now needing to pay \$200 to \$300 a month for prescriptions; other friends of my mother's who are looking at \$500 or \$600 a

month in prescription drugs in order to be able to live at home and be able to continue to be able to live in the community and be able to move around and be independent, and when I look at those kinds of numbers, it is very clear to see that for too many seniors we are talking about the difference between food for the month and getting their prescription drugs so that they are healthy and pain free and able to stay well, or we are talking about the difference between paying the rent or paying the electric bill. This is basic survival for too many seniors.

When we look at the costs that continue to go up and up, as I know the gentleman from Arkansas (Mr. BERRY) has talked about, the fact that we are seeing these costs go up, and that we have not yet addressed this through the Medicare system or in some other way, I think this is really a tragedy, and that is why I am so excited to be a cosponsor of this legislation.

This legislation, in a very cost effective way, as the gentleman from Maine (Mr. ALLEN) said, has a very simple approach: Let us get the best price; let us let the Federal Government negotiate on behalf of all uninsured seniors that need prescription drug help; let us let them negotiate the best price for our seniors who are on Medicare; and then let the pharmacists be able to receive that best price and pass it along to the seniors. So it makes sense.

It does not involve a lot of new dollars being spent and it addresses one of the critical issues for our seniors as they are growing older: Living longer and wanting to benefit from all these wonderful new discoveries that allow them to live independently; to be able to leave a hospital sooner rather than later after an operation; to be able to avoid a nursing home as long as possible. There are wonderful new opportunities for them through prescription drugs. What a shame, what a shame if they are not able to afford these new opportunities because of the spiraling costs.

So I once again celebrate and really commend the leadership of the people who are here today, who are really fighting on the front lines for our seniors, and I am hopeful that by the end of the year we will see this in place so that we can really lower the costs for seniors and help them to be able to balance that budget of theirs just a little better.

Mr. BERRY. Mr. Speaker, I thank the gentlewoman from Michigan, and I yield 5 minutes to the gentlewoman from California (Mrs. CAPPS).

Mr. CAPPS. Mr. Speaker, I want to thank the gentleman from Arkansas (Mr. BERRY) for organizing this important time for us to speak today, and I am so honored to join my colleagues and the others really who are speaking around the country who are trying to give voice to our seniors as we bring to the attention of the House of Representatives a veritable scandal, I believe, which is occurring in our country today.

I know that seniors on the central coast of California, where I live, and I believe that we are seeing evidence that seniors throughout the country, are paying outrageously high prices for their prescription drugs. Even worse, these inflated costs subsidize the discounts that high-profit HMOs get for these very same drugs. These inflated costs are rising every day, so they are rising at a faster rate even than the cost of living. Seniors are paying more this month than they paid a few months ago for their prescription medications. And this unfair practice has caused many of our older Americans to cut back on their medications, leading some to choose between buying food or filling their prescriptions.

Last September I conducted the first comprehensive study of the impact that these big drug companies' high prices are having on the central coast of California's senior citizens. My office then released a report on the cost of prescription drugs for seniors and, more importantly, a major reason why these costs are so high, and the findings are startling.

Seniors in my district pay, on average, 113 percent more for the 10 most widely prescribed drugs than do the HMOs buying the same drugs. These are critical medications, like Zocor, for reducing cholesterol; Norvasc, for reducing high blood pressure; and Relafen, for relief from arthritis. Prescription drug companies give huge discounts to managed care companies for these and other drugs. Other buyers, such as pharmacists, pay substantially more for the same drugs and must pass those higher costs on to their customers, many of whom are seniors.

The average senior fills between 9 and 12 prescriptions a year. This is a far greater number than any other segment of our population. It is estimated that the elderly, who make up approximately 12 percent of the population, use one-third of all the prescription drugs.

Today, in Santa Barbara, in the News-Press, our local newspaper, it was reported that Ticlid, one of the most widely prescribed medications for persons who have had strokes, sells to HMOs for around \$34 for 60 tablets. In my district, the average price seniors, who have to pay out-of-pocket for this drug, are being charged an overwhelming \$131, nearly a 300 percent markup over the price the HMOs are paying.

This huge difference in prices is not going to the retail pharmacists in Santa Barbara or Santa Maria or Arroyo Grande. According to my study, the local pharmacists on the central coast are paying an average of \$100 to \$110 for Ticlid.

The final price seniors pay includes only a reasonable markup to the outrageous price that pharmacists are being forced to pay to the drug companies. No, the extra money the seniors are paying goes to the drug company so it can continue giving big discounts to HMOs and managed care companies.

It is a very sad story that seniors are paying more in money for drugs than they should while HMOs are reaping a huge profit based partly on the huge discounts they get from drug companies. But there is an even sadder element. Many seniors simply cannot afford these high prices. They live on fixed incomes, especially as they keep on rising. So, instead, they take half the prescribed dose or they do not buy these lifesaving drugs because they cost too much.

For example, Harriet MacGregor, in Santa Barbara, told my staff that because of the high cost of her five prescriptions she must sometimes skip or reduce her dosage. As a nurse, I am particularly appalled when I hear these stories. This is an intolerable situation. Seniors should not have to be subsidizing the profits of the HMOs, and they should not have to choose between filling their prescriptions or buying food or paying rent.

I want to give credit to the pharmaceutical houses for developing the medications that save seniors' lives and enable them to live quality lives longer. These drugs are keeping our older Americans out of hospitals and out of nursing homes. We want them to take the medications. We have to find a way for them to be able to do this.

Yesterday, I was a proud cosponsor of legislation to address this issue. This Prescription Drug Fairness Act for Seniors, introduced by my good friends and colleagues, the gentleman from Texas (Mr. JIM TURNER), the gentleman from Maine (Mr. TOM ALLEN), and the gentleman from Arkansas (Mr. MARION BERRY), will allow pharmacists an opportunity to receive the same big discounts that HMOs get for the drugs that they dispense to seniors. This cost saving will be passed on to the seniors. This legislation is long overdue and will ensure that seniors pay reasonable prices for the lifesaving drugs they so desperately need. I urge my colleagues to support this legislation.

This important bill brings to mind another related problem: 35 percent of American seniors have no prescription drug coverage. Medicare, this health safety net for millions of elderly and disabled Americans, does not cover outpatient prescription drugs. So many seniors are forced to pay for these spiraling costs with absolutely no assistance.

Mr. Speaker, we must examine ways to improve Medicare. As we do that, I believe we must seriously consider extending prescription drug benefits to the elderly and to the disabled. We should also ensure that seniors are not subject to pharmaceutical price discrimination.

In closing, we can and should do everything we can to safeguard access to these life-extending and life-enhancing prescription medications for our seniors. I thank the gentleman for the opportunity to speak.

Mr. BERRY. Mr. Speaker, I thank the gentlewoman from California, and I

yield 5 minutes now to the gentleman from Texas (Mr. TURNER) and congratulate him on his leadership in this matter.

Mr. TURNER. Mr. Speaker, I thank the gentleman from Arkansas (Mr. BERRY) for the leadership that he has given to this issue. And as a pharmacist, the gentleman knows better than any of us the difficulties that the cost of high drug prices are having on our senior citizens.

It is a privilege to have joined the gentleman from Arkansas, and the gentleman from Maine (Mr. ALLEN), the gentlewoman from California (Mrs. CAPPS), and the gentlewoman from Michigan (Ms. STABENOW) yesterday to introduce once again into this Congress the Prescription Drug Fairness For Seniors Act, a bill that we introduced at the end of the last session of Congress and that we are reintroducing now, early in this session, because we believe that we will now have the opportunity to see this legislation become law.

When I first became acquainted with this issue it was because of my membership on the Committee on Government Reform and Oversight, where our staff prepared a study of prescription drug costs in my district, as well as in the district of the gentleman from Arkansas (Mr. BERRY) and many others who are with us here today. That study revealed that the big drug companies are heavily discounting prices to their most favored customers and passing on much higher prices to local retail pharmacists, which means that our senior citizens, who have to buy their prescription drugs in their own communities, are paying the highest prices of anyone.

This is not a new phenomenon. Local pharmacists, I understand, have known this for years. In fact, as I traveled across my district talking about this bill, I found that many of our local pharmacists, who have gone out of business in recent years, have done so because they have been unable to compete because of the discriminatory pricing practices that have been carried on for these many years by the big drug companies. And most citizens, for years, have known that if they just fly or drive into Mexico, or across into Canada, they can buy their prescription drugs much cheaper than they can in their local pharmacies here in the United States.

We all understand the big drug companies have made great progress in their research and in providing the best pharmaceutical products the world has ever known. And yet, in the course of the pursuit of that practice and that good research, they have engaged in a discriminatory pricing practice that has resulted in our senior citizens, those who are least able to afford to buy prescription medications, having to pay the highest prices.

One individual that particularly impressed me was a lady that I met in Orange, Texas, when I held a brief press

conference talking about this bill toward the end of last year. Her name is Miss Frances Staley, and a story about Miss Staley was recounted in the Houston Chronicle back on November 22nd of last year.

Miss Staley is 84 years old. She has a Social Security check that she has to live off of that totals about \$700 every month. She spends over half of that \$700 just to pay for the 14 prescription medications she has to take every day. Miss Staley in this article said this: By the time I get through paying for my medicines, I have very little to live off of. She goes on to recount that at one point she began to take a pill and split it in half to stretch out her supply of her prescription, but she was stopped after a stern rebuke from her doctor.

No senior citizen in this country today should have to struggle to be able to pay for their prescription medications. Retirees, such as Miss Staley, who must pay the full cost of their prescription drugs, are the hardest hit of anyone due to the discriminatory pricing practices that have been pursued by the big drug manufacturers.

Let us look at what that discrimination really is. I have here a chart that shows three different prescription drugs that are used by our senior citizens. One of them, right here in the middle, is synthroid. That is a hormone treatment. The big drug companies sell synthroid, a month's supply, to their most favored companies, the big insurance companies, the HMOs, and even the government, for \$1.78. People like Miss Staley, in my district in Texas, they would have to pay \$25 for that same prescription. That is just not right.

Another drug, micronase, which is a medication for diabetics, the most favored customers, the big insurance companies can buy that from the drug companies for \$6.89 for a month's supply. Miss Staley would have to pay a price of \$45.60.

Now, those high prices to Miss Staley are not the result of the local pharmacy marking up that drug. The local pharmacies in this country today have a very small margin. In fact, that margin has decreased in recent years. That is why I was mentioning a minute ago that many of them are having to close their doors.

We want to solve this problem, and the way we try to solve it in this legislation is we simply provide that local pharmacies may purchase their prescription drugs that they resell to Medicare eligible beneficiaries directly from the drug manufacturers at the same prices that they are currently selling to the government, to the big HMOs, and to the hospital chains.

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We think that is only fair, that is only right. Our senior citizens deserve to be treated better. I am proud to join with the gentleman from Arkansas (Mr. BERRY) and the gentleman from Maine (Mr. ALLEN) and the others here today in trying to enact this into law.

Mr. BERRY. Mr. Speaker, I thank the gentleman from Texas for his leadership in this matter.

Mr. Speaker, I now yield to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I thank my colleague, the gentleman from Arkansas (Mr. BERRY), and I want to say I offer my congratulations to him and to the gentleman from Texas (Mr. TURNER) and the gentleman from Maine (Mr. ALLEN) for introducing this legislation. It really is so critical to what seniors in this country are facing today.

To bring this to the Nation's attention, I think we can really create no better opportunity than to provide some relief to people who we have all heard from, all of us. There are 435 Members of this body; 435 Members have heard that their seniors that they represent are in a difficult spot. Many are just deciding, as has been said on this floor today, between whether or not they are going to have a decent meal or whether or not in fact they are going to be able to take care of their health concerns.

Let me just talk a little bit about my own district, which is the 3rd District of Connecticut. I conducted a study and discovered that seniors in Connecticut's 3rd District pay an average of twice what the pharmaceutical companies' preferred customers pay. And by "preferred customers," so it is clear, and I am sure others have made that clear here today, these are large corporate institutional customers with market power for which they can buy drugs at a discount price. And that is a good thing. That is a good thing.

While HMOs and others get the drugs at a discount, the cost is shifted to seniors and others who shop at their local store or their pharmacy. The bottom line is that we have seniors winding up subsidizing the corporate discounts out of their own pockets, and they live on fixed incomes. It is very difficult for them to make ends meet and to be able to afford prescription drugs.

I will give my colleagues an example. Prilosec, a drug commonly prescribed to seniors, HMOs are able to buy an average dosage for \$56.38. Seniors in my district would pay \$108.63, almost double. It really is no wonder that some of the seniors that I have talked to spend nearly half of their income each month just on prescription drugs.

On a personal note and a sad note for our family, my father-in-law, Sam Greenberg, passed away about two weeks ago. And something I did not realize when I talked with my mother-in-law is that they were paying up to \$800 a month for prescription drugs. I do not know how they did it. I do not know how they did it. And I did not know that. My husband did not know that. But they were trying the best they could to pay \$800 a month for prescription drugs.

When I released the study that I did last year, I met with the local pharmacists and I met with seniors in my

district who were affected by the problem, and I met the daughter of a woman who had a stroke because she could not afford to take her medications but she was embarrassed to tell anyone about the problem. I met a pharmacist who does all that he can to help his customers afford the prescriptions that they need, sometimes giving them credit until they find money to pay him. I saw people who are struggling to make ends meet on a limited income while buying the medicine they need to stay healthy.

One of those seniors, Irma Yoxall, is a 72-year-old resident of West Haven, Connecticut. Ms. Yoxall suffers from diabetes and high blood pressure and she takes six prescription drugs. Her monthly income is \$750. She spends between \$300 and \$400 a month, almost half of her income, on her prescription drugs.

Until she became eligible for Medicaid, Ms. Yoxall had no insurance coverage at all for her prescription drug needs and at times was forced to skip medications because of the high cost. In fact, she recently suffered a stroke which her daughter believes was brought on because of the skipped medications.

Let me just say, and let me conclude, I want to say thank you to my colleagues. This is such an important piece of legislation. It simply says, let seniors purchase their medications at the same cost that our large corporations, HMOs, can make that purchase, and keep them healthy and keep them in a sense of security that in fact they can weather, weather the storm of a serious illness.

I thank my colleague again for letting me participate with all of my colleagues tonight.

Mr. BERRY. Mr. Speaker, I thank the gentlewoman from Connecticut (Ms. DELAURO) not only for her support in this matter but for her great leadership in the House.

Mr. Speaker, I yield to the gentleman from Maine.

Mr. ALLEN. Mr. Speaker, I thank the gentleman for yielding, and I thank the gentlewoman from Connecticut for her support. It means a lot to us to have her come down and be with us in this debate.

I just wanted to say, in closing, one thing. I said earlier that what is happening out there is that the pharmaceutical companies are charging their highest prices to those least able to pay. And by those least able to pay, I mean those Medicare beneficiaries, those seniors who do not qualify for Medicaid but are not wealthy enough to buy and use prescription drug insurance coverage. So they are left on their own, paying out of their own pocket.

The industry is going to say that this bill involves price controls, and my final point is that that is flat out wrong. This bill will allow the Federal Government to act as a negotiating agent to make sure that it gets the best prices for our seniors across the

country. It does not involve price controls. It simply puts a big negotiator, a big buyer, into a market where right now seniors or, more accurately, those wholesalers who sell to retail pharmacies really do not control market share and really do not buy in the kind of bulk that is necessary to get big discounts.

H.R. 664, the Prescription Drug Fairness For Seniors Act, is the right bill at the right time at a low cost, a bill that would be effective in lowering the prices for seniors all across this country.

I just want to say in conclusion how much I appreciate the work of the gentleman from Arkansas (Mr. BERRY) on this issue, the work of the gentleman from Texas (Mr. TURNER) on this issue. We are going to make a difference in this Congress and pass this legislation.

Mr. BERRY. Mr. Speaker, I will just conclude by mentioning what a heroic effort our local pharmacies have made in the last few years to try to take care of our seniors and see that they got the medicine they needed at the best possible prices, and the heroic effort that our seniors have made to deal with this very difficult situation.

The drug companies will say, "We need this much profit." What we are saying is, we want them to make a profit but they should not make it all off of our senior citizens. We must level the playing field. We must treat our seniors the way that other preferred customers get treated. And this is the right thing to do. It is the fair thing to do.

I urge my colleagues on both sides of the aisle to support H.R. 664.

TRIBUTE TO THE PEOPLE OF GUAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Guam (Mr. UNDERWOOD) is recognized for 15 minutes as the designee of the minority leader.

Mr. UNDERWOOD. Mr. Speaker, today I am introducing legislation, as I have for each of my four terms here, regarding an issue that is very special to the people of Guam, and that is an issue that goes back to the World War II experience of the people of Guam.

I am often asked what I enjoy most about my service as the elected representative of the people of Guam to the U.S. Congress, and my reply is that I appreciate being able to educate and tell Guam's story to as many people as possible.

Since I have been here, the most compelling story the people of Guam have to offer is their wartime experience. It is a story which begins during a time when the people of Guam were not yet U.S. citizens but were in a sense Americans-in-waiting. The story is filled with horror and heroism, suffering and relief, anticipation and disappointment, captivity and freedom, life and death. These are all the ingre-

dients to a blockbuster movie, including Guam's happy ending of liberation from her captors by primarily U.S. Marines of the Third Division.

Yet as time passes and the story of Guam's occupation is passed from generation to generation on Guam, this is often where the story ends. But like any great Hollywood movie, there is always more to the story that can be told but sometimes simply is not. In many cases the producers are constrained by budget, time, and attention spans of their audiences, and Guam's World War II experience is no different.

It has now been 54 years since the liberation of Guam and, if anything, time has not meant that all is forgotten or forgiven, not until there is some measure of national recognition of what happened to our fellow Americans on Guam and how the Federal Government failed to make them whole and right the wrongs which resulted from the Japanese occupation.

There was a woman by the name of Mrs. Beatrice Flores Emsley, who was the most compelling advocate of this cause, who came and testified several times in front of congressional committees until her death two years ago. At the age of 13 she survived an attempted beheading by Japanese officers.

In the capital city of Agana, she, along with another group of Chamorro people, were rounded up for beheading and mutilation and execution by swords. After being struck in the neck, she fainted, only to awake two days later with maggots all over her neck but thankful to be alive.

She would be haunted by her wartime experience for the rest of her life. And the long scar trailing her neckline, caused by the Japanese sword, was her constant reminder. Yet Mrs. Emsley never had words of bitterness, only that the people of Guam be made whole.

These stories are not meant to simply draw emotional attention to a very difficult time, but the people of Guam suffered enormously as the only American territory which was occupied by an enemy power since the war of 1812, in which hundreds of people died, thousands of people were injured, and thousands of people were subjected to forced marches, forced labor, and internment by the invading Japanese Army.

There have been many opportunities by America to recognize Guam's dramatic experience of World War II. In 1945 Congress passed the Guam Meritorious Claims Act, which is known as Public Law 79-224. This was the legislation which was meant to grant immediate relief to the residents of Guam by the prompt settlement of meritorious claims. That legislation had no forced labor, no forced march provision to it, even though later legislation which covered the same topic for other groups of Americans did allow for it.

While the Guam Meritorious Claims Act became the primary means of settling war claims for the people of